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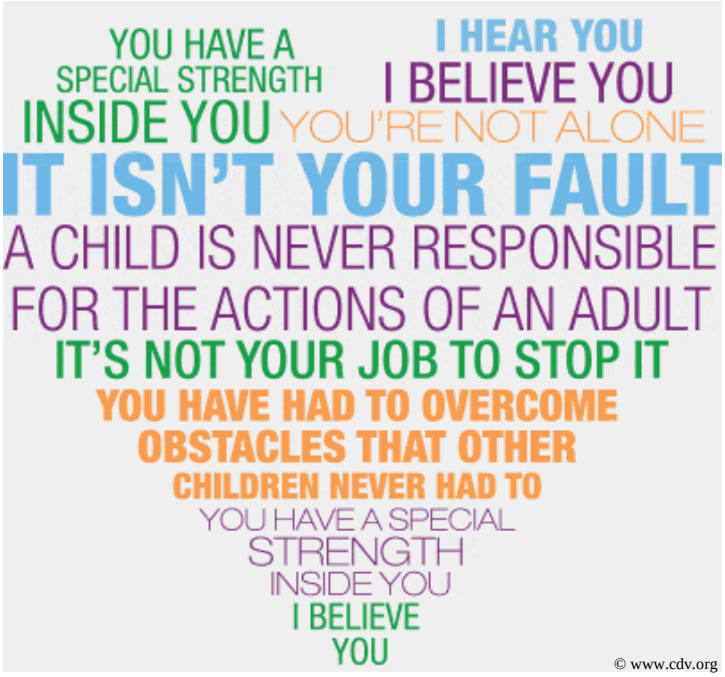
DOCTORAL THESIS

# INTIMATE PARTNER VIOLENCE (IPV) AND ITS IMPACT ON CHILDREN

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# Intimate Partner Violence (IPV) and its Impact on Children

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“Se el cambio que quieres ver en el mundo”.

Mahatma Gandhi.

Por y para todos/as aquellos/as niños/as

que viven situaciones de violencia.

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## INTIMATE PARTNER VIOLENCE AND ITS IMPACT ON CHILDREN

**Background**: Intimate partner violence (IPV) is a prevalent and serious problem which affects the lives of millions of women worldwide. While women have traditionally been considered the main and sole victims of this phenomenon, the truth is that their children can also suffer from IPV, either by witnessing their mothers being abused (indirect victimization), and/or by being physically or verbally abused themselves (direct victimization). Both types of victimization place children at risk of developing several behavioral and emotional outcomes. One of the most worrying effects of exposure to IPV on children is the learning of aggressive behavior, as children have been known to reproduce this violent behavior against their dating partners or mothers. However, not all children who are subjected to IPV develop negative outcomes. Sometimes, children are capable of overcoming the experience and getting on with their lives. While different factors contribute to resilience in children, it has been proven that providing a safe place where children can talk about their experiences helps them make sense of their situation and prevent them from developing negative outcomes. In Spain, research concerning the impact of IPV on children is very scarce.

**Method**: The data presented in this doctoral dissertation is based on a mixed methodology involving both qualitative and quantitative approaches. Semi-structured interviews were conducted with female victims of IPV to shed some light of how IPV impacts their children. Next, questionnaires were completed by a sample of 845 adolescents aged between 13 and 18 years in order to examine the association between exposure to domestic violence and aggressive behavior against adolescent dating partners and parents. Finally, a sample of 31 children from the study Swedish

Interventions for Children who witnessed Violence Against their Mother (SICVAM) were interviewed in order to explore the relationship between how the children perceived IPV and how they felt about talking about it.

**Results**: Findings in different studies indicate that children victimized by IPV often develop psychological, social, and school-related problems. However, the research also shows that the opportunity to talk about their IPV experiences can bring feelings of relief. Adolescence seems to be a period of increased risk as adolescents seem more likely to reproduce the maladaptive behavioral patterns they learnt throughout their childhood against their romantic partners or parents.

**Conclusions**: The results of this study shed more light on the impact of IPV on children. They show that while many children were indirect victims of violence, almost all of them witnessed the violence perpetrated against their mothers. The results also highlight the importance of developing appropriate intervention programs for child victims of IPV in order to prevent future negative outcomes.

*Keywords*: Intimate partner violence (IPV); children; impact; consequences; talking

## VIOLENCIA CONTRA LA MUJER Y SU IMPACTO EN LOS/AS HIJOS/AS

**Contexto:** La violencia contra la mujer es una de las mayores problemáticas a nivel mundial que afecta las vidas de millones de mujeres. A pesar de que a lo largo de la historia éstas han sido consideradas como únicas víctimas de dicha circunstancia, lo cierto es que sus hijos/as también pueden llegar a serlo. Más concretamente, estos/as pueden testificar la violencia que es ejercida hacia sus madres (victimización indirecta) y/o incluso ellos mismos pueden convertirse en receptores de la violencia (victimización directa) favoreciendo así, el desarrollo de diferentes y diversas consecuencias a nivel emocional y conductual. Una de las repercusiones que va adquiriendo cada vez mayor relevancia actualmente hace referencia al aprendizaje de patrones de conducta agresivas ya que, en algunas ocasiones, dichas conductas se reproducen hacia las parejas sentimentales o las progenitoras de los/as niños/as. No obstante, es necesario recalcar que no todos/as los/as hijos/as que sufren victimización directa o indirecta desarrollan conductas negativas. En determinadas circunstancias, estos/as niños/as son capaces de sobrellevar sus experiencias y continuar con sus vidas a pesar de lo ocurrido. Aunque son diversos los factores que contribuyen al desarrollo de respuestas resilientes, se ha demostrado que proporcionar un lugar seguro a los/as niños/as en el que puedan hablar sobre sus experiencias de la violencia es una manera de ayudarles a entender la violencia ocurrida y que, al mismo tiempo, previene el desarrollo de consecuencias negativas. Es de destacar en España la carencia de investigación científica sobre el impacto de la violencia contra la mujer en los/as hijos/as.

**Método**: La metodología presentada en esta tesis doctoral se basa en una metodología mixta que combina el método cualitativo y el cuantitativo. Entrevistas semi-estructuras

se han llevado a cabo con mujeres victimas de violencia de género con el objetivo de entender el impacto que dicha violencia ha ocasionado en sus hijos/as. Además, una muestra de 845 adolescentes (13-18 años) ha completado un cuestionario con el fin último de examinar la asociación entre ser testigo de violencia en el hogar y la reproducción de conductas agresivas hacia las parejas sentimentales de los/as jóvenes y hacia sus progenitores. Finalmente, 31 niños/as del estudio Sueco SICVAM fueron entrevistados para explorar su perspectiva en cuanto a la relación existente entre como perciben la violencia hacia sus madres y sus experiencias de hablar sobre ello.

**Resultados**: Los resultados obtenidos en los diferentes estudios muestran que, en muchas ocasiones, los/as niños/as que han sufrido victimización directa o indirecta desarrollan dificultads a nivel psicológico, social y académico. No obstante, también se muestra que hablar sobre sus experiencias de violencia, a veces, genera sentimientos de alivio o desahogo en ellos/as. La adolescencia es un momento de especial riesgo para estos/as niños/as ya que, en algunos casos, éstos/as reproducen los patrones de conducta agresivos contra sus parejas sentimentales o incluso sus padres.

**Conclusiones**: Los resultados contribuyen a una mayor comprension sobre el impacto de la violencia de género en los/as hijos/as. Asimismo, los resultados obtenidos indican que un elevado porcentaje de niños/as fueron victimas indirectas de la violence mientras que, prácticamente todos/as, fueron victimas directas. Es de vital importancia el desarrollo de programas de intervención que persigan el objetivo principal de evitar futuras consecuencias en los/as niños/as.

*Palabras Clave*: Violencia contra la mujer; hijos/as; impacto; consequencias

# INTIMATE PARTNER VIOLENCE (IPV) AND ITS IMPACT ON CHILDREN

This thesis falls within the International PhD framework and was funded by the Basque Government (PI2011-46).

The main aim of this dissertation is to examine the impact of Intimate Partner Violence (IPV) on children who live in abusive home environments with a view to improving their overall welfare. The thesis is divided into eight main sections, each of which deals with a different aspect of children's IPV victimization. A brief outline of these sections is provided below:

Section one offers an introduction to the phenomenon of IPV. More specifically, it presents IPV from an historical perspective. It also describes the historical background of the problem in Spain.

Section two concerns women's and mothers' victimization of IPV. IPV is introduced with a definition of the phenomenon, followed by a description of the most common types of abuse against women. The effects of IPV, both commonly experienced and potential, are then described. Theoretical viewpoints concerning the mothers' decisions to leave or to stay in the violent relationship are also given followed by a description of the informal and formal support systems women use and the prevalence rates of IPV in Spain. How IPV is experienced during pregnancy is described and IPV rates during and after the birth are given in this section. The potential and frequent effects of IPV at delivery time are also discussed. The section is brought to a close by providing a review of theoretical viewpoints regarding the women's mothering skills in a context of IPV.

Section three concerns children's victimization of abuse and is introduced with Spanish and international prevalence rates. Direct and indirect child victimization

follows, along with the co-occurrence of IPV and child victimization. The variety of ways children can react to the violence is then presented. Next, findings concerning potential and common consequences of children's victimization of IPV are presented. Finally, resilience in child victims of IPV and the importance of talking about their experiences is discussed.

The main aims of the study are summarized in section four. This section also offers a brief presentation of the empirical studies on which this thesis is based and their methodology. Section six concludes with a general discussion of the studies and their findings, followed by the general conclusions of the dissertation and their practical implications. Finally, section seven presents the general references mentioned in the previous sections and the last section includes the questionnaire used for one of the empirical studies.

The studies in this doctoral thesis are presented in the following papers:

Izaguirre, A. (2013). Hijos/as y empoderamiento de las mujeres víctimas de violencia de género. En M. Silvestre, R. Royo, & E. Escudero (Eds.), *El Empoderamiento de las Mujeres como Estrategia de Intervención Social* (pp. 441-456). Bilbao: Universidad de Deusto.

Izaguirre, A. and Calvete, E. (2014). Intimate Partner Violence during Pregnancy: Women's Narratives about their Mothering Experiences. *Psychosocial Intervention, 23*(3), 209-215. Doi: 10.1016/j.psi.2014.07.010.

Izaguirre, A. and Calvete, E. (2015). Children who are exposed to intimate partner violence: Interviewing mothers to understand its impact on children. *Child Abuse & Neglect, 48,* 58-67. Doi: 10.1016/j.chiabu.2015.05.002.

Izaguirre, A. and Calvete, E. (2015). Exposure to family violence as a predictor of dating violence and child-to-parent aggression in adolescents. Manuscript submitted to publication

Izaguirre, A. and Cater, Å. (2015). Child Witnesses to Intimate Partner Violence (IPV): Their descriptions of talking about the violence. Manuscript submitted to publication

# Section I: Background of the Study

## 1. Background of the Study.

Violence against women has been identified as a major public and human rights issue due to the magnitude of the problem and the fact that it is still growing (Abramsky et al., 2011; Garcia-Moreno et al., 2006). Although women have been suffering abuse at the hands of their partners throughout the ages and in many cultures (Harne & Radford, 2008; Wood & Sommers, 2011), this kind of violence has only recently been acknowledged as a public health issue that is serious enough to warrant international attention (Lila, 2010). In fact, IPV still accounts for approximately 30% of all female homicides in a given year (Koziol-McLain et al., 2006).

Violence against women has been recorded throughout history (Dobash & Dobash, 1979). In fact, it is possible to trace it back to ancient times (Fuente & Moran, 2011), however, it was only brought to public attention during the women's movement of the 1970s and 1980s when women joined together locally and internationally to campaign for their rights and freedom in protest against the domineering patriarchal state (Alhabib, Nur, & Jones, 2010). They were successful in raising social and political awareness and making the issue one of political and social concern. As a result of their protests, voluntary support services for women started to emerge and the potential effect of this abuse on children began to be noticed (Abrahams, 1994).

Society's perception of violence against women has changed over the years. At different times it has been ignored, downplayed or brushed off as a marital spat. In fact, what was once considered an entirely private matter and taboo (Campbell & Manganello, 2006) is nowadays understood to be an endemic social problem which needs scientific, political and clinical solutions (Fotheringham, Dunbar, & Hensley, 2013). This has come as a result of a significant rise in public awareness about what constitutes violence against women, how to recognise the signs, and what resources are

available to the victims. Thus, people have started taking action rather than standing on the sidelines (Campbell & Manganello, 2006).

It is difficult to offer a single definition for this sort of abuse as researchers and practitioners from diverse disciplines tend to use a wide variety of terms and concepts interchangeably, such as domestic violence, domestic abuse, gender violence, male violence, spousal abuse, or interparental violence to mention a few (Hindin, Kishor, & Ansara, 2008). In Spain, this phenomenon has been widely recognized as domestic violence, gender violence, family violence, partner violence, or sexist violence against women. A single standardized definition does not exist because experts cannot agree on one. However, efforts have been made to address the issue and, as a result, some common terms are emerging in the literature in English. Intimate Partner Violence (IPV) is one of the most common terms used for research. Hence, for the purpose of this dissertation, the term intimate partner violence (IPV) will be used from here on as it is considered to provide a wider definition of the phenomenon.

Research into IPV in the last 30 years has focused primarily on women as its main and sole victims (Hester & Radford, 1996), ignoring children's needs and rendering them voiceless and invisible (Harne & Radford, 2008; Peled, 1996; Romito, 2008). This approach has prevented children from being considered victims, and so they are referred to as the "invisible", "silent", "forgotten", or "unintended" victims of IPV (Osofsky, 2003; Peled, 1996).

Although children's exposure to IPV is not new, it was not until 1962 that the subject gained widespread public attention thanks to the publication of a seminal work, *The Battered Child Syndrome* by Kempe et al. (1962). The aim of the study was to characterize the clinical effects of severe physical abuse on young children (Kempe et al., 1962). The literature prior to this portrayed children as "passive witnesses" and the

effects of exposure to IPV were merely speculated on (Fantuzzo & Mohr, 1999). It was not until some 15 years later that articles on children and IPV began to emerge (Levine, 1975; Moore, 1975). The first articles focused primarily on the negative effects of IPV on the individual child, revealing that these children were at risk of developing problems such as anxiety or depression (Shaw & Emery, 1987). Since 1997, there have been numerous studies on the adverse effects of IPV on children, demonstrating that these children are also more likely to suffer from post-traumatic stress disorder (PTSD) (Griffing et al., 2006). The growing awareness of the negative effect of exposure to IPV on children led to the phenomenon being converted into a child protection issue (Featherstone & Trinder, 1997). From this moment on, important strides have been made in research, as well as in policies and practices, towards comprehending the impact of IPV on children (Kuhlman, Howell & Graham-Bermann, 2012).

However, although there has been a dramatic increase in the number of studies on the subject, a universally accepted definition of what exactly constitutes children's victimization of IPV has not yet been agreed on, as different concepts such as children's exposure to IPV, children's victimization of IPV, children's experiences of IPV or children as witnesses of IPV are used interchangeably in scientific research. For the purpose of this doctoral dissertation, the terms children's victimization of IPV and children's exposure to IPV will be used from here on.

Research reveals that the problem of children's victimization of IPV is global and takes many different forms. The terms that used to describe children as passive witnesses of IPV are being replaced by an acknowledgement that children are directly involved in responding to, and coping with the negative experience of their victimization of the abuse (Eisikovits & Winstok, 2002).

## 2. Intimate Partner Violence in Spain.

Intimate partner violence in Spain is not really a new phenomenon. Situations in which men behave violently towards women in order to gain control and cause them harm have traditionally been considered a private and even somewhat normal matter, widely accepted in Spanish society (Matud, 2007). In order to fathom this, it is necessary to examine the country's social and political background as it will provide the key to understanding the subject of this thesis.

Spain went through considerable social and political upheaval throughout the 20th century. A civil war broke out in 1936 and ended with a dictatorial regime three years later, effectively putting paid to any erstwhile advances and paralyzing any modernization of the country (Ferrer-Perez & Bosch-Fiol, 2014). Under the Franco dictatorship, from 1939 to 1975, Spain went backwards instead of forwards (Folguera, 1997). However, the country was eventually able to draw up a Constitution in 1978. This was a considerable legislative achievement in a country which had been through years of dictatorship. Among other things, the Constitution held that men and women were equal, that women had a right to work and vote, and a law permitting divorce was passed (Fernandez-Vargas, 2005; Ferrer-Perez & Bosch-Fiol, 2014).

During the dictatorship, women were assigned a subordinate role, had no independence and no chance of participating in activities outside the home (Miro, Gastaldo, Nelson, & Gallego, 2012). Intimate partner violence "did not exist" as it was not considered an offense and was not recognized as a problem (De Miguel, 2005). More specifically, violence was widely accepted as a means of responding to insubordinate wives (Larrauri, 2004). In other words, wives were expected to obey their husbands, and husbands had the right to punish their wives, in the guise of "marital correction", if they did not obey them (Ferrer-Perez & Bosch-Fiol, 2014).

The regime maintained a significant ideological hold over Spanish society by supporting a traditional gender-based division of work. While men focused on life outside the home, playing the role of providers, women were restricted mainly to the household, that is, the family, where they were expected to play their role of dutiful wives and mothers, bringing up children to serve the patria (Arce, 2008; Dueñas, 2005). This traditional belief was upheld by the conservative society, who supported the idea that women were spiritually inferior to men and that their vocation was unequivocally that of housewife and mother (De Puelles, 2002) hence, any education beyond primary schooling and learning to become "good" wives was deemed unnecessary (Miro et al., 2012).

Despite these inauspicious circumstances, the Spanish feminist movement began to take shape and focused on recovering lost civil rights and challenging the dictatorship (Ferrer-Perez & Bosch-Fiol, 2014). When the dictatorship ended and Spain began the transition towards democracy, the Spanish feminist movement began to make strides in changing the traditional roles played by Spanish women. From this moment on, the work of raising public awareness about IPV and getting it onto the political agenda in Spain started in earnest. A special government agency was created, the Spanish Women's Institute was founded; shelters were set up for battered women; moves were made to include IPV in government and Spanish Women's Institute action plans; dedicated care services were set up; and campaigns and preventive education programs were launched (Ferrer-Perez & Bosch-Fiol, 2014).

However, it was not until 1997 when Ana Orante was murdered by her husband after giving a TV interview in which she described the years of violence she had suffered at his hands that society as a whole woke up to the seriousness of the issue (Davins-Pujols, Salamero, Aznar-Martinez, Aramburu-Alegret, & Perez-Testor, 2014).

From that moment on, the Spanish government started launching widespread awareness campaigns and many prevention and intervention programs were developed (Roggeband, 2012). The first step of the national plan to address and combat IPV was to modify the criminal code so that restraining orders could be sought (Action Plan Against Domestic Violence, 1998-2000); Medina-Ariza & Barberet, 2003). The number of shelters for battered women and range of social services was also improved.

Once patriarchal in structure and traditional in its gender roles, Spanish society has gradually evolved thanks to the increase in social awareness and improvements in the legal system, such as the introduction of Organic Law 1/2004 of Integrated Protection Measures against Gender Violence, a far-reaching law aimed at providing a comprehensive and multidisciplinary response to IPV by supporting a range of educational measures, awareness campaigns, and social, economic, and legal measures. IPV is now discussed freely in public, and people, particularly women, have begun to report violent acts. Yet, IPV still stands in the way of gender equality in Spain and there is still much work to be done as, even today, the old attitudes to this type of violence persist (Ferrer-Perez & Bosch-Fiol, 2014; Medina-Ariza & Barberet, 2003). For instance, and according to Faramarzi, Esmailzadeh, and Mosavi (2005), part of the Spanish population still sees different reasons for tolerating this type of violence. They suggest that IPV is tolerated because there is a general lack of empathy towards the victims, as well as a widespread belief that victims could prevent their victimization by not placing themselves at risk. Others feel that the victim must somehow have deserved the abuse and should have known how to defuse the situation. Finally, some people are afraid to intervene and fear for their own safety should they do so.

*Summary of Chapter One*

Intimate partner violence (IPV) has always existed and affects women all over the world. Its prevalence and negative outcomes on women's wellbeing have made it a major public health and human rights issue of major international concern.

Women are not the only victims of these violent circumstances, as children can also be direct or indirect victims of the violence exerted towards their mothers. Throughout history, children have been categorized as the forgotten victims of IPV as research and support have mainly focused on women as the principal and sole victims of this phenomenon. However, this changed when Kempe et al. (1962) published their work *The Battered Child Syndrome*, exposing the severe physical violence children suffered as victims of IPV.

In Spain, IPV has traditionally been considered a private matter. The 36-year dictatorship further diminished women's role in society as, on the one hand, IPV was widely accepted in society, and on the other, women were expected to be subordinate wives and mothers. Once the dictatorship ended, the Spanish government focused on including IPV in the public agenda and created the first agencies and shelters for women. However, while indeed important progress has been made over the last few decades to address the problem, more action is still needed to change some persisting attitudes towards IPV.

# Section II: Intimate Partner Violence against Women

# 1. Intimate Partner Violence.

## *1.1. Definition and prevalence of the problem.*

According to the United Nations (1993), IPV is any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women. This includes threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. This phenomenon occurs without exception in all countries and among all ages, socioeconomic, religious and cultural groups between two people who are currently, or have previously been, in an intimate relationship (Center for Disease Control and Prevention (CDC), 2009). Although IPV might affect both sexes, literature as well as incidence and prevalence rates to date predominantly note that women are more likely than men to be victimized, with the majority of violence against women being perpetrated by their current or former intimate partner or spouse (CDC, 2013). Worldwide, IPV is a serious cause of death and incapacity among women aged 15-49 years (The World Bank, 1993).

It is difficult to give a valid picture of the magnitude of IPV as often it goes unreported due to its sensitive nature (Alhabid, Nur, & Jones, 2010; Spivak et al., 2014). Although studies vary in the IPV prevalence they report, the estimated prevalence of IPV around the world is high. For instance, research shows that between 15% and 71% of women aged 15–49 years who had been in a relationship had experienced physical and/or sexual violence by a partner in their lifetime (Garcia-Moreno et al., 2006). In the Spanish population, the study carried out by Zorrilla et al. (2010), indicated that 10% of the women in their study had been subjected to physical, sexual or psychological IPV in the preceding year. While the presented estimations of IPV depict a devastating problem, the reported prevalence of IPV is likely

underestimated because of the victims' fear of divulging the violent situation they are going through and the lack of valid and universal screening procedures (Walton-Moss & Campbell, 2002).

### *1.2. Types of Intimate Partner Violence.*

The term IPV encompasses the many ways in which violence may be used to violate a woman's physical body, sense of self and sense of trust (Campbell, 1995). The plethora of existing literature on IPV focuses on three main types of violence: physical violence, psychological violence and sexual violence (Davins-Pujols et al., 2014). A fourth type of violence, economic violence, is sometimes included when discussing IPV (Enander, 2008). Although very few studies have focused on this type of violence (Postmus, Plummer, McMahon, Murshid, & Kim, 2012), it is also a common means of control (Huang, Postmus, Vikse, & Wang, 2013).

*Physical abuse.* It is typically defined as the intentional use of force against the body of another person with the potential to cause death, disability, injury, or harm (Saltzman, Fanslow, McMahon, & Shelley, 2002; Weil, Fletcher, & Sokol, 2013). Physical abuse is the most commonly recognized type of abuse in IPV situations (Breiding, Black, & Ryan, 2008). It includes both mild and severe acts of violence such as slapping, punching, pushing, throwing objects, kicking, biting, hitting the person with the fist, or using a weapon such as a knife or a gun (Alberdi & Matas, 2002; CDC, 2009). The behavior may occur once or sporadically. In most relationships where IPV occurs, physical abuse is repetitive and chronic, increasing in frequency and severity over time.

*Psychological abuse.* This form of abuse may be verbal or non-verbal (Crowell & Burgess, 1996). It can also include several strategies to control and manipulate a

partner (CDC, 2009) involving different acts such as hostility, deprecation, indifference, degradation, humiliation, intimidation, threats to harm, intense criticizing, insulting, belittling, ridiculing, name calling and isolation from friends and family (Jones et al., 2005) with the intention of causing emotional harm or threat to harm the other person (Weil, Fletcher, & Sokol, 2013). Although research has mostly focused on physical violence as the most visible form of IPV, psychological violence is the most common type of violence among the victims of IPV and the one that generates the worse consequences in the victim's mental health or emotional wellbeing (Creech, Davis, Howard, Pearlstain, & Zlotnick, 2012; Weil et al., 2013).

*Sexual abuse*. This type of violence refers to the use of physical force to compel a person into sexual activity against the woman's will and attempted or completed sexual acts with a person who is unable to understand the nature of the act, decline participation, or communicate unwillingness (Saltzman et al., 2002; Weil et al., 2013). It is based on behaviors that are carried out with the purpose of degrading the other person physically, psychologically or sexually (Abraham, 1999).

*Economic abuse.* This is defined as the control of a woman's capacity to obtain, use, and maintain economic resources, thus threatening her economic security and potential for self-sufficiency (Adams, Sullivan, Bybee, & Greeson, 2008). It is coercive behavior that makes the victim economically dependent on her partner and at greater risk of continued abuse (Vyasand & Watts, 2009). By controlling women's ability to acquire, use, and maintain economic resources, economic abuse threatens victims' economic security and ability to achieve economic independence (Adams et al., 2008).

Violent incidents are not usually a singular event as often multiple types of violence co-occur over time (Kouyoumdijan et al., 2013; Krebs, Breiding, Browne, & Warner, 2011; Wong & Mellor, 2014). For example, the study carried out by Coker et

al. (2000) found that over 65% of the women who had experienced IPV at some point in their lives experienced both physical and psychological violence. Furthermore, Henning and Klesges (2003) indicated that 95% of the men who physically abused their intimate partner were also psychologically abusing them. While physical and psychological violence are often present, studies suggest that sexual abuse is present in one-third to over one-half of IPV situations (Rees et al., 2011).

### *1.3. Consequences of Intimate Partner Violence on Women.*

A large body of research reports that IPV leads to both short and long term negative consequences on the women's physical and psychological health even when the abusive relationship has ceased (Black, 2011; Fletcher, 2010; Krebs et al., 2011).

IPV has been identified as one of the most common causes of physical injury in women (Rand, 1997) as it is estimated that half of women who experience IPV are physically harmed by the violent incidents (Harrykisson, Rickert, & Wiemann, 2002). The most obvious and severe health outcome for women experiencing IPV is homicide (Wong & Mellor, 2014). Studies have also demonstrated that physical consequences such as fractures, contusions and facial wounds are common direct physical injuries among victims of IPV (Grisso et al., 1999) and may vary depending on the severity and the frequency of the violence. According to Plichta (2004), the impact of IPV may be immediate and direct (such as death and injury), longer term and direct (such as chronic illness or memory loss), indirect (such as self-perceived health and health behaviors), or all three.

Besides the physical consequences of IPV, women can also experience a range of psychological problems. Studies in the last two decades have shown a strong link between IPV and mental health problems including depression, anxiety disorders such

as PTSD, phobias, obsessive compulsive disorder and panic disorders, somatization, suicidal ideation and suicide attempts (Devries et al., 2011; Renner & Markward, 2009). However, PTSD and depression are the most common difficulties women face in the aftermath of IPV (Lindgren & Renck, 2008; Woods, Hall, Campbell, & Angott, 2008). For instance, when investigating the relation between IPV and depression and PTSD, Cascardi, O'Leary, and Schlee (1999) found rates of between 38 and 83% of victims experiencing depressive disorders and between 31 and 84% of victims meeting PTSD criteria.

Studies also indicate that IPV is associated with a woman's increased likelihood of alcohol or drug abuse (Devries et al., 2013). For example, the research carried out by Grant et al. (1994) showed that alcohol abuse rates were five times greater among victims of IPV than among the general population of women. Reproductive difficulties and sexual problems are also common among women victims of IPV (Black et al., 2011). For instance, the findings of Black et al., (2011) reported that sexually transmitted diseases including HIV/AIDS are also frequently found among such women.

IPV is also related to economic consequences for women, risk for increased unemployment and unstable employment (Kimerling et al., 2009; Varcoe et al., 2011) as perpetrators may hinder the women's efforts to seek or maintain employment in different ways. For instance, Moe and Bell (2004) found that more than half of the women interviewed in their study reported experiences of the perpetrator having obstructed their work. Regarding the economic outcomes for women, a longitudinal Canadian study based on women who had abandoned the violent relationship indicated that the individual costs women had to face were longstanding and continued years after the relationship ended (Varcoe et al., 2011).

### *1.4. Leaving or staying in the abusive relationship?*

The misconception regarding a woman's ability to leave the violent relationship unfortunately remains to this day (Eckstein, 2011). Society in general often raises the question of why victims of violence do not leave the violent relationship and still sees victims' decision to remain in the violent relationship as passive, naive, irrational and, where children are involved, irresponsible (Koepsell, Kernic & Holt, 2006).

Studies have demonstrated that women who choose not to abandon the violent relationship base their decision on a variety of good reasons (Fugate, Landis, Riordan, Naureckas, & Engel, 2005; Lacey, 2010) including limited economic resources, fear of more severe future violence, emotional attachment, worries about community and family responses or even murder (Bostock, Plumpton, & Pratt, 2009). According to the study carried out by Kim and Gray (2008), the women's own history of witnessing IPV during their childhood, women's mental health and police response are also factors to take into consideration when explaining why some women stay in the relationship. Likewise, Hendy et al. (2003) noted feelings of loneliness, embarrassment, and fear as motivators of staying with the abuser. In addition, the World Health Organization (WHO) (2006) pointed out that women's fear for their children's lives was another reason for staying.

It is well known that children can be both a deterrent and a motivator in mothers' decisions to stay in the violent relationship (Kelly, 2009; Petersen, Moracco, Goldstein, & Clark, 2005; Rhodes, Cerulli, Dichter, Kothari, & Barg, 2010), as findings highlight the bidirectional influence that children can exert upon victims' leaving decisions (Rhodes et al., 2011; Ruiz-Perez, Mata-Pariente, & Plazaola-Castaño, 2006). According to Rhodes et al. (2011), mothers who decide to stay in the violent relationship for their children's sake base their decision on the following reasons: concern about the harmful

impact of breaking up the family on their children, their lack of independent resources to care for or ensure the education of their children, and their wish to protect their children from interacting with the police and the criminal and civil court systems. Moreover, women may also fear losing their children to their partner or to the child protection or social services if they reveal the violent acts occurring in their home environment (Fugate et al., 2005).

Nevertheless, recently released findings counter the above regarding women's ability to leave the aggressive relationship and report that numerous women do leave violent partners (Black et al., 2011). The decision to leave a relationship characterized by IPV requires determination and courage and is often the last option women contemplate (Coker, Derrick, Lumpkin, Aldrich, & Oldendick, 2000). In some cases, women who initially leave their partners may return to the relationship several times before leaving and never returning thereby experiencing repeated victimization (Lacey, 2010; Peled, Eisikovits, Enosh, & Winstock, 2000).

Studies indicate that although victims of IPV are aware of the negative effects of the violent events on their children, the decision to terminate the violent relationship is not only influenced by the mothers' desire to protect their children from physical and emotional harm (Meyer, 2010), but also by their children's unhappiness about the home situation (Randell, Bledsoe, Shroff & Pierce, 2012). For instance, the study carried out by Randell et al. (2012) shows that multiple participants in their study stated that the effects of IPV on their children and the mothers' concern about their children being physically harmed were the most important motivators for abandoning the relationship. Likewise Petersen et al. (2005) found that the women in their study were motivated to leave when their children began to act violently or even threatened to kill the perpetrator. In other cases, however, women stated that they took action because they

feared being killed by their partners and leaving their children without a mother (Rhodes et al., 2011).

### *1.5. Victims seeking safety from IPV.*

Given the prevalence and impact of IPV on its victims, providing appropriate and effective services and support for women is crucial (Taket, O'Doherty, Valpied, & Hegarty, 2014). Despite common descriptions of IPV victims as being unable or unwilling to help themselves (Ulrich, 1998), empirical evidence suggests the opposite, as women are often found to be active help-seekers (Bell, Goodman, & Dutton, 2007; Hague, 2006).

Sources of support available for victims can be classified as formal and informal (Belknap, Melton, Denney, Fleury-Steiner, & Sullivan, 2009; Liang, Goodman, Tummala-Narra, & Weintraub, 2005). The first kind of support, formal support, refers to the levels of encouragement or assistance from individuals that an abused woman may contact or who contact her, where their relationship is based on professional responsibilities to her (Belknap et al., 2009) such as public, private or non-profit organizations like public authorities, the police, women's shelters etc. The second kind of support, perceived as informal support, is defined as "the belief that one is cared for, loved, esteemed, and valued by others in a network of common and mutual obligation" (El-Bassel, Gilbert, Rajah, Folleno, & Frye, 2001, p.247) and is provided by, among others, friends, family, acquaintances, and spiritual leaders (Frias & Agoff, 2015).

Studies have demonstrated the importance of both formal and informal support networks, as they help prevent IPV and mitigate the health effects that IPV causes in women (Buesa & Calvete, 2013; Taket et al., 2014). For instance, it has been proven that women with strong social networks face less IPV compared with those with less

social support who experience greater levels of distress and depression (Thompson et al., 2000).

### *1.5.1 Informal Support*

Women who experience IPV are likely to confide in someone close to them and someone they trust. Support from informal networks is vital for women living under IPV circumstances (Petersen et al., 2005; Simmons, Farrar, Frazer & Thompson, 2011). For instance, the study carried out by Goodman, Dutton, Weinfurt, and Cook (2003) pointed out that the women taking part in their research were more likely to contact a family member (69%) than a formal support setting, such as IPV programs or counsellors. Diverse studies indicate that informal support from families or friends can offer the women experiencing IPV practical assistance such as financial help, babysitting, transportation, and/or a place to stay; provide emotional support in the form of advice, affirmation, and encouragement (Naved, Azim, Bhuiya, & Persson 2006); and monitor and promote safety in relation to psychological health and wellbeing (Budde & Schene, 2004; Simmons et al., 2011). Furthermore, Budde and Schene (2004) specify that, because of the close and enduring relationship with the victims, close network members can fit their intervention to match the needs, strengths, and contexts of their loved ones.

More specifically, informal support is related to positive mental health outcomes, lower levels of self-blame, higher quality of life, willingness and ability to seek formal support and physical safety (Goodman, Dutton, Vankos, & Weinfurt, 2005; Snell-Rood, 2014). For instance, Coker et al. (2002) found that IPV victims who had received informal support had improved their psychological well-being.

It is unclear whether women turn more to their family or to their friends for support as prior research has shown inconclusive results. While the study carried out by Rose, Campbell & Kub (2000) reported that women use their female friends more than their family members for support, a separate study found that family was typically the women's primary source of support (El-Bassel et al., 2001), and a further study found that women were most likely to rank their friends and neighbors (43%) as their most supportive persons, followed by their mothers (34%; Bosh & Bergen, 2006).

In any case, sometimes responses received from family and friends are not as supportive as women expect (Fanslow & Robinson, 2010; Latta & Goodman, 2011), as the informal network can show reactions such as judgment, disbelief, fear, anger (Sylaska & Edwards, 2014), and/or denial of the complexity of the situation (Lempert, 1997). In this regard, Ulrich's (1998) findings specified that friends and family may respond to women in a variety of hurtful ways, ranging from telling the victim to put up with the situation to outright victim blaming. These responses, in turn, may trigger shame, embarrassment, self-isolation and a reluctance to talk to their informal network about their IPV experiences again (Clark, Silverman, Shahrouri, Everson-Rose, & Groce, 2010; Latta & Goodman, 2011).

### *1.5.2 Formal Support*

While a range of studies show that women under IPV circumstances report informal support as helpful and supportive, it has to be said that these support providers are sometimes unqualified and unable to protect the women from their abusers (Simmons et al., 2011). Inversely, formal support structures such as shelters, IPV support groups, family violence programs etc. are some of the most specialized services offered to IPV victims (Gordon, 1996; Hadeed & El Bassel, 2006). Yet women are

often reluctant to seek these services for support and simply do not utilize them (Fanslow & Robinson, 2010; Simmons et al., 2011; Taket et al., 2014). For example, Hotaling, Finkelhor, Kirkpatrick, and Straus (1988) found that between 35% and 45% of IPV victims never seek help outside family and friends.

A large body of literature has attempted to explain the reasons why women victims of IPV do not seek help from formal support structures but the findings are varied. For instance, Montalvo-Liendos's study (2009) identified the following reasons: fear, shame, embarrassment, time constraints by health care providers, health care providers not asking about IPV, religious beliefs, children, language barriers, and cultural prohibitions. Petersen et al. (2005) indicated that the participants in their study reported six different barriers that prevented them from seeking help or accessing formal services for IPV: failure to recognize or denial of IPV events; self-doubt and low self-esteem; fear of losses; fear of the perpetrator; desire to protect the perpetrator; and pressure not to talk about the IPV incidents. Similarly, Fugate et al. (2005) added several other reasons: help was not needed or was not useful, women wanted to protect their partners and preserve their relationship, women wanted to reserve their privacy and confidentiality and, finally, women feared the consequences that disclosing to a formal support group could have on them.

### *1.6. Prevalence of Intimate Partner Violence in Spain.*

IPV is a serious social problem that has reached dramatic proportions in Spain, (Echeburúa & Fernández-Montalvo, 2009). Despite progress in legislative measures, social awareness and rejection of this kind of violence (Valor-Segura, Exposito, Moya, & Lopez, 2014), several studies report an estimated prevalence of between 15 and 30% (Calvete, Estévez, & Corral, 2007; Ruiz-Perez, et al., 2010). For instance, in an attempt

to gain more insight into the issue, the Spanish Women's Institute (2008) carried out a large-scale telephone survey in 1999 using adult Spanish women as the sample. The survey was repeated in 2002 and 2006, and a new survey was carried out in 2011. It was concluded from these surveys that 4.2% of the women interviewed in 1999, 4.0% in 2002 and 3.6% in 2006 classified themselves as abused; whereas 12.4% in 1999, 11.1% in 2002 and 9.6% in 2006 could be considered technically abused. Moreover, it was perceived that the percentage of women having suffered violence at some point in their lives increased from 2.9% in 1999 to 7.9% in 2011, (Ministry of Health, Social Policy and Equality, 2012). Furthermore, there were 134,105 charges pressed for IPV in 2010, and 73 women were killed by their abusers (Ministry of Health, Social Policy and Equality, 2011). The most recent official statistics indicate that the number of women being abused has risen over the last decade, and that 753 women have been killed by their partners during the same period (Ministry of Health, Social Policy and Equality, 2014).

These figures should not be taken as a true representation of the actual number of female victims of IPV as the violent situations are often kept hidden or secret. Further, the limited data available about the prevalence of IPV in Spain also makes it difficult to estimate the real incidence of the problem (Matud, 2007).

## 2. Violence against Women during Pregnancy.

Pregnancy is a major event in the lives of both men and women as the transition to parenthood usually brings joy to both (Stöckl & Gardner, 2013). While pregnancy is considered to be a joyful time in most women's lives, for others it can mean a time of greater risk as, unfortunately, pregnancy is no safeguard against IPV (Ogbonnaya et al., 2013; Van Parys, Verhamme, Temmerman, & Verstraelen, 2014). The extent of IPV

during pregnancy has been found to be of special concern due to the potentially negative effects on the health of both the mother and the fetus (Alhusen & Wilson, 2015; Ludermir, Lewis, Valongueiro, de Araujo, & Araya, 2010; Taillieu & Brownridge, 2010).

### *2.1. Prevalence and trajectory of IPV during pregnancy.*

Although the exact prevalence of IPV during pregnancy remains unknown, it is clear that it affects a substantial group of women (Van Parys et al., 2014). For instance, the results obtained in the study carried out by Garcia-Moreno et al. (2005) found prevalence rates for physical IPV during pregnancy to be between 1 and 28%. More recent research on the subject identifies rates of IPV victimization in pregnant women of up to 50% (Bailey, 2010; Taillieu & Brownridge, 2010). Nonetheless, estimates of IPV prevalence vary considerably across studies, countries, populations, type of assessment used and type of violence studied, thus rates are believed to be higher than documented.

It is unclear whether women who are pregnant are at greater risk of IPV or not, as the violence can begin, continue, end, or even escalate as pregnancy progresses (Devries et al., 2010). The literature suggests that for some women IPV may begin or increase in intensity during pregnancy, while for others it can be a protective factor (Hellmuth, Gordon, Stuart & Moore, 2013). According to Hillard (1985), 21% of the women in the study reported increased violence, while in 36% of the cases, abuse during pregnancy decreased.

Although many studies indicate that IPV increases during pregnancy, the literature offers mixed findings regarding the extent of the relationship (McMahon & Armstrong, 2012). For instance, the study carried out by Crawford (2007) pointed out

that in relationships with no prior IPV, the violence started during pregnancy. Yet, different studies support that in relationships where IPV was already happening, it tended to escalate during pregnancy. For example, the findings obtained in Flach et al. (2011) indicated that between 40 and 80% of the women who had a history of IPV prior to being pregnant continued to suffer violent episodes during their pregnancies. In contrast, other researchers found that with the onset of pregnancy, the severity and frequency of IPV decreased (Martin et al., 2004; Roelens, Verstraelen, Van Egmond & Temmermand, 2008). Although prevalence rates are diverse, research shows that the violence often continues during the postpartum period (Taillieu & Brownridge, 2010).

### *2.2. Negative outcomes on pregnant women.*

Research indicates that pregnant women who face IPV are at heightened risk for experiencing adverse and wide-ranging outcomes. Such outcomes can be classified in the following categories (Alhusen, Ray, Sharps, & Bullock, 2015):

*Health behaviors.* Studies indicate that pregnant women experiencing IPV are twice as likely to miss prenatal care appointments or initiate prenatal care later than what it is recommended (Chambliss, 2008). Moreover, poor nutrition and inadequate gestational weight gain have also been associated with experiencing IPV during pregnancy (Beydoun, Tamim, Lincoln, Dooley, & Beydoun, 2011). Likewise, research has established that pregnant women's unhealthy behaviors include higher rates of smoking, alcohol use, and substance use (Bailey & Daugherty, 2007; Gilbert, El-Bassel, Chang, Wu, & Roy, 2012).

*Maternal mental health.* IPV during pregnancy is associated with depression, both during pregnancy and in the postpartum period (Chambliss, 2008; Malta, McDonald, Hegadoren, Weller, & Tough, 2012). For instance, studies have shown that

depression has been identified as the most common mental health outcome of IPV, with nearly 40% of the victims reporting depressive symptomatology (Connelly, Hazen, Baker-Ericzen, Landsverk, & Horwitz, 2013). Nonetheless, the most severe outcome of IPV during pregnancy refers to homicide and suicide, as diverse studies have highlighted that maternal injury is a leading cause of maternal mortality (Campbell, Glass, Sharps, Laughon, & Bloom, 2007).

*Neonatal outcomes.* IPV not only affects the mother, it also affects the baby's health. Psychological stress during pregnancy is associated with birth complications (Kramer et al., 2013). Numerous studies support the influence of IPV in low birth weight and increased rates of preterm birth (Alhusen, Lucea, Bullock, & Sharps, 2013). Furthermore, findings have also revealed an association with miscarriage (Dillon, Hussain, Loxton & Rahman, 2013; Van Parys et al., 2014).

### *2.3. Mothering under violent circumstances.*

Throughout history, women have always been seen as guardians of their children's care and wellbeing. The notion of a "good mother" as a nurturing, dedicated and devoted one has influenced and still influences the concept of motherhood in Western societies (Douglas & Michaels, 2004). However, motherhood in an environment of IPV sometimes bears no resemblance to this notion (Peled & Gil, 2011) which is why victims of IPV are often considered "bad mothers" or failures as mothers , especially if they do not leave the violent relationship (Lapierre, 2008).

Studies have shown that for mothers suffering IPV, within a context in which women have limited power, mothering and being a mother may give women a positive sense of identity and self-worth, and may be the only part of their lives which is fulfilling and which the they feel a sense of control over, thus providing an essential

source of hope, strength and purpose (Lapierre, 2010; Peled & Gil, 2011). Nevertheless, research also indicates that mothering and being a mother in IPV circumstances was found to increase the womens' stress levels because of the complicated situations mothers have to face in order to protect and care for their children (Javaherian, Krabacher, Andriacco & German, 2007; Lapierre, 2008).

Among the most widely studied repercussions of being a victim of IPV, women's mothering abilities is probably the best documented as the quality of maternal care and supportive parenting have been identified as key factors for children's social adjustment and emotional difficulties (Gewirtz, Forgatch, & Wieling, 2008).

Women's mothering skills can be undermined deliberately through tactics used by the batterer; the type, frequency, duration and severity of the violence in the women's lives; the high levels of stress mothers experience or a combination of all these factors. In some cases, the violent partner may talk to the children disparagingly about their mother, criticize or ridicule her (Mullender et al., 2002); he may discredit her as a mother by telling the children she is an incompetent parent and blaming her for any adverse outcomes on the children (Bancroft, Silverman & Ritchie, 2012; Lapierre, 2010); he may challenge her authority as a mother or use violence to punish her for not parenting the children as he would see fit (Mbilinyi, Edleson, Hagemeister & Beeman, 2007) or even stop her from meeting the children's emotional needs (Levendosky, Lynch & Graham-Bermann, 2000). For instance, Holden and Ritchie (1991) found out that 34% of mother victims of IPV changed their mothering behaviors when the violent partner was present.

Such conduct from the violent parent towards the mothers can weaken the mother-child bond as the children may blame their mothers for the violence (Bancroft et al., 2012; Haight, Shim, Linn & Swinford, 2007). Furthermore, children may also

harbour resentment towards their mothers because they feel the mothers have failed to meet their needs (Mullender et al., 2002). Finally, in cases where the violent relationship is over, children may also resent their mothers for leaving their father (Peled, 1998).

Research into the mothering abilities of women who have experienced IPV has produced contradictory findings. Some studies support that the high stress levels and difficult circumstances women experience may have a negative influence on their mothering skills, by negatively impacting their ability to attend to their children's needs or engage in the children's lives, or on how they relate emotionally and physically with their children, showing higher levels of physical and psychological aggression towards their children (Lapierre, 2010; Peled & Gil, 2011). Furthermore, the study by Wolf (1999) concluded that mothers with mental health issues, such as depression, tend to feel more overwhelmed by the daily care needs of their children, and tended to react more slowly, talk less, be less positive and more distant with them. Finally, the research presented by Abrahams (1994) described that IPV had a negative effect on the women as they became less confident in themselves as mothers, took out their frustrations on their children and also experienced emotional detachment from their children.

Even if research shows that IPV impacts the women's ability to function on a day-to-day basis, the notion that women are less available to their children's needs is not always supported (Sullivan, Nguyen, Allen, Bybee, & Juras, 2000). For instance, diverse studies defend that mothers compensate children for the harmful effect of IPV by engaging in more positive mothering skills, tending to be more sensitive and responsive, or developing protective strategies for their children so as to not witness the violence (Casanueva et al., 2008; Letourneau, Fedick, & Willms, 2007). For instance, the results of the study carried out by Sullivan et al. (2000) showed that neither

experiences of physical or psychological violence affected the mothers' mothering skills.

Other studies have found no parenting differences between abused and non-abused women (Renner, 2009) showing that many women who are subjected to IPV are as responsible, nurturing and concerned for their children's welfare as non-abused women (Peled & Gil, 2011). Peled and Gil (2011), when studying IPV victims' perceptions of their mothering skills, found their role of mother to be central in the women's lives, prioritizing their children's welfare over everything else.

*Summary of the chapter*

Intimate partner violence is a worldwide and pervasive problem that causes numerous adverse outcomes on its female victims. Despite the diverse ways in which violence can be exerted, physical and psychological abuse are the most common forms experienced by women. Such abuse seriously impacts women's physical and psychological welfare, resulting most often in anxiety and PTSD.

Pregnancy is no safeguard against this phenomenon as pregnant women are also at risk of suffering abuse by their partners. Nevertheless, it is unclear whether pregnancy is a risk factor for the onset of IPV or whether IPV trajectories during pregnancy change or remain similar to IPV prior to pregnancy. Suffering abuse during a pregnancy is considered of special concern due to the potential negative effects on the health of both the mother and the unborn child. More specifically, IPV can affect the women's physical and mental health by causing difficulties such placental abruption, trauma in pregnancy, cesarean delivery, premature labor or low birth weight. However, among all the adverse outcomes of IPV on women, the development of adequate mothering skills is probably the best documented as it has been shown that a caring and positive maternal attitude toward the child can diminish the negative effects of IPV on the child. Nevertheless, contradictory results on mothering skills in an IPV environment can also be found in the literature.

# Section III: Child exposure to Intimate Partner Violence

# 1. Child exposure to IPV.

## *1.1. Prevalence of child exposure to IPV.*

The phenomenon of IPV is a widespread problem that actually becomes more alarming if we take into consideration the number of children living in violent homes and how this violence affects them (DeBoard-Lucas & Grych, 2011). In spite of the progress society has made over the last few years in addressing IPV, it remains a serious problem. Women still suffer silently, in some cases for years, as do the forgotten victims: the children who suffer and witness IPV.

Despite a lack of consistent data on how many children are exposed to IPV (Rhodes et al., 2010) due to the secrecy surrounding the phenomenon, the numerous hidden cases and a lack of consensus about the definition of violence, it is estimated that approximately 275 million children worldwide witness IPV in their homes (General Secretariat of the United Nations, 2006). In fact, one child in 15 is believed to have witnessed IPV in the past year, and one in every four will possibly witness violence within their lifetime (Blair, McFarlane, Nava, Gilroy, & Maddoux, 2015). Furthermore, the UNICEF (2006) worldwide statistics on children subjected to IPV indicate that this phenomenon is on the rise.

## *1.2. Prevalence of child exposure to IPV in Spain.*

Due to the numbers of women victims of IPV, Spain has recently started to pay attention to the forgotten child victims of IPV and the adverse effects it has on them. More specifically, the study carried out by UNICEF-Body Shop (2006), revealed that at least 118,000 children were exposed to violence in Spain that year whereas Save the

Children estimated that approximately 800,000 children were exposed to IPV in their homes in 2009.

The large-scale Survey on Gender Violence (2011) carried out in Spain shed some light on the reality of these children's circumstances. Terrifying data on child witnesses of IPV was obtained as 70.6% of the women victims of IPV stated that they had underage children and 61.7% of these women confirmed that their underage children had also suffered direct victimization at some point. Furthermore, a more recent survey indicated that the majority of women suffering or having suffered IPV in Spain stated that at least one of their children was aware of the violent episodes taking place in home over the previous year, (Report Violence against Women: An EU-wide Survey – Results at a glance, 2014).

Official statistics regarding the children who had been killed along with their mothers by violent partners were revealed for the first time in Spain in 2013. Six children together with their mothers were killed by their fathers and 42 children were left motherless that year (Ministry of Health, Social Policy, and Equality, 2012, 2013). According to institutional data, 48 children suffered IPV direct victimization that year. In 2013, out of the 423,136 calls to ANAR, the children and young people's helpline, 445 urgent interventions on minors were undertaken, involving situations of physical and psychological violence (Fundación ANAR, 2013).

This data confirms that the number of children exposed to IPV represents a serious problem in Spanish society, as it seems to have increased silently. In fact, it is reasonable to suspect that due to the secretive and hidden nature of the phenomenon, many cases of IPV with children involved may not even have been reported to the authorities suggesting that such rates may well be even higher (Villanueva, 2014).

In order to acknowledge and address the violent situations children experience in their homes, Spain has recently changed the law and now recognizes children as direct victims of IPV.

*1.3. Child direct and indirect victimization of IPV.*

Intimate partner violence disrupts the one place children would normally feel safe: their home (Eggert, 2005) as for some children, home involves vulnerability, discomfort, and direct or indirect victimization of physical, psychological or sexual violence (Almqvist & Broberg, 2004). A home defined by IPV creates an atmosphere characterized by a parent being the perpetrator of violence while the other parent is a terrified victim, sometimes unable to support the child (Edlesson, 1999; Eggert, 2005) thus, creating a detrimental home environment for the child and affecting his or her functioning and well-being (Georgsson & Almqvist, 2015).

This phenomenon places children at risk for a twofold victimization: direct victimization, when they become victims of psychological, physical, and sexual aggression themselves or when they intervene in the violent event (Överlien, 2010); and indirect victimization, when they witness their father threaten to hit or hit their mother, overhear incidents of violence from somewhere else in or outside the house, are forced to watch the violence as a lesson, experience the aftermath of the violence by seeing the bruises or other emotional scars clearly visible on their mother or have to move to a women's shelter (Edleson, 1999; Fantuzzo & Mohr, 1999; Howell, 2011; Wood & Sommers, 2011). For instance, Fantuzzo, Boruch, Berima, Atkins and Marcus (1997) suggested that children in homes where IPV happens are not merely spectators of the violence, as frequently they are perceived by the adults to be part of the violence. Furthermore, the findings obtained in the study carried out by Edleson, Shin and

Armendariz (2008) show that 41.5% of the children tried to physically stop the violent actions, while 36.9% of them suffered direct victimization by the perpetrator in order to hurt or scare their mother.

Children can also be victimized even when the violence is not exerted towards them as they can be used as a physical weapon against their mother, participate in the abuse or even be injured by accident or intentionally by one parent's physical violence (Beeble, Bybee & Sullivan, 2007; Rhodes et al., 2010). For example, McCloskey (2001) indicated that 65% of the men who had battered their wives had also threatened to harm the children.

### *1.4. Co-occurrence of IPV and child victimization.*

Over the past few decades, there has been a growing awareness of the co-occurrence of IPV and child victimization (Edleson, 1999; Finkelhor, Ormrod, & Turner, 2010; Moylan et al., 2010) as both types of violence share common features and often happen at the same time (Bourassa, 2007). It is well established that children who are victimized by IPV are at risk of other forms of violence such as physical child abuse, as this kind of abuse is more likely to happen in families characterized by IPV (Herrenkohl, Sousa, Tajima, Herrenkohl & Moylan, 2008). In this regard, studies estimate that in couples experiencing IPV, in between 40% and 81% of the cases, children were at home when the violent incident happened (Hamby, Finkelhor, Turner & Ormrod, 2010; Herrenkohl et al., 2008). More specifically, diverse studies show that the overlap ranges between 20 and 70% (Cox et al., 2003; Eriksson, 2003). Such co-occurrence has been described as a double whammy effect for the children (Hughes, Parkinson, & Vargo, 1989) as they are at higher than average risk of becoming direct intentional targets of violence themselves (Moffit & Caspi, 2003). For instance, studies

document that between 30 and 60% of the families experiencing IPV have children who are also abused (Appel & Holden, 1998; Edelson, 1999; Herrenkohl et al., 2008).

The literature suggests that more than 40% of couples experiencing IPV have children under the age of 18 living in the home (Gjelsvik, Verhoek-Oftedahl & Pearlman, 2003). Precisely, early childhood has been identified as a critical period of risk for some children as IPV victimization often happens in early childhood (Gewirtz & Edleson, 2007). According to the U.S. Department of Health and Human Services (1999), children aged 0 to 3 years are the most frequent victims of child maltreatment. According to the study developed by Fantuzzo et al. (1997), children aged 0 to 5 years were more likely to be present when the violent incident happened. More recent research carried out by Graham-Bermann et al. (2009) pointed out that the average age of children's exposure to IPV was 10.

### *1.5. Children's reactions during IPV incidents.*

Children are not passive spectators of IPV as often they respond to the violence exerted towards their mothers (Cater, 2014; Georgsson, Almqvist, & Broberg, 2011; Överlien & Hydén, 2009) and use diverse strategies to try to make sense of it and cope with their circumstances and emotions (McGee, 2000). In order to help diminish their fear whenever the conflict occurs, children's reactions can be categorized in three different phases (Peled, 1998):

*Children as observers of the violence*. Such behaviors can range from hiding in their rooms, observing the conflict, verbally voicing their concerns, leaving home, reporting violence to the authorities or even distracting themselves (DeBoard-Lucas & Grych, 2011; Fusco & Fantuzzo, 2009; Mullender et al., 2002). According to Cummings et al. (1989), the children that took part in their study tended to observe the

conflict, expressed concern, sought social support and intervened to protect or comfort their mothers.

*Children as participants*. Children sometimes try to actively prevent, or intervene whenever the conflict happens. They may try to calm the aggressive progenitor down, or stop the violence by pulling the father away from the mother or by calling the police. They may try screaming to impact on the violence, or actively support or show opposition to one of the parents, protect the abused parent, or prevent harm by alleviating feelings of anxiety, distress and helplessness (Hydén, 1994). For instance, 50% of the mothers taking part in the study carried out by Edleson, Mbilinyi, Beeman, and Hagemeister (2003) reported that children had attempted to intervene in the violent incidents at some point, with 20% doing so on numerous occasions.

*Children as victims of the violence*. The negative consequences children can experience as a result of the victimization is described in the next section. Regarding their reactions, while some children prefer not to think about the violence, others focus on forgiving the perpetrator for his violent behavior. Furthermore, in some cases, children pray for a better reality or tend to deny their reality by daydreaming, lying or pretending to be in another world, or try to control their emotions and situations (Weinehell, 1997).

## 2. Documented consequences of child exposure to IPV.

Unequivocally, children's direct and indirect victimization of IPV has a detrimental impact on their development and health, often leading to short and long term behavioral, psychological, cognitive and social problems (Edleson, 1999; Harding, Morelen, Tomassin, Bradbury, & Shaffer, 2013; Holt, Buckley & Whelan, 2008; Moylan et al., 2010; Zarling et al., 2013). For example, the findings in the study

developed by Bogart, DeJonghe & Levendosky (2006) indicated that trauma symptoms were found among one-year-old infants who had been victimized by severe IPV. Nevertheless, researchers have found that negative outcomes depend on the children's ability to understand and assess the violence, the way they respond to and cope with it, and how they seek external support in order to obtain protection and support (Margolin & Gordis, 2000).

### *2.1. Internalization of behaviors.*

A home characterized by IPV can lead to children internalizing problems and showing higher rates of fear and anger manifested in feelings of helplessness or withdrawal. Due to the traumatic events they experience, children can start viewing life as stressful and lonely; often assuming they are not worth respect and comfort thereby contributing to social withdrawal (Howell, 2011). Anxiety is also frequent, as children may regularly relive the violent incidents that take place at their home, keeping them anxious and fearful of when the next violent episode may occur. Depression can be brought on by their feelings of powerlessness and guilt at being unable to protect their mother (Brooks, 2011; Graham-Bermann, Castor, Miller, & Howell, 2012; Holmes, 2013). Literature regarding this also states that children may experience suicidal ideation, phobias, bed-wetting and low self-esteem (Kolbo, Blakely, & Engleman, 1996).

### *2.2. Externalization of behaviors.*

Many studies have found that children victimized by IPV often exhibit more negative externalizing behavior than children who have not been victimized by IPV (Briggs-Gowan et al., 2010; Fletcher, 2010; Howell, 2011; Sterne & Poole, 2010). More

specifically, externalizing behaviors are associated with an increase in aggression (Graham-Bermann & Levendosky, 1998), hyperactivity (Buchanan, 2008; Paterson, Carter, Gao, Cowley-Malcolm, & Iusitini, 2008), poor impulse control, hostility, disruptive or antisocial behavior or disobedience (Holmes, 2013). For instance, Adamson and Thompson (1998) found that children who had been victimized by IPV were more likely to respond to conflict by using aggression. Likewise, the study by Ballif-Spanvill, Clayton, Hendrix & Hunsaker (2004) indicated that children victimized by IPV reacted more violently to conflict with their peers than children not victimized by IPV.

For years, researchers have tried to explain the existing connection between developing aggressive behaviors and children's victimization of IPV. It was not until 1977 when Bandura proposed the social learning theory (Bandura, 1977) that focused on externalized aggressive behavior and how it can be implanted by roots of observational learning. In other words, this theory posits that children who witness adults behaving aggressively may learn that the use of the violence is a tolerable and acceptable way of dealing with interpersonal conflicts (Haugaard & Feerick, 2002). According to McGee (2000) and Abrahams (1994), children's behaviors are clearly influenced by their parents' attitudes so whether the child has been victimized by violence will determine if the child presents externalized aggression or not.

Children living in homes characterized by the use of violence are likely to resolve their own interpersonal adversities by imitating and using the violent and aggressive patterns they have observed at home (Straus, 1990), leading them to drug and alcohol abuse, running away and juvenile delinquency (Fergusson, Boden & Horwood, 2006).

### *2.2.1 Learning of aggressive behavior.*

As mentioned in the previous section, researchers have attempted to explain the connection between children's victimization of IPV and children's use of aggressive behavior using the social learning theory (Bandura, 1977) as a baseline. Diverse studies posit that children victimized by IPV are more likely to be violent when they grow up than non-victimized children, experience more dating violence as adults, state beliefs that justify the use of aggressive behavior or even reproduce the violent behaviors toward their parents (Calvete & Orue, 2013; Lichter & McCloskey, 2004).

### *2.2.2 Adolescent Dating Violence (ADV).*

The study of violence in adolescent dating relationships was not an object of scientific interest until the second half of the last century (Kanin, 1957; Makepeace, 1981), yet it was not until the 2000s that studies on the subject increased exponentially due to the increasing numbers of adolescents and young adults becoming victims or perpetrators of the violence (Makin-Byrd & Bierman, 2013). Defined as a form of IPV that occurs between two adolescents who are currently or have been intimately involved with each other (Moore, Sargenton, Ferranti & Gonzalez-Guarda, 2015), it includes physical or sexual violence, threats of violence, or emotional violence often engaged in by both members as research indicates that males and females are equally likely involved in dating violence (Wolfe, Crooks, Lee, McIntyre-Smith & Jaffe, 2003).

Statistics have shed some light on the number of adolescents who are currently experiencing or have experienced some type of dating violence. Approximately 1.5 million high school students suffer physical abuse in a dating relationship (CDC, 2006). With estimated prevalence rates ranging from 10 to 42% of adolescents having experienced verbal, physical, emotional, or sexual abuse from a dating partner every

year (CDC, 2006), and between 9 and 87% of high school and college students being involved in violent dating relationships (Harned, 2002), dating violence becomes a common problem during adolescence and a significant social health concern. Nevertheless, even if such estimations are staggering, they may show only a conservative approximation of the phenomenon as many violent acts go unreported and also rates may vary according to the definitions, methodology and population studied (Loeb, Deardorff, & Lahiff, 2014).

Adolescence, understood as the developmental period of time between childhood and adulthood, spanning from 10 to 24 years (Department of Health and Human Services, 2013), is also a time where dating relationships often first emerge and IPV is first experienced (Moore et al., 2015). International research has demonstrated that the incidence of IPV among the youngest sectors of the population, especially girls and young women, is high (Lundgren & Amin, 2014). According to the findings obtained in the study carried out by the World Health Organization (WHO, 2005), younger women, especially those between 15 and 19 years old, are at higher risk of physical or sexual violence by a partner. Likewise, research indicates that initial episodes of dating violence occur before 15 years of age (Herman, 2009). In addition, this phenomenon occurs both in stable relationships and also in more transient dating situations (Valls, Puigvert, & Duque, 2008).

Childhood exposure to IPV has been related to an increased risk of being involved in violent intimate relationships, particularly during adolescence (Wolfe, Wekerle, Scott, Straatman, & Grasley, 2004) as adolescents may react aggressively when they begin to develop romantic relationships thus, shaping both the risk of victimization and perpetration later in life (Lundgren & Amin, 2014). Nevertheless, research has produced inconsistent results regarding gender differences in the

association between childhood exposure to IPV and adolescents' dating violence. For instance, the findings obtained in the study carried out by Laporte et al. (2011) indicated that boys who reported childhood exposure to family violence were at high risk of being aggressive with their girlfriends, whereas according to Renner and Whitney (2012), dating violence perpetration and victimization were more related to girls that had experienced family violence than to boys that had experienced family violence.

Adolescent dating violence may begin with an act that seems as innocent as teasing. Nonetheless, it can eventually lead to damaging offenses towards the partner progressing into other types of psychological, physical, and sexual violence (CDC, 2012). For instance, the study carried out by Theriot (2008) found a high prevalence of psychological violence among adolescents' dating violence. Unwanted sexual activity, including sexually explicit jokes, being spied on while dressing or changing, verbal pressure, using deceit to gain sexual activity, and unsolicited acts of kissing, hugging, and sex, are also common techniques of violence in adolescents' relationships (Theriot, 2008). Besides direct acts of violence, indirect violence can happen as well. This kind of violence is based on spreading rumors or telling cruel stories about a dating partner.

Although findings on whether or not adolescent dating violence is related to IPV in later life are inconclusive (Conolly & Josephson, 2007; Lichter & McCloskey, 2004), the fact that many adolescent victims show difficulty identifying violence as such and, thereby, perceiving aggressive behavior as love or as justifiable behavior (Kerig, 2010), places them at an increased risk for further victimization. Moreover, the diverse myths concerning love or expectations created in dating relationships could be another reason for adolescents being unable to identify the line between an awkward date and the beginning of a violent relationship (Ferrer et al., 2008).

Early research on adolescents dating violence has indicated that females were more likely than males to be victimized by their dating partners (Doumas, Margolin & John, 1994; Gover, Kaukinen, & Fox, 2008). However, as researchers continued investigating prevalence rates, findings suggested that males displayed higher dating violence victimization rates regarding psychological and physical violence than did females (Foshee et al., 1996; Lichter & McCloskey, 2004) thereby changing the initial belief and revealing that both members are engaged in aggression and victimization by being perpetrators and victims (CDC, 2012). However, gender differences exist regarding the type of perpetration committed. For instance, the study carried out by Molidor and Tolman (1998) found that females are more likely to use minor physical and psychological violence such as pinching, slapping, scratching, or kicking whereas males are more likely to utilize more severe violence such as punching and forcing their girlfriends into unwanted sexual activity.

Researchers have found that one of the major risk factors associated with adolescent involvement in violent dating relationships is reporting poor mental health such as lower self-esteem, negative self-concept, anxiety, depression symptoms and suicidal ideation or attempts. For example, Howard and Wang (2003) depicted that the participants in their study who reported higher rates of emotional distress and suicidal thoughts were more likely to report dating violence. Similarly, these authors also explored how other elements such as drug use, engaging in violent activities and engaging in risky sexual behaviors linked to dating violence. Their results exhibited that females who reported using a variety of drugs were associated with an increased report of dating violence. Likewise, adolescents who engaged in risky sexual behavior were at significantly higher risk of experiencing dating violence.

It is widely held that being victimized by a dating partner during adolescence has negative physical and psychological health outcomes (Banyard & Cross, 2008; Brown et al., 2009; Johnson, Yanda & de Vise, 2010; Wiklund, Malmgren-Olsson, Bengs & Ohman, 2010). Adolescents victims of dating violence are more likely to experience negative physical, psychological, and social health problems such as injuries, disordered eating, substance abuse, depression, sexually transmitted infections, and poor school performance than adolescents who do not experience conflict in their intimate relationships (Alleyne, Coleman-Cowger, Crown, Gibbons, & Vines, 2011; Chiodo et al., 2012; Temple & Freeman, 2011). Moreover, adolescents may carry the patterns of violence into future relationships, increasing the risk of revictimization in subsequent romantic relationships (Exner-Cortens, Eckenrode, & Rothman, 2012; Vezina et al., 2015).

### *2.2.3 Child-to-parent aggression (CPA).*

Among the negative outcomes of children's victimization of IPV, the learning of aggressive behavior and its use towards the parents is receiving considerable attention. This phenomenon, varyingly referred to as *battered parent syndrome, parent abuse*, or the more specific *child-to-parent aggression* (CPA) (Coogan, 2011; Edenborough, Jackson, Mannix, & Wilkes, 2008), is understood to be any act by a child to gain power and control over parents by causing them physical, psychological or financial harm (Cotrell, 2001).

Although neglected by scientific literature, child-to-parent aggression is a relatively well established phenomenon (Calvete et al., 2013; Hong, Kral, Espelage, & Allen-Meares, 2012) which has received a lot of attention in recent years because of its high prevalence (Coogan, 2011; Ibabe, Jaureguizar, & Diaz, 2009). For instance, studies

show prevalence rates as high as 21% for physical violence (Calvete, Orue, & Gamez-Guadix, 2013; Ibabe, Jaureguizar, & Diaz, 2009; Pagani et al., 2009) and as high as 65% for psychological aggression (Calvete, Orue, & Sampedro, 2011). Some studies indicate that aggressions are more frequently perpetrated against the mothers. For instance, the study carried out by Pagani et al. (2009) pointed out that the rate of physical violence against the fathers was 11% and 13% against the mothers. Yet, more recent research found that even if psychological violence was more frequently directed towards mothers, no differences were found regarding physical aggression (Calvete, Gamez-Guadix et al., 2013). Furthermore, findings regarding gender differences in child-to-parent are diverse. Although research has revealed that the majority of aggressors are males aged between 10 and 18 (Agnew & Huguley, 1989), recent findings suggest that sex differences are decreasing, as the number of female adolescents perpetrating child-to-parent is rising dramatically (Calvete, Gamez-Guadix et al., 2013). Moreover, gender differences have also been found in the type of child-to-parent aggression. While some authors indicate a higher prevalence of physical violence in boys than in girls (Boxer, Gullan, & Mahoney, 2009), some researchers point to a higher rate of psychological violence in girls than in boys (Calvete, Gamez-Guadix et al., 2013) and others report no statistically significant variances in violence rates between boys and girls (Gamez-Guadix & Calvete, 2012; McCloskey & Lichter, 2003; Pagani et al., 2009; Ulman & Straus, 2003).

In Spain, child-to-parent aggression rates are growing rapidly. According to the General State Public Prosecutor's Office, the total number of complaints filed by parents against their children rose dramatically from 1,627 in 2006 to 5,377 in 2011, representing an increase of 230% (Ministry of Justice, 2012). Several reasons need to be taken into consideration when interpreting and understanding the rise in complaints.

First of all, a fundamental change is taking place in parent-child relationships (Etxebarria, Apodaca, Fuentes, Lopez, & Ortiz, 2009). In other words, the parenting style in Spain has changed from a strict, authoritarian model to an indulgent and permissive one (Garcia & Gracia, 2009). In addition, children and adolescents are being raised in a consumer society where are the providers whose role it is to satisfy their children's demands and find it impossible to set down limits to their children's behavior and establish a series of consequences for infringements (Calvete et al. 2013; Howard, Budge, & McKay, 2010).

Regarding the influence of exposure to IPV on the development of child-to-parent aggression, preliminary studies suggest that it can constitute a risk factor. A qualitative study involving both the parent victims of their children's violence and the perpetrators indicated that both direct victimization by parents and witnessing violence against mothers were risk factors for child-to-parent violence (Calvete et al., in press). However, scientific literature on how witnessing IPV or suffering direct victimization of IPV as a child impacts child-to-parent violence is scarce. The only study, to our knowledge, which examines this association was carried out by Boxer et al. (2009). According to their findings, adolescent physical aggression toward a specific parent was more likely when that particular parent engaged in physical aggression towards the adolescent, whereas the results obtained for the association between witnessing IPV and child-to-parent aggression appeared to be related to the sex of the parent perpetrating the violence.

### *2.3 Children Adopting Adult Roles.*

Sometimes children take on inappropriate levels of responsibility within the family and feel the need to become their mother's carers (Little & Cantor, 2002).

Studies show that role reversal between child and parent is common in families characterized by IPV (Barnett & Parker, 1998). So many children are forced into adopting adult roles; they have to grow up quickly and become more mature prematurely (DiLillo & Damasek, 2003). They take over the parent's role, carrying out household duties such as cooking, cleaning, washing; taking care of their siblings or even caring for their mother, particularly when she is unable to fulfil her role due to the physical pain and/or injury she is suffering as the result of a violent incident (Sterne & Poole, 2010). For instance, Sterne and Poole (2010) found that girls in particular tend to support a greater burden of responsibility during and after the violent episodes and feel the need to stay at home to help and support their mothers. These circumstances have significant implications for children as they become socially isolated because of their age-inappropriate activities as they prioritize staying with and supporting their mothers rather than attending class (Early & Cushway, 2002).

### *2.4 Academic and Social consequences.*

Studies have emphasized that the negative outcomes of IPV on children can also affect their performance in diverse social settings, including school, as children's feelings of fear and anxiety have been found to affect their levels of concentration and involvement in school activities (Abrahams, 1994; Kitzmann, Gaylord, Holt & Kenny, 2003). Internalized behaviors, such as those mentioned previously, make the children more likely to withdraw and disconnect from the classroom's environment thus hindering their academic development and success. Learning is impeded and lower scores on testing for verbal, motor and cognitive skills are common in these children (Thompson & Trice-Black, 2012). On the other hand, children who manifest externalized behaviors may use aggressive or disruptive behavior towards their teachers

and peers in the classroom (Cole et al., 2005). Therefore, children's relationships with their peers and other adults are also at risk of suffering (Adams, 2006; Margolin & Gordis, 2000), as internalized or externalized behaviors can sometimes lead to children being excluded by their peers because they fail to adhere to the social norms of school life. For instance, the results obtained in the study carried out by McCloskey and Stuewig (2001) suggest that children exposed to IPV present higher levels of self-reported loneliness in school and increased conflict with close friends. Also, children were less likely to get along with other children and more likely to get into fights.

Children's social exclusion may also impact their school attendance rates as they may skip classes by staying at home. For instance, the study carried out by Jaffe et al., (1990) pointed out that children would often prefer to stay at home because they are too frightened to leave their mothers' side, refusing to go to school or feigning illness. These results are supported by McGee's study (2000), who found that children were often resisted attending school. Such social exclusion is sometimes explained by children's misconception about of their responsibility within the family as explained further on in this chapter.

It is also true, however, that other studies indicate that not all children victimized by IPV struggle with bad school attendance rates or bad academic achievements as, in some cases; children get on with school life and even perform better than many of their peers (McGee, 2000). Sometimes, for children victimized by IPV, school provides a release from the violence at home, somewhere to escape to.

## 3. Resilience of children victimized by IPV.

Research emphasizes that not all children exposed to IPV display negative outcomes. For instance, the study carried out by Kitzman et al. (2003), found that 37%

of children who witnessed or experienced IPV fared as well or better than children who were not exposed to IPV. Likewise, 54% of the children in the study by Matinez-Torteya et al. (2009) were classified as resilient. In some cases, children undergo hardship without it causing any immediate harm to their mental health and exhibit positive health outcomes (Graham-Bermann et al., 2009; Maddoux et al., 2014) as they are able to handle their experiences without long-lasting effects on their mental development (Howell, 2001). These children are considered resilient (Suzki, Geffner, & Bucky, 2008).

Resilience is pictured as a pattern (Masten, 2001), a dynamic developmental procedure (Egeland et al., 1993) in which new strengths and vulnerabilities emerge over time and under changing circumstances (Luthar, Cicchetti, & Becker, 2000). Applied to children exposed to IPV, resilience has been described as the ability to adapt and function successfully in a high risk setting or following exposure to prolonged trauma by being able to use available resources despite the many disadvantages, risk factors and threats in their lives (Fraser, Richman, & Galinsky, 1999; Masten, 2001). Therefore, while some children's functioning may be jeopardized when stressful events occur, they may also recover quickly in terms of developmentally adequate functioning when they return to safe living arrangements (Gewirtz & Edleson, 2007). But why do some children exposed to IPV appear to cope better than others? What are the factors that enable children to overcome adversity?

The functioning of children victimized by IPV varies and many children may fare rather well despite their adverse experiences (Howell, 2011). Research shows that there are ways to mitigate the impact of IPV on a child, as a number of protective factors have been identified to assist children when facing adversity (Graham-Bermann, 1998). Current studies cite three general principles when discussing how the effects of

children's exposure to IPV can be lessened and their resilience improved: the individual attributes of the child, such as the child's personality, interpersonal skills, autonomy, self-esteem, personal talents (Carter, Weithorn, & Behrman, 1999) and the amount, type and chronicity of IPV exposure (Hughes, Graham-Bermann, & Gruber, 2001); the development of strong bonds and a positive relationship with a caring adult, highlighting the significance of children developing and maintaining a supportive relationship with the non-violent parent and experiencing healthy relationships within the family of origin (Gewirtz & Edleson, 2007; Levendosky, Huth-Bocks, Shapiro & Semel, 2003) as it has been proven that a positive mother-child relationship can provide the child with the stability and ability to cope when the father perpetrates violence against their mother (Bancroft et al., 2012; Howell & Graham-Bermann, 2011); and support from someone outside the family, as IPV causes some parents to be unavailable emotionally or physically for the children (Gewirtz & Edlesson, 2007; Rhodes et al., 2010). For instance, the study carried out by Levendosky and Graham-Bermann (2001) shows that the way parents respond to their children's emotions influences how the child learns to process, understand, and cope with a variety of emotional states. In other words, positive maternal mental health and positive mothering skills are factors that increase child resilience to IPV exposure (Howell, Graham-Bermann, Czyz, & Lilly, 2010).

### *3.1 Talking as a Supportive Measure for Children Victimized by IPV.*

How children victimized by IPV interpret the violence surrounding them in their homes can also lead to resilience. Studies indicate that children may contrue IPV episodes in different ways (Cater, 2007). While some children may believe that the violent incidents occur because the perpetrator of the violence was angry, others may

think that the victim provoked the perpetrator (DeBoard-Lucas & Grych, 2011). Thus, giving children the opportunity to talk about their experiences of IPV may have a twofold benefit on them as, on one hand, talking can change the way children understand IPV and on the other, having the chance to talk about their violent experiences has been proven to prevent or reduce potential negative outcomes of IPV (Cohen, Mannarino & Iyengar, 2011; Cohen, Mannarino, Murray & Igleman, 2006; Graham-Bermann et al., 2011). For instance, the study carried out by Graham-Bermann, Kulkarni and Kanukollu (2011) found that children who spontaneously talked about their traumatic events exhibited a greater change in their internalization of problems and their understanding of the violence.

Nevertheless, even if some children are willing to express their emotions and talk about their experiences in order to understand them, the literature suggests that others tend to try to forget about the violence (McGee, 2000). According to findings of Georgsson, Almqvist and Broberg (2011), trying not to remember the violence was a common strategy in the children taking part in their research. More specifically, these authors highlighted that, in some cases, children consciously avoided disturbing memories. There are several possible explanations for this: The child was too young to remember the violent situations; the child was not even present when the violence happened or maybe the violent situations were sporadic. According to Mullender (2006), in some cases, children are reluctant to talk about their experiences because they have been explicitly or implicitly silenced, or they think they should protect their mothers, or simply they do not want to talk.

When verbalizing their distressing experiences, children may talk to a variety of people including friends, family members and professionals from different spheres. Although friends and family members are rarely trained in how to discuss IPV or how it

affects children, their active listening, concern or even assistence in problem solving have been found to be associated with lower rates of depression in children (Howell, Cater, Miller-Graff, & Graham-Bermann, 2014). However, talking to fathers or even mothers can sometimes prove damaging for the children, as when children talk about the violence with the perpetrator, the violent episodes are often denied or even dismissed (Hydén & McCarthy, 1994). In addition, mothers may avoid discussing the violent episode either to protect their children or simply because they do not know what to say (Mullender et al., 2003). It can therefore be difficult for both parents to broach the subject with their children in the right way.

*Summary of the chapter*

Intimate partner violence becomes even more alarming if we take into account the number of children living in violent homes and how this violence affects them. Worldwide prevalence rates indicate that approximately 275 million children witness IPV in their homes. In Spain, the data supports that the number of children exposed to IPV is growing and that the issue is a widespead social problem still shrouded in silence.

Children living with IPV are at risk of twofold victimization: direct victimization, when they themselves become victims of the violent outbursts, and indirect victimization, when they witness and/or overhear them happening. It is important to note that children can be victimized even when the violence is not directed at them, as they can be used as physical weapons against their mother, they may even participate in the abuse or be injured by accident or intentionally by one parent's physical violence.

Children's direct and indirect victimization of IPV has a detrimental impact on their development and health, often leading to short and long-term behavioral, psychological, cognitive and social damage. More specifically, children may suffer from internalizing problems by showing higher rates of fear, anger, helplessness or withdrawal; or by externalizing them manifested as hyperactive conduct, poor impulse control, hostility, disruptive, antisocial or disobedient behaviour; academic and social problems; and finally, children may also adopt adult roles, being forced to grow up mature too soon. Finally, the effect of the learning of aggressive behavior on subsequent violent behavior towards parents and dating partners is gaining wider recognition.

Some children who have been exposed to IPV do not display negative outcomes on their development, however, and seem to be more resilient. Therefore, while these

children may indeed be affected by the stressful events, they also seem to be able to recuperate fast in terms of developmentally adequate functioning when they return to safe living arrangements. The way children victimized by IPV understand the violence in their homes may also help the children to be resilient. Giving children the opportunity to talk about their experiences of IPV may have a twofold benefit: on the one hand, talking can change the way children understand IPV; and on the other, it may prevent or reduce the negative outcomes that IPV produces.

# Section VI: Aims of the research and methodology

## 1. Aims of the research.

The empirical findings in this thesis focus on three main aims:

1) To allow women victims of IPV to express their views and feelings regarding their children's victimization of IPV.
2) To understand the effects of IPV on children.
3) To allow the child victims of IPV to talk about how they experienced the violence.

## 2. Presentation of the empirical studies.

The main aims of this study have been addressed in five separate scientific manuscripts submitted to international journals and have also been presented at different international conferences.

*1)* The manuscript *Children and Empowerment of Intimate Partner Violence (IPV) Victims,* published as a chapter in the book Empowerment of Women as a Social Intervention Strategy, addresses the important role of children in women's decisions to leave violent relationships. It also highlights the vital roles played by formal and informal sources of support in the women's decision to abandon a violent partner. As in the study mentioned above, this research was based on semi-structured interviews with 35 mothers with children who had been victims of IPV. The results obtained in this study were presented at "The II International Congress on Women's Empowerment as a Social Intervention Strategy" which took place in the University of Deusto, Bilbao in December 2013.

*2)* The manuscript entitled *Intimate Partner Violence during Pregnancy: Women's Narratives about their Mothering Experiences*, published in the Spanish Journal Psychosocial Intervention, outlines the IPV trajectories of 35 women before, during and after pregnancy; the difficulties caused by IPV that some of the women experienced at delivery; and the impact of IPV on the women's maternal skills. Semi-structured interviews were conducted with women who had been victims of IPV and who had children. This study was presented in "The 14th European Congress of Psychology" in Milan, Italy in July 2015.

*3)* The manuscript *Children who are exposed to intimate partner violence: Interviewing mothers to understand its impact on children*, published in Children Abuse & Neglect, presents results regarding children's direct victimization of IPV, children's reactions when the violent act occurred, children witnesses of IPV and the actions mothers would carry out towards their children during and after a violent episode. As in the first studies, semi-structured interviews were carried out with 35 women who had been victims of IPV and who had children. Nevertheless, this study is based on 30 women's narrations as the information of key aspects of the manuscript was confusing and difficult to obtain in some of the interviews. Some of the findings of this study were presented in "The European Conference on Psychological Assessment" in San Sebastian, July 2013. Furthermore, the study as a whole was presented in "The European Conference on Domestic Violence" held in Belfast, Northern Ireland, in September 2015.

*4)* The manuscript *Exposure to family violence as a predictor of dating violence and child-to-parent aggression in adolescents*, submitted for publication, focuses on how children's exposure to IPV and experiences of child abuse affect the rate of two particular forms of violence during adolescence: dating violence in adolescents and violence towards parents. The study was conducted with a sample of 845 adolescents (410 boys, 398 girls and 37 that did not indicate their sex), between 13 and 18 years ($M$ = 15.89 $SD$= 0.84) from six different schools in San Sebastian and its surrounding areas, Basque Country (Spain).

*5)* The manuscript *Child Witnesses to Intimate Partner Violence (IPV): Their descriptions of talking about the violence*, submitted for publication, examines the association between how children perceived the violent incidents witnessed at home and their experiences of talking about these violent episodes. The study was guided by the following research questions: 1) What is the relationship between how the IPV was experienced and how talking about it was experienced? 2) What does the relationship between how talking about IPV was described and who the child talked to mean? In all, interviews were carried out with 31 children between 9 and 13 years old. Collaboration in this last manuscript was possible thanks to a brief three month stay at the *School of Law, Psychology and Social Work,* Örebro University, Sweden from 16 April to 16 July 2015. The European PhD program requires students to spend some time working on joint projects in a foreign European country. The person in charge in the host University was Dr. Åsa Cater.

# Section V: The empirical studies

# 1.1 **Manuscript:** Hijos/as y empoderamiento de las mujeres víctimas de violencia de género.

Izaguirre, A. (2013). Hijos/as y empoderamiento de las mujeres víctimas de violencia de género. En M. Silvestre, R. Royo, & E. Escudero (Eds.), *El Empoderamiento de las Mujeres como Estrategia de Intervención Social* (pp. 441-456). Bilbao: Universidad de Deusto.

**Hijos/as y empoderamiento de las mujeres víctimas de violencia de género**

**Resumen**

El empoderamiento es una técnica de intervención muy utilizada al trabajar con el colectivo de mujeres víctimas de violencia. En situaciones en las que las víctimas aún no han dado el paso de abandonar la relación, los/as hijos/as son elementos fundamentales para empoderar a sus madres a que lo hagan. Mediante la elaboración de entrevistas semi-estructuradas a 35 madres víctimas de violencia se pone de manifiesto si los/as hijos/as ejercen funciones de empoderamiento en dos momentos trascendentales para las víctimas: decisión de abandono de la relación y proceso de toma de control de sus vidas una vez finalizada la relación de violencia. Los relatos muestran la capacidad y poder que los/as niños/as tienen como empoderadores de las progenitoras ante estas dos situaciones.

*Palabras clave:* Hijos/as, empoderamiento, mujeres víctimas de violencia.

## Hijos/as y empoderamiento de las mujeres víctimas de violencia de género

El fenómeno de la violencia contra la mujer es una de las problemáticas de mayor relevancia a nivel mundial debido a las repercusiones que genera. Definida como todo acto de violencia sexista que tiene como resultado un daño físico, sexual o psíquico (Organización Naciones Unidas, 2012), afecta al 10 y 69% de las mujeres en todo el mundo (Organización Mundial de la Salud, 2005) ocasionándoles significativas repercusiones físicas, sexuales y psicológicas (Heise & García-Moreno, 2002) siendo el trastorno de estrés postraumático y la depresión las problemáticas que con mayor frecuencia se asocian a estas situaciones (Calvete, Estévez, & Corral, 2006; Campbell, 2002; Flouri, 2005; Golding, 1999; Kemp, Rawlings, & Green, 1991; Pico-Alfonso et al., 2006).

Las mujeres no son las únicas víctimas de esta situación ya que sus hijos/as también pueden llegar a serlo. En España, el Informe Unicef-Bodyshop (2006) aportó la primera cifra de menores expuestos a la violencia estimándose en 188.000 niños y niñas. Actualmente, la cifra asciende a 800.000 (Ministerio de Sanidad, Servicios Sociales e Igualdad, 2012). Existe un consenso general que sostiene que la exposición a la violencia genera un impacto negativo en los/as niños/as llegando a afectar su nivel emocional, conductual y social (Carpenter & Stacks, 2009; Edelson, 1999; Evans, Davies, & DiLillo, 2008; Fantuzzo & Mohr, 1999; Fletcher, 2010; Holt, Buckley, & Whelan, 2008; Margolin & Gordis, 2000; Osofsky, 1995; Sternberg et al., 2006).

No obstante, los resultados de diferentes estudios indican que no todos los/as hijos/as padecen estas repercusiones (Kitzmann, Gaylord, Holt, & Kenny, 2003; Stanley, Miller, & Richardson, 2012) ya que pueden mostrar respuestas resilientes ante la violencia adoptando y desarrollando roles y responsabilidades adultas para proteger a

sus madres (Georgsson, Almqvist, & Broberg, 2011; Mullender, Debbonaire, Hague, Kelly, & Malos, 1998; Stanley, Miller, & Richardson, 2012). Son precisamente estas situaciones en las que los/as hijos/as actúan como elementos que favorecen el empoderamiento que las mujeres necesitan para poder dar el paso y finalizar con la relación abusiva.

El empoderamiento, entendido como el proceso por el cual la persona fortalece y refuerza sus capacidades y confianza (Murguialday, Pérez de Armiño, & Eizaguirre, 2005), supone llevar a cabo cambios positivos con el fin último de que ésta alcance su propia autonomía. Frecuentemente utilizado específicamente en referencia a la mujer, significa el fomento de su autoconfianza, seguridad y asertividad, es decir, la dota de poder para tomar decisiones, realizar cambios o incluso resolver problemas para alcanzar una meta.

Llevado a cabo por los propios/as hijos/as, este proceso puede ser decisivo en la toma de decisión de abandonar la relación de violencia. Estudios indican que el deseo de las propias madres de proteger a sus hijos/as y evitar que éstos/as sean también víctimas de los incidentes de violencia es la principal razón por la que deciden abandonar la relación (Davis, 2002; Ellsberg, Winkvist, Peña, & Stenlund, 2001; Enander & Holmberg, 2008; Haj-Yahia & Eldar-Avidan, 2001; Kelly, 2009; Meyer, 2011; Kurz, 1996; Petersen, Moracco, Goldstein, & Clark, 2004; Moss, Pitula, Campbell, & Halstead, 1997; Patzel, 2001; Randell, Bledsoe, Shroff, & Pierce, 2012; Rhodes, Cerulli, Dichter, Kothari, & Barg, 2010; Scheffer & Barbro, 2008; Seeman, Jasinski, Bubriski, & McKenzie, 2013; Ulrich, 1991; Zink, Elder, & Jacobson, 2003). Tal y como la investigación de Randell et al., (2012) indica, hay varios factores que éstas tienen en cuenta al tomar dicha decisión: la posibilidad de que sus hijos/as hayan

sido víctimas de la violencia; la infelicidad de éstos/as causada por la situación familiar en la que conviven y el deseo de mantener a los/as hijos/as con su progenitor.

Sin embargo, los/as hijos/as también pueden suponer una barrera para las madres a la hora de abandonar la relación abusiva (Bui, 2003; Douglas & Walsh, 2010; Kelly, 2009; Meyer, 2011; Petersen, Moracco, Goldstein, & Clark, 2004; Rhodes et al., 2010; YuenLoke, MeiLan, & Hayter, 2012; Zink, Elder, & Jacobson, 2003) ya que, en muchas ocasiones, las mujeres optan por mantener a la familia unida por el bien de éstos/as (Rhodes et al., 2010) o por considerar necesaria la figura paterna en el desarrollo de sus hijos/as (YuenLoke, MeiLan, & Hayter, 2012). Además, la posible situación de dependencia económica que en ocasiones las mujeres víctimas presentan

El abandono de la relación abusiva va precedido de un proceso de recuperación en el que diferentes colectivos juegan un papel trascendental a la hora de empoderar a las mujeres y ayudarlas a comenzar una nueva vida. Los resultados obtenidos en diversos estudios cualitativos indican que la familia, las amistades y los/as profesionales son los principales apoyos para las víctimas (Haggblom & Moller, 2007; YuenLoke, MeiLan, & Hayter, 2012). Aunque en menor medida, también se destaca como importante el apoyo recibido por parte de la nueva pareja sentimental de la mujer (Scheffer & Barbro, 2008; Randell, Bledsoe, Shroff, & Pierce, 2012). Sin embargo, ninguna éstas investigaciones estudia el papel que juegan los/as hijos/as de las víctimas en este proceso de recuperación.

## El Presente Estudio

La revisión de la literatura destaca la importancia que tienen los/as hijos/as cuando las mujeres deciden abandonar la relación abusiva. Muchos de los estudios mencionados se caracterizan por su naturaleza cuantitativa siendo las investigaciones

cualitativas basadas en las narraciones de las propias mujeres escasa (para excepciones, véase Enander & Holmberg, 2008; Haj-Yahia & Eldar-Avidan, 2001; Moller, 2007; Meyer, 2011; Mullender, Debbonaire, Hague, Kelly, & Malos, 1997; Randell, Bledsoe, Shroff, & Pierce, 2012; Rhodes, Cerulli, Dichter, Kothari, & Barg, 2010; Scheffer & Barbro, 2008; Seeman, Jasinski, & Bubriski-McKenzie, 2013; YuenLoke, MeiLan, & Hayter, 2012; Zink, Elder, & Jacobson, 2003). Cabe destacar también la notoria ausencia de investigación científica realizada en España en relación a esta temática, razón por la que uno de los objetivos principales de este estudio es cubrir dicho vacio.

Mediante el uso de una metodología cualitativa como técnica de recogida de datos, este estudio pretende (1) identificar si los/as hijos/as desempeñan un papel de empoderamiento en las mujeres cuando éstas toman la decisión de abandonar la relación de violencia y (2) determinar cuáles son apoyos principales que ayudan a las mujeres víctimas de violencia a empoderarse y a seguir adelante una vez que han terminado la relación abusiva

## Método

*Participantes*

Este estudio cuenta con la participación de 35 mujeres víctimas de violencia de género residentes en las provincias de Bizkaia y Gipuzkoa (País Vasco, España). Dicha muestra se obtuvo gracias a la colaboración de los Servicios Sociales de los municipios de Andoain y Pasajes (Gipuzkoa), tres diferentes asociaciones para mujeres víctimas de violencia en Bilbao (Bizkaia) y el Centro de Acogida Inmediata para mujeres víctimas de violencia de San Sebastián (Gipuzkoa).

La participación en el estudio se rige por los siguientes criterios de inclusión: haber sufrido violencia por parte de su pareja, haber finalizado con la relación, tener hijos/as, y finalmente, ser mayor de edad.

Aunque en el momento en el que se desarrolló la entrevista ninguna de las participantes mantenía una relación sentimental con el perpetrador, siete tenían contacto con él como resultado del contacto entre el progenitor con sus hijos/as.

Las mujeres entrevistadas mostraban características diversas en cuanto a su edad, nacionalidad, nivel educativo, situación laboral, religión, estado de salud y número de hijos/as. Las características socio-demográficas de las participantes se describen en la Tabla 1.

Tabla 1.

*Características soci-económicas de las participantes*

| Variables | Frecuencia *(n)* | Porcentaje |
|---|---|---|
| Nacionalidad | | |
| Española | 29 | 83% |
| Otra | 6 | 17% |
| Educación | | |
| Elemental | 13 | 37% |
| FP | 14 | 40% |
| Universitarios | 8 | 23% |
| Situacion Laboral | | |
| Servicio Domestico | 6 | 17% |
| Parada | 10 | 29% |
| Otra | 19 | 54% |
| Religion | | |
| Atea | 16 | 46% |
| Catolica | 18 | 51% |
| Otra | 1 | 3% |
| Salud | | |
| Dificultades | 14 | 40% |
| Buena condición | 21 | 60% |
| Numero de hijos/as | | |
| < 2 | 11 | 31% |
| 2-3 | 21 | 60% |
| > 3 | 3 | 9% |
| Género de hijos/as | | |
| Masculino | 9 | 26% |
| Femenino | 12 | 34% |
| Ambos | 14 | 40% |
| Tiempo desde que acabaron con la relación | | |
| < 1 año | 8 | 23% |
| 1-5 años | 20 | 57% |
| >5 años | 7 | 20% |

*Nota*: *n*=numero de participantes.

La edad de las entrevistadas se situaba entre los 26 y 62 años (M=44.22 años, *DS*=10.30) y tenían entre uno y cuatro hijos, cuyas edades oscilaban entre uno y 39 años (M=16.45 años). El 83% de la muestra era de origen español a excepción del 17% restante que era de origen marroquí y latinoamericano.

*Procedimiento*

El contacto con las mujeres participantes se estableció a través de diversos servicios especializados en la atención a mujeres víctimas de violencia de género ubicados en las provincias de Bizkaia y Gipuzkoa (España).

Las figuras responsables de estos servicios recibieron información detallada a cerca del estudio y requisitos necesarios para participar en él. Una vez obtenido su consentimiento, las trabajadoras sociales y psicólogas de los diferentes Servicios contactaron con mujeres que cumplían con las condiciones mencionadas anteriormente. Se hizo entrega de una carta informativa a las participantes en la que se recogían los principales aspectos de la investigación y se aseguraba su confidencialidad.

Las entrevistas se desarrollaron en castellano, no obstante, se requirió la figura de una intérprete en uno de los casos. Todas fueron grabadas y transcritas para su posterior análisis. A pesar de que una de las entrevistas programada fue cancelada, se realizaron un total de 35 entrevistas semi-estructuradas. Como agradecimiento a su colaboración, las participantes fueron compensadas con un bono de 20€.

El trabajo de campo se realizó entre Julio de 2012 y Junio de 2013. La duración de las entrevistas rondó entre los 20 y 150 minutos aproximadamente y se llevaron a cabo en las diferentes salas que la Universidad de Deusto dispone para tales efectos. Catorce tuvieron lugar en los despachos disponibles de las propias asociaciones.

Este estudio cuenta con la aprobación del Comité de Ética de la Universidad de Deusto.

*Instrumento*

El diseño de investigación de este estudio es de naturaleza cualitativa pues proporciona un espacio para que las voces de las mujeres puedan ser escuchadas y articuladas (Bevan, 2014; Maynard, 1994; Reinharz, 1992; Skinner, Hester, & Malos, 2005). Asimismo, tiene la potencialidad de permitir que éstas cuenten sus historias desde su propia experiencia (Davis & Srinivasan, 1994). De tal manera, se han realizado entrevistas semi-estructuradas mediante el uso de un guion de preguntas basado en los objetivos de la investigación.

Una de las preguntas que conforma el guion de la entrevista no pudo efectuarse a la totalidad de la muestra entrevistada ya que algunas de las mujeres no se encontraban en esa fase de su vida como para poder contestarla. Más concretamente, se preguntaba a las participantes sobre los factores que las empoderaban o ayudaban en su proceso de recuperación. Sin embargo, las situaciones de violencia vividas por algunas de las madres eran muy recientes por lo que aún no habían comenzado dicho proceso. El guion de preguntas queda recogido en el Anexo 1.

*Análisis*

Las entrevistas fueron transcritas utilizando el programa Transana 2.40 (Fassnacht & Woods, 2009). Con el objetivo de describir aspectos del fenómeno que se investiga (Boyatzis, 1998), el texto fue codificado para poder identificar diferentes temáticas (DeSantis & Ugarriza, 2000; Morse & Field, 1995). Para garantizar la

inmersión en cada una de las narraciones, cada entrevista fue releída y aspectos significativos fueron anotados.

## Resultados

El análisis de la información obtenida tras la realización de las entrevistas se ha estructurado en dos apartados diferentes: (1) Influencia de los/as hijos/as en las madres a la hora de abandonar la relación abusiva, y (2) Factores que empoderan a las mujeres una vez finalizada la relación abusiva.

### Influencia de los/as hijos/as en las madres a la hora de decidir abandonar la relación abusiva

Existe un gran consenso entre las madres al indicar que sus hijos/as jugaron un rol importante en la decisión de abandonar la relación abusiva. En más de la mitad de las narraciones (27 de 35), éstas afirmaban que sus hijos/as fueron la razón principal para seguir adelante con la decisión. No obstante, un pequeño grupo de mujeres (4 de 35) indicó que los/as niños/as fueron el fundamental motivo para continuar en la relación. Las respuestas de las cuatro mujeres restantes eran confusas y dudosas por lo que se ha optado por no incluirlas.

Teniendo en cuenta estas dos categorías, a continuación se muestran algunos de los pasajes obtenidos en el análisis de las entrevistas realizadas.

1.- Hijos/as como razón principal para abandonar la relación abusiva

La información aportada por estas 27 participantes puede agruparse en cuatro categorías diferentes: (1) el/la niño/a es víctima de la violencia ejercida por su progenitor, (2) el/la niño/a testifica la violencia ejercida hacia su progenitora, (3) el/la

niño/a se pronuncia sobre la violencia y, (4) el/la niño/a orienta a su progenitora sobre posibles acciones a tomar.

*El/la niño/a es víctima de la violencia ejercida por su progenitor*

El testimonio de una de las mujeres explica que el hecho de que su hijo fuera víctima de violencia física por parte de su padre determinó el momento de acabar con la relación.

> Cuando ya le dio una bofetada a mi hijo dije: ¿la siguiente qué va a ser? No, yo no espero a la siguiente.

Este otro testimonio recalca la importancia de los hijos para abandonar la relación. El hecho de que éstos testificaran la violencia e incluso fueran víctimas de la misma fue el factor principal que impulsó a la progenitora a dar el paso.

> Si no hubiese sido por mis hijos, porque ya empezaban de alguna forma a ver las cosas y a padecerlas, igual hubiese continuado.

*El/la niño/a testifica la violencia ejercida hacia su progenitora*

Otra de las madres argumentaba que, como consecuencia de testificar la violencia psicológica que la nueva pareja de su madre ejercía hacía ella, su hija presentaba grandes repercusiones en su salud mental. Fue esta situación la que hizo que la mujer decidiera acabar con esa situación.

> Mi hija estaba muy mal. Al final, es lo que creo que te da fuerza de salir y no querer seguir estando en esa situación.

El relato recogido por esta mujer indica que, a pesar de que la violencia hubiera ocurrido en otras ocasiones, que su hija fuera consciente de lo que había sucedido hizo que ese momento marcara el final de la relación abusiva.

> Cuando mi hija fue consciente esa tercera vez, de repente ese día fue súper importante. De repente tuve una luz y se me pasaron todas las imágenes de mi vida y dije no. Lo hice para que mi hija no viera eso.

La cita de esta participante expone que la violencia psicológica a la que su hijo estaba expuesto fue la razón principal para dar el paso.

> Es que en casa eran todo chillidos, no era hablar, eran ya chillidos y el maltrato psicológico…era todo. Mi hijo fue la razón principal por la que puse la denuncia.

Acorde con lo que los pasajes anteriores mencionan, esta madre añade que su hogar no era el lugar idóneo para sus hijas, ya que estaba marcado por una violencia psicológica continua que iba en aumento.

> Mis hijas tuvieron mucho que ver en la decisión de abandonar la relación. No quería que se criaran así, en un ambiente hostil. Yo veía que aquello iba cada vez a más, a más…y no. Me decían que aguantara por ellas, pero por los niños no tienes que aguantar porque los niños no tienen por qué vivir eso.

A pesar de que esta mujer fuera consciente de que sus hijos eran testigos de la violencia, explica la influencia que factores externos tuvieron a la hora de abandonar la relación.

> Yo sí que me quería separar porque ya últimamente los niños ya oían, veía…hasta que un día me llamó la asistente social y me dijo que o me separaba o me quitaban a los niños.

*El/la niño/a se pronuncia sobre la violencia*

El análisis cualitativo de la información indica que se dan situaciones en las que los/as niños/as hablan sobre la violencia con sus progenitoras. Éstos/as tienden a

explicar a sus madres que son conscientes de la problemática que tiene lugar en el hogar generando así, un gran sentimiento de asombro en éstas. Así lo relataba una de las madres:

> Una de las veces que hablé con mi hijo me dijo que él se daba cuenta de todo lo que pasaba en casa. En ese momento yo decidí irme.

*El/la niño/a orienta a su progenitora sobre posibles acciones a tomar*

Un aspecto característico que se menciona en las entrevistas hace referencia al momento en el que los/as hijos/as intentan orientar a sus progenitoras sobre posibles alternativas a tomar ante las situaciones de violencia.

Como puede verse reflejado en el siguiente pasaje, una de las participantes explica como su hijo es el que le indica que dé el paso de llamar a la policía para denunciar la situación.

> Mi hijo ha sido un factor importante para acabar con la relación ya que es él quien me dice que llame a la policía.

Asimismo, los/as hijos/as también proceden a ayudar a sus madres mediante el dialogo con ellas haciéndoles ver que ellas mismas eran las que tenían que acabar con esa situación.

> Las crías…pues la mayor me ha incidido mucho, me ha machacado mucho diciéndome que era yo la que tenía que poner punto a esto, o sea, cerrarlo.

De igual manera, estas madres puntualizan como, tras los últimos episodios de violencia, sus hijos se acercaban a ellas y les confesaban que la separación era una buena alternativa.

> Mi hijo sí que últimamente me decía que estaríamos mejor separados.

Una de las participantes mencionaba que el nivel de vida y estatus al que sus hijos estaban acostumbrados dificultaba su decisión final de abandonar la relación ya que esto cambiaría al momento de separarse.

> Mis hijos, claro, tenían un estatus y un nivel de vida al cual yo sabía que en el momento de separarme, pues claro, aquello se iba a perder. Dudé muchísimo por ese tema, no sabía si hacia bien a mis hijos o lo contrario, si les estaba perjudicando.

2.- Hijos/as como razón principal para continuar en la relación abusiva

Las 4 participantes que explicaron que sus hijos/as habían sido la razón principal para seguir en la relación abusiva defendían los siguientes motivos:

Una de las participantes destacaba la importancia de mantener unido el vínculo familiar por el bien de sus hijos.

> Yo con mis hijos no quería…quería dar la imagen de padres bien y por ellos, aguantaba y aguantaba.

Mientras que otra de las madres enfatizaba en la necesidad de una figura paterna para sus hijos.

> Por mis hijos seguí aguantando porque pensaba que necesitaban la figura paterna…un error.

**Factores que empoderan a las madres una vez finalizada la relación abusiva**

En la información proporcionada por las participantes al preguntarles acerca de los factores de empoderamiento una vez finalizada la relación abusiva éstas destacan: 1) amistades, 2) ayuda profesional, 3) familia, y finalmente, 4) hijos/as. En menor medida,

también se han mencionado: trabajo, nueva pareja sentimental y el trabajo personal de cada una de las mujeres.

Los fragmentos que se muestran a continuación ejemplifican únicamente los contextos en los que los factores comunes son protagonistas.

*Amistades*

Las mujeres entrevistadas explican que sus amistades fueron una pieza fundamental a la hora de salir a delante. La cita que se muestra en líneas próximas muestra como la propia progenitora intenta inculcar a sus propios hijos el valor de la amistad a través de su propia experiencia:

> El apoyo de los amigos ha sido muy importante, totalmente. Hoy por hoy, a mis hijos siempre les he dicho que fueran buenos con sus amigos porque la amistad es lo único que importa. Yo echaba tanto en falta mis amistades del alma que se lo inculcaba a mis hijos. Ahora he vuelto a recuperar amigas y ha sido un reencuentro precioso.

Otra de las mujeres explica que, en su caso, la amistad de una de sus amigas fue más significativo que incluso el de su familia.

> El apoyo más importante ha sido el de una amiga. Ha sido como una hermana. Hay veces que yo digo que las amigas actúan incluso más que familiares muy allegados.

*Ayuda Profesional*

Lo que se recoge en un amplio número de entrevistas es que la ayuda y apoyo de diferentes profesionales es también fundamental para las mujeres. En este sentido, las participantes explican lo siguiente:

Esta participante subraya que el no sentirse cuestionada por parte del equipo profesional fue uno de los aspectos que favoreció que la relación fuera tan buena y, por lo tanto, tan efectiva.

> Para mí, mis psicólogas han sido muy importantes. Son unas de las personas más queribles para mí porque me ayudaron en muchas cosas. Son muy significativas para mí porque no me han cuestionado. Han sido fundamentales para mí.

Una de las mujeres apoyaba la idea de disponer de una persona con la que poder desahogarse en los momentos más críticos para que la ayudara a ver los aspectos positivos y evitar estancarse en los negativos.

> Si no tienes a alguien que te eche una mano cuando te caes, no te puedes levantar. Realmente se necesita de una persona que te vaya dirigiendo para que te haga ver las cosas buenas y no te estanques en ti mismo. Con la gente que tengo alrededor es difícil, si no tienes una persona con la que poder hablar, no sé cómo la gente sale adelante.

Además del equipo de psicólogas, las mujeres también explican que el cuerpo de policías fue un apoyo trascendental para ellas. Este pasaje indica que, gracias a uno de los agentes, ella decidió dar el paso de denunciar la situación.

> La primera persona que a mí me creyó, porque yo no había contado nada  nadie, fue el policía que leyó los mensajes del móvil. Para mí, esa persona que no sé ni quién es, tiene un valor en mi vida que no lo sabe ni él porque fue la primera persona que me empujó a hacer lo que tenía que hacer.

*Familia*

El tercero de los factores mencionados hace referencia al papel que la familia juega en esta etapa de las mujeres. Las siguientes narraciones así lo explican:

Esta participante argumentaba que, a pesar de que en determinados momentos se sintiera agobiada por las continuas muestras de apoyo de sus seres queridos, éstos han sido una pieza fundamental en esta fase.

> Mi familia sobre todo ha sido la que más me ha ayudado. Los he tenido a todos ahí, encima.

Mientras que otra de las participantes destaca principalmente el apoyo incondicional de sus propias hermanas.

> Mis hermanas han sido mi principal apoyo.

*Hijos/as*

Finalmente, y en lo que al cuarto y último factor se refiere, destacar que un número elevado de mujeres ha nombrado a los/as hijos/as como factores también principales en esta nueva etapa de abandono de la relación abusiva. Algunas participantes lo expresan de la siguiente manera:

> Mis hijas me han ayudado mucho. Estoy muy agradecida a mis hijas.

> Mis hijos han sido un factor principal a la hora de recuperarme, totalmente.

Una mujer indica que su hija ha sido su mayor apoyo después de la separación. Asimismo, recalca que este apoyo se ha traducido en una mayor conexión entre madre e hija llegando incluso a magnificar la relación entre madre e hija.

> A raíz de separarnos, reconozco que la niña ha sido mi mayor apoyo. Ahora estamos mucho más unidas.

Esta otra participante apoya lo mencionado por la anterior mujer y explica el sentimiento de nostalgia que le produce que su hija cumpla con las visitas establecidas con su progenitor.

Mis hijos son una fuente de apoyo muy importante para mí. Cuando mi hija está con su padre me da mucha nostalgia.

## Discusión

Esta investigación parte de dos objetivos principales: en primer lugar, identificar si los/as hijos/as de las mujeres víctimas de violencia desempeñan un papel de empoderamiento con éstas a la hora de decidir abandonar la relación de violencia y, en segundo lugar, determinar cuáles son apoyos principales que las empoderan y las ayudan a seguir adelante una vez que han terminado la relación abusiva.

### Influencia de los/as hijos/as en las madres a la hora de decidir abandonar la relación abusiva

Un elevado porcentaje (77%) de las mujeres entrevistadas afirmó que sus hijos/as fueron un factor clave a la hora de tomar la decisión de abandonar la relación abusiva. Este resultado guarda estrecha relación con las conclusiones obtenidas en diferentes estudios cualitativos orientados a estudiar esta temática.

Los resultados muestran como las mujeres, preocupadas por el bienestar de sus hijos/as, deciden dar el paso de finalizar con la relación antes de que la situación agrave y pasen a convertirse en receptores de la violencia.

### Factores que empoderan a las madres una vez finalizada la relación abusiva

Estudios cualitativos apoyan los resultados obtenidos cuando se preguntaba a las mujeres sobre los principales factores que las ayudaron cuando abandonaron la relación abusiva (Haggblom & Moller, 2007; Randell *et al*., 2012; Rhodes *et al.,* 2010; Scheffer & Barbro, 2008; YuenLoke, MeiLan, & Hayter, 2012). En este sentido, la familia,

los/as profesionales y las amistades 17 fueron las respuestas que con mayor frecuencia repitieron las participantes en el estudio. Es importante destacar que las mujeres entrevistadas también destacaron el apoyo recibido por sus hijos/as como fundamental durante esa fase.

### Implicaciones prácticas

Este estudio presenta importantes implicaciones a tener en cuenta para futuras intervenciones. Como bien se ha comentado al inicio del estudio, muchos/as de los/as hijos/as que viven las situaciones de violencia en sus hogares pueden acarrean numerosas consecuencias por lo que actuar como principal apoyo para sus madres puede suponer un exceso de responsabilidad para estos/as. Partiendo de esta realidad, los programas de intervención con mujeres víctimas de violencia deberían de elaborar medidas de intervención para éstos/as hijos/as con el objetivo de ayudarles a elaborar individualmente sus propias experiencias con la violencia y evitar así, el desarrollo de futuras conductas violentas.

## Conclusiones

La información presentada en este estudio ofrece una breve panorámica sobre la función de empoderamiento que los/as hijos/as ejercen en dos momentos puntuales de las vidas de sus progenitoras: toma de decisión de abandono de la relación de violencia y la fase posterior al abandono de la relación.

Destaca el gran consenso existente entre las madres al defender que sus hijos/as fueron una pieza fundamental a la hora de decidir abandonar la relación. No obstante, se distingue una mayor variedad de respuestas al hablar sobre los factores que ellas consideran como relevantes una vez finalizada la relación. Como se esperaba, los/as

hijos/as juegan un papel importante aunque factores como la familia, el apoyo de los profesionales y las amistades también son considerados como trascendentales.

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**Anexo 1:** Preguntas de la entrevista

¿En el pasado has sido maltratada por una única pareja sentimental o por varias?

Si sólo ha sido una pareja: ¿Cuántos años duro esa situación de maltratado? Si han sido varias parejas: ¿Cuántos años duro cada una de esas relaciones abusivas?

¿Qué tipo de violencia sufriste (física, psicológica, sexual…)?

¿Predomino algún tipo de violencia sobre otra?

¿Qué situación civil tenías con el maltratador (erais novios, pareja de hecho, estabais casados…)?

¿Cuándo rompiste con la relación abusiva tenías hijos? ¿Cuántos? ¿De qué edades?

¿Qué fue lo que hizo que dieras el paso de romper con la relación?

¿Qué consideras que es lo que te está ayudando después de haber acabado con la relación?

# **1.2. Paper:** Intimate Partner Violence during Pregnancy: Women's Narratives about their Mothering Experiences.

Izaguirre, A., & Calvete, E. (2014)

*Psychosocial Intervention*, *23*, 209-215.

# Intimate Partner Violence during Pregnancy: Women's Narratives about Their Mothering Experiences

**Abstract**

Intimate partner violence (IPV) is a significant public health issue and the most common form of violence against women worldwide. Pregnancy does not protect against this phenomenon, which may cause adverse health outcomes for both the mother and the newborn. The main aim of this study was to assess the impact of IPV on women's pregnancies. Thirty-five Spanish women (mean age = 44.23 years, *SD* = 10.30) who had suffered IPV were interviewed and asked to explain the violent incidents that they experienced, the mothering skills that they developed toward their children and the difficulties that they experienced at delivery. The results showed that most of the participants continued to experience psychological and physical abuse during their pregnancy, whereas a few of the participants began to experience sexual abuse. As a consequence of IPV, some mothers suffered negative obstetrical outcomes at delivery. The negative effects of IPV on the women's mothering skills were especially remarkable.

*Keywords:* pregnancy; intimate partner violence; difficulties at delivery; mothering skills; qualitative research

**Resumen**

La violencia contra la mujer es un problema de salud pública y la manera más común de violencia hacía la mujer a nivel mundial. El embarazo no es un factor de protección ante tal fenómeno, ya que ser víctima de violencia puede generar efectos negativos tanto en la madre como en el recién nacido. El objetivo principal de este estudio fue evaluar el impacto de la violencia en el embarazo de las mujeres. Se entrevistó a 35 mujeres (M=44.23 años, *DS*=10.30) víctimas de violencia para que narraran los episodios de violencia que sufrieron durante el embarazo, las habilidades maternales que desarrollaron para con sus hijos e hijas y explicaran las posibles dificultades que padecieron durante el parto. Los resultados muestran que muchas de las participantes siguieron sufriendo violencia psicológica y física durante el embarazo, mientras que un número reducido de mujeres manifestó haber comenzado a experimentar también episodios de violencia sexual. Como consecuencia de la violencia, algunas mujeres padecieron consecuencias negativas al dar a luz. Es de destacar el impacto de la violencia en las habilidades maternales de las mujeres.

*Palabras clave:* embarazo; violencia contra la mujer; dificultades durante el parto; habilidades maternales; estudio cualitativo.

## Intimate Partner Violence during Pregnancy: Women's Narratives about Their Mothering Experiences

Intimate partner violence (IPV) is a significant social and public health problem that has a high prevalence in most societies. It represents a major threat to the health and well-being of women worldwide (García-Moreno, Heise, Jansen, Ellsberg, & Watts, 2005; Humphreys & Campbell, 2004) regardless of their ethnic origin, economic status, education, religion or profession (Jeanjot, Barlow, & Rozenberg, 2008). IPV includes physical, psychological, and sexual abuse (Heise, Ellsberg, & Gottemoeller, 1999; Krug, Dalhberg, Mercy, Zwi, & Lozano, 2002) and causes serious sequelae in affected women.

Pregnancy does not protect against this phenomenon. For more than two decades, it has been known that pregnant women are not immune to IPV. It is estimated that between 1.2% and 18.4% of pregnant women experience physical, psychological and/or sexual abuse by a male partner (Bacchus, Mezey, & Bewley, 2006; Gazmararian et al., 1996; Janssen et al., 2003; Jeanjot et al., 2008; Martin, Mackie, Kupper, Buescher, & Moracco, 2001; Mattson & Rodriguez, 1999; Williams & Brackley, 2009). For example, Bacchus et al. (2006) found that the 16 women who participated in their qualitative research had been physically and psychologically assaulted during their pregnancy and that four had experienced sexual violence. Nevertheless, research has shown mixed findings concerning whether pregnancy is a risk factor for the onset of IPV and whether IPV increases in severity during pregnancy (Campbell, Poland, Waller, & Ager, 1992; Helto & Snodgrass, 1987; Hussain & Khan, 2008; McMahon & Armstrong, 2012). Although qualitative studies have suggested that pregnancy may contribute to the onset and/or the increase of IPV (Edin, Dahlgren, Lalos, & Hogberg, 2010; Hussain & Khan, 2008; Jeanjot et al., 2008; Williams & Brackley, 2009), other

studies have suggested that IPV during pregnancy is a continuation of earlier violence and is likely to continue following the baby's birth (Campbell, Oliver, & Bullock, 1993; Edin et al., 2010; Heding, 2000; Martin et al., 2001).

When examining IPV during pregnancy, it is important to note that abuse against women can occur at the hands of not only the abusive partner but also in-laws or family members (Bacchus et al., 2006; Jeanjot, et al., 2008; Raj et al., 2011). For instance, Raj et al. (2011) found that more than 1 in 4 women in their study reported such abuse from their in-laws.

The consequences of IPV during pregnancy may be devastating. A growing body of research has documented that IPV heightens women's risk for maternal health problems, such as pregnancy complications and labor complications (Chambliss, 2008; Ellsberg, Janse, Heise, Watts, & Garcia-Moreno, 2008; Leone et al., 2010; WHO, 2005), increased risk for miscarriage (El Kady, Gilbert, Xing, & Smith, 2005; Lipsky, Holt, Easterling, & Critchlow, 2004), poor mental health (Ansara, Cohen, Gallop, Kung, & Schei, 2005; Campbell, Moracco, & Saltzman, 2000; Gottlieb, 2008), placental abruption (Leone et al., 2010; Lewis, 2007), increased rates of prematurity (Bailey, 2010), intrauterine growth restrictions (Janssen et al., 2003), low gestational weight gain (Moraes, Amorim, & Reichenheim, 2006), and infant and child mortality and morbidity, including low infant birth weight and poor infant health (Altarac & Strobimno, 2002; Bailey, 2010; Berenson, Wiemann, Wilkinson, Jones, & Anderson, 1994; Campbell & Lewandowski, 1997; Coker, Sanderson, & Dong, 2004; Gazmararian et al., 1996; Huth-Bocks, Levendosky, & Bogat, 2002; Lipsky, Holt, Easterling, & Critchlow, 2003; Sarkar, 2008; Shah & Shah, 2010; Yost, Bloom, McIntire & Leveno, 2005). Coggins and Bullock's (2003) qualitative study indicated that 50% of the women in their study had suffered spontaneous abortions or miscarriage.

Furthermore, concerns have been raised regarding women's mothering under circumstances of IPV (Bhandari et al., 2011; Haight, Shim, Linn, & Swinford, 2007; Lapierre, 2010; Levendosky & Graham-Bermann, 2000; Levendosky, Lynch, & Graham-Bermann, 2000; Peled & Gil, 2011; Semaan, Jasinski, & Bubriski-McKenzie, 2013) as the quality of maternal care has been demonstrated to be an important factor that influences on how children are affected by the violence (Cox, Kotch, & Everson, 2003; Hazen, Connelly, Kelleher, Barth, & Landsverk, 2006; Levendosky & Graham-Bermann, 2001; Levendosky, Huth-Bocks, Shapiro, & Semel, 2003). IPV victims are less sensitive and responsive during interactions with their children, often due to psychological difficulties (Hay, Pawlby, Angold, Harold, & Sharp, 2003; Lyons-Ruth, Wolfe, Lyubehik, & Steingard, 2002; Pianta & Egeland, 1990). Nevertheless, little research has described the parenting abilities of IPV victims, and the available studies have found mixed results. Several studies have found that IPV victims' parenting capacities are as effective as non-victims' parenting abilities (Peled & Gil, 2011; Semaan et al., 2013; Whiteside-Mansell, Bradley, McKelvey, & Fussell, 2009) and that these parents may even compensate their children for the parents' IPV (Letourneau, Fedick, & Willms, 2007; Levendosky et al., 2003). However, other studies have shown that the stress that IPV causes to victims may lead to elevated physical and psychological symptoms and the reduced effectiveness of victims' mothering skills (Haight et al., 2007; Lapierre, 2010; Lendosky & Graham-Bermann, 2000). In extreme cases, abused mothers are more likely to be abusive toward their children than non-abused mothers are (Huth-Bocks, Levendosky, Theran, & Bogat, 2004; Taylor, Guterman, Lee, & Rathouz, 2009). With regard to this last problem, Haight et al. (2007) found that mothers described their mothering skills as compromised due to IPV,

especially during assaults by their abusive partners, when the mothers yelled at or even hit their children.

## The Present Study

The literature review shows that pregnant women are not immune to IPV and may suffer various negative effects, such as obstetric risks and difficulties with their mothering skills. However, limited qualitative work has focused on women's experiences of IPV during pregnancy and mothering in the context of IPV (for exceptions, see Bacchus et al., 2006; Edin et al., 2010; Helton, McFarlane, & Anderson, 1987; Lapierre, 2010; Levendosky et al., 2000; Peled & Gil, 2011; Seeman et al., 2013). Furthermore, some findings regarding the trajectory of IPV during pregnancy and the impact of IPV on mothering skills remain inconclusive. Using semi-structured interviews, the current study explores 35 women's beliefs and perspectives concerning their experiences of IPV during pregnancy. The main aims of the current study are as follows: 1) to assess the trajectories of IPV during pregnancy by examining whether IPV changes during pregnancy or remains similar to IPV before the pregnancy, 2) to examine whether IPV episodes during pregnancy cause difficulties during labor, and 3) to determine whether IPV affects women's experiences of mothering.

# Method

### *Study Design*

The qualitative research design provides a space for women's voices to be articulated and heard (Bevan, 2014; Maynard, 1994; Reinharz, 1992; Skinner, Hester, & Malos, 2005) and has the potential to enable silenced women to tell their own stories in their own voices (Davis & Srinivasan, 1994). For this purpose, we followed Krueger's

(1991; in Valles, 1997) classification and developed an interpretative research conducting 35 individual semi-structured interviews with female victims of IPV.

*Participants*

The participants were 35 women who were recruited from six different agencies for victims of violence, such as shelters, social services, associations, and support groups for women who had experienced IPV in Bilbao and San Sebastian (Basque Country, Spain). These agencies are responsible for individual and group interventions with women who were abused by their partners in both localities and aim to help women end their violent relations and heal from the effects of these relations.

This qualitative study included women who met the following criteria: at least 18 years old, suffered IPV in at least one prior relationship, and had children. At the time of the interviews, the interviewees ranged from 26 to 60 years old (mean age = 44.23 years, *SD* = 10.30) and had between one and five children, who were aged 1 to 39 years old (mean age = 16.45 years).

The participants were diverse in nationality, educational level, employment status, religion, and health conditions. Table 1 describes their socio-economic characteristics.

Table 1.

*Socio-economic characteristics of the participants*

| Variables | Frequency *(n)* | Percentage |
|---|---|---|
| Nationality | | |
| Spanish | 29 | 83% |
| Other | 6 | 17% |
| Education | | |
| Elemental | 13 | 37% |
| Professional training | 14 | 40% |
| University | 8 | 23% |
| Working situation | | |
| Domestic service | 6 | 17% |
| Unemployed | 10 | 29% |
| Other | 19 | 54% |
| Religion | | |
| Atheist | 16 | 46% |
| Catholic | 18 | 51% |
| Other | 1 | 3% |
| Health condition | | |
| Health problems | 14 | 40% |
| Good health | 21 | 60% |
| Number of children | | |
| < 2 | 11 | 31% |
| 2-3 | 21 | 60% |
| > 3 | 3 | 9% |
| Children's gender | | |
| Male | 9 | 26% |
| Female | 12 | 34% |
| Both | 14 | 40% |
| Time since the break-up of the relationship | | |
| < 1 year | 8 | 23% |
| 1-5 years | 20 | 57% |
| >5 years | 7 | 20% |

*Note*: *n*=number of participants.

*Procedure*

After the study was approved by the Basque Government authorities, by the Ethics Committee at the University of Deusto and by the coordinators at the various IPV services, workers contacted the women who had received support from these agencies at some stage and who fit the profile. The first author and a psychologist in the sphere of violence against women telephoned the women and provided them with detailed information about the study. Prior to the interview, informed consent was obtained, and the women were handed a "participant's information letter" that outlined the scope, aims, duration of the study, and anonymity prior to the interview. To maintain confidentiality, identifying data were removed, and all of the interviewees were given pseudonyms.

The first author and a psychologist in the sphere of violence against women conducted the interviews between February 2012 and June 2013. The interviews lasted between 20 and 150 minutes and were conducted in a university research office and in one agency office. All of the interviews were recorded and transcribed with the participants' permission. As is common practice in qualitative research (Thexton, 2003), remuneration of 20€ was provided to the interviewees for each completed qualitative interview.

*Measure*

Prior to the interview, a short questionnaire was used to collect sociodemographic data on the participants. The semi-structured interviews were conducted using an interview guide that was based on the specific aims of the study. The interview topics included the following: the prevalence of IPV, experiences of

abuse during pregnancy, the difficulties that women suffered at delivery and the women's perceived mothering skills. Annex I presents the interview question guide.

*Analysis*

The qualitative data analysis was based on the transcriptions of the semi-structured interviews. All of the interviews were transcribed using the Transana 2.40 program (Fassnacht & Woods, 2009). The text was analyzed using content analysis (Bowling, 1997; Burnard, 1998), and themes were clustered into categories that were identified through the semi-structured schedules that were used for the interviews (DeSantis & Ugarriza, 2000; Morse & Field, 1995). The goal of the thematic analysis was to describe and organize aspects of the phenomenon under study (Boyatzis, 1998). Each interview was reviewed for accuracy and completeness. Further analyses were conducted based on discussions with the co-author, who had access to all of the transcripts. After examining the interviews of the 35 women we reached saturation in themes and categories (Suarez Relinque, del Moral Arroyo & González Fernández, 2013).

## Results

The analysis of how mothers discussed the impact of IPV on their pregnancy and their mothering skills led to the identification of three main themes. The names of the participants have been changed to protect their identity.

### Trajectories of IPV during pregnancy

This theme describes the women's perceptions of their experiences of IPV before, during and after pregnancy. The 35 participants suffered IPV at some or all of these three times, including psychological, physical, and sexual abuse. Interestingly, the

women's stories showed different trends depending on the type of violence. According to the different narrations, the participants' answers were classified as follows.

**Psychological violence.** Psychological violence wasthe most common type of violence experienced by the victims and, in general, was present before pregnancy (*n*= 28 of 35) and during pregnancy (*n*=26). More importantly, psychological abuse increased and was present in all the women after the baby's birth:

> "During pregnancies, I suffered psychological violence. When you have them already...it was another story. Psychological violence has been present in my life always and during pregnancy also" (Carmen).

Interestingly, a few of the participants (*n*=2) described that mothers-in-law also used psychological violence against them. They explained that they suffered verbal abuse by mothers-in-law in the form of threats and criticisms of their domestic skills. They felt that their husbands reinforced this abuse and therefore it represented an indirect way of abuse against the victims:

> "I cried a lot when I was pregnant because my mother-in-law was very violent toward me. She used to threaten me by saying she was going to throw me out of the window" (Maria).

**Physical violence.** Physical violence appeared to carry over from physical abuse that occurred prior to pregnancy. Whereas psychological abuse was very frequent over the different stages, there was a tendency toward reduced physical violence during pregnancy (from18 women reporting physical violence victimization before pregnancy to 11during pregnancy) and increased violence after the baby's birth (27 women,

77.1%). Furthermore, some of the women described that physical violence not only was more frequent but also more severe after giving birth:

> "I suffered violence during my two pregnancies. When the girls were born, it was worse. During pregnancy, it slowed a little" (Nerea).

**Sexual abuse.** The women did not generally report sexual abuse. However, a few of them (*n*=3) indicated that they began to suffer sexual abuse in their last months of pregnancy. One of the women continued to experience sexual abuse after childbirth.

> "During the pregnancy I wasforcedto have sexwhenIdid not feel like it" (Leire).

Some women explained that batterers interpreted pregnancy and childbirth as a negative period of time and, as a consequence, they triggered abusive acts. As one mother shared:

> "When I was pregnant of my first son I suffered violence (...) but this did not happen in the following pregnancies. Only happened with the first one because my husband felt that the first baby had broken his life" (Joana).

**Difficulties at Delivery**

This theme describes the negative consequences of IPV for delivery, including rates of prematurity, low infant birth weight, placental abruption and cesarean delivery. Seven women stated that they had experienced these situations.

**Premature Labor and Low Birth Weight.** Two of the participants explained that their children were one month premature. In both cases, the infant's birth weight was low. One of these two women revealed that the stress that she had suffered could have been

the main reason for the premature labor. The following quotation exemplifies these consequences:

> "My youngest son was born in my 8th month of pregnancy. The stress I was suffering affected him because he was born with low birth weight" (Ángela).

**Placental Abruption.** One participant specified that the violent incident that she suffered in her 8th month of pregnancy caused devastating consequences that nearly resulted in fetal mortality. The following comment demonstrates this mother's perspective:

> "One day, when I was in my 8th month of pregnancy, my ex-husband beat me. I started bleeding, and we went to the hospital. The doctors told me I had suffered a placental abruption. If I had not gone to the hospital, my child would have died" (Lourdes).

**Cesarean Delivery.** The qualitative data established that victims of IPV during pregnancy may have also suffered adverse outcomes such as cesarean delivery. For instance, one participant stated that due to the severe physical violence that she suffered during pregnancy, an urgent cesarean delivery was performed.

> "I had a high-risk pregnancy. The doctors had to perform an urgent cesarean delivery" (Nuria).

**Pregnancy Trauma.** Three women reported that the psychological violence that they experienced prevented them from cooperating during the delivery. As one participant commented:

> "I was very affected psychologically. This made it very difficult for me to cooperate at delivery time. I could not do it" (Vanesa).

**Mothering Skills**

The stories provided highlight the effects of IPV on the participants' parenting skills. Women stated being concerned about the impact that IPV could have on their children and also reported an increased sense of responsibility in regard to them. The research findings revealed that IPV created a context that complicated the women's mothering. The participants' responses to this topic were classified into the following three categories.

**Negative Effects on Parenting.** As noted, the common thread in the stories of 28 women was that IPV negatively affected their parenting. Some of the interviewees emphasized their reduced time and energy to dedicate to their children, the increased feelings of concern that they had to address and their increased anger toward their children. One mother stated the following:

> "It does affect me because I do not feel good and I cannot behave correctly with my kids. I shout at them, I ask them for too much…yes, it has affected me. When I feel good, they are also fine. They do notice when I am not feeling well because their behavior changes and they act more aggressively" (Raquel).

**Positive Effects on Parenting.** Only two of the participants stated that their experiences of IPV had positive effects on their parenting. These women specified that their empathy and caring toward their children increased due to IPV. In addition, they stated

that they constantly attempted to protect their children from the potential effects of IPV. The following example demonstrates this perspective:

> "IPV has not affected me in a negative way; I think it has been just the opposite. I have always tried to protect my daughters" (Ane).

**No Influence on Parenting.** Three of the participants viewed themselves as good and competent mothers, explaining that their partner's violence did not affect their parenting skills. These participants did not appear to view IPV as a major problem in terms of their parenting skills. As one IPV victim stated:

> "As a mother, it hasn't affected me, and this is what I have always tried to do so they could be safe" (Marisa).

## Discussion

The present research provides a glimpse into women's IPV experiences during pregnancy and the consequences of IPV. The results of this study reinforce previous studies' findings that IPV victims are not protected during pregnancy (e.g., Bacchus et al., 2006; Janssen et al., 2003; Jeanjot et al., 2008).

The following three main issues emerged from the data: the trajectories of IPV during pregnancy, difficulties at delivery and the women's experiences of mothering.

### Trajectories of IPV during Pregnancy

Most of the women in the current study continued to experience psychological abuse, and many were subjected to physical attacks that jeopardized their safety and the safety of the fetus. In addition, some of the victims began to experience sexual abuse during pregnancy, which is consistent with the data reported by Martin et al. (2004).

The women's narratives also identified the postnatal period as a time of particular risk. In the current sample, the number of women who suffered physical violence increased after childbirth, and several women who previously experienced violence indicated that the violence intensified after childbirth. This increase in physical violence, combined with the fact that 100% of the women reported psychological violence after their child's birth, may be influenced by the distress that family members experience as a consequence of the birth of a child (Cooper, McLanahan, Meadows, & Brooks- Gunn, 2009). Additionally, this finding may be interpreted according to attachment theory (Bowlby, 1977) as the batterer may perceive that the bond with his partner is threatened by the arrival of the new member of the family. This is consistent with several studies that have found that batterers often present negative attachement styles (Holtzworth-Munroe, Stuart & Hutchinson, 1997; Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2000). For instance, Holtzworth-Munroe et al. (1997) compared three groups of men: Men who were violent against their partners, men who had conflicts with their partners but were not violent, and men without problems with their partners. They found that the violent men scored higher on insecure and anxious attachment style. The insecure attachment style involves an elevated need of closeness and possesivity regarding the partner. As mentioned above, this need can be threatened by the childbirth so that the batterer experiences intense celous and anger, traits that are particularly characteristics of the disphoric/borderline batterers (Amor, Echeburúa, & Loinaz, 2009; Calvete, 2008; Holtzworth-Munroe et al., 2000; Holtzworth-Munroe, 2000). Furthermore, celous and possesivity have been identified as key risk factors for violence against intimate partners (Echeburúa, Fernández-Montalvo, de Corral & López-Goñi, 2009). Finally, the increased violence after childbirth may be also due to the mothers'

increased vulnerability to coercion because the batterer can employ threats that involve the children as has been suggested by previous studies (Dutton & Goodman, 2005).

**Difficulties at Delivery**

According to the literature, IPV during pregnancy may result in controversial obstetrical consequences. As previously noted, 20% (*n*=7) of the women indicated that they suffered negative outcomes at delivery. Specifically, the consequences that the mothers mentioned included premature and low birth weight (*n*=2), placental abruption (*n*=1), cesarean delivery (*n*=1) and pregnancy trauma (*n*=3). These findings are similar to the results obtained in Coggins and Bullock's (2003) qualitative study. In that study's sample of 10 female victims of IPV, 7 suffered negative effects at delivery, such as spontaneous abortions, miscarriage, prematurity and delivery of a large baby.

Although only three of the interviewed women mentioned having suffered pregnancy trauma at delivery, psychological abuse during pregnancy may also lead to poor maternal health and increased psychological distress (Beydoun, Al-Sahab, Beydoun, & Tamin, 2010; Blabey, Locke, Goldsmith, & Perham-Hester, 2009; Ludermir, Lewis, Valongueiro, de Araujo, & Araya, 2010; Tiwari et al., 2008; Yost et al., 1999), which may be associated with several adverse outcomes for the children, such as maladaptive fetal growth and development (Weinber & Tronick, 1998), poor cognitive development and behavior during childhood and adolescence, and negative nutritional and health effects. For instance, the results obtained in the study of Hutch-Bocks et al. (2002) revealed that children of women that have suffered IPV during pregnancy show more indicators of health problems during the first 2 months post-partum compared to children born to women with no IPV experiences. Further research

is needed to verify this information as insufficient data was obtained when asking the mothers whether their children had suffered any difficulties at delivery due to IPV.

**Women's experiences of mothering**

Recent studies have suggested that the devastating effects of IPV on the mental health of the women may affect their parenting capacity. This point was verified with the information obtained in the current research as 74% of the participants in this study noted that their mothering skills were negatively influenced. These results are consistent with those of similar qualitative studies that examined battered women's experiences of mothering (Haight, Shim, Linn, & Swinford, 2007; Levendosky, Lynch, & Graham-Bermann, 2000).

Nevertheless, in the current study, some women reported that their mothering skills were not affected or were positively impacted. This is consistent with the results of various qualitative investigations (Bhandari, Bullock, Anderson, Danis, & Sharps, 2011; Lapierre, 2010; Peled & Gil, 2011; Rose, Alhusen, Bhandari, Soeken, Marcantonio, Bullock, & Sharps, 2010; Seeman et al., 2013) that found that many of the studied women who were not severely impacted by IPV, spoke positively about their mothering practices, and described themselves as good mothers. These results are very similar to those obtained by Levendosky et al. (2000), in which 20% of the mothers described positive effects on their parenting.

As expected, findings of this study indicate that women, besides the IPV adversities, tried to be protective towards their children and expressed a strong desire for developing good mothering practices. This is consistent with a substantial body of literature that shows that mothers put their children first, regardless of the circumstances (Lapierre, 2010).

### Limitations of the study and future lines of research

This study presents some limitations that should be considered when interpreting the results. The first limitation involves the sample, which only included IPV victims who sought shelter support. Thus, the sample did not represent the broader population of IPV victims. Future research should include victims who have not attended women's shelters. A second important limitation involves the study methodology. The results of qualitative techniques cannot be generalized to the population of women who have suffered IPV (Rolfe, 2006).

## Conclusions

The current study contributes new data on the prevalence of IPV before, during and after pregnancy and the consequences of IPV for delivery and women's mothering skills. The findings indicate that victims of IPV and their children are not protected against violence during pregnancy. Furthermore, the postnatal period seems to be critical for victims' safety as violence often increased after childbirth. Thus, professionals should be particularly vigilant during this period.

Although the majority of the interviewees reported that they suffered IPV in at least one of the three studied moments, a small sample of the participants experienced negative outcomes at the time of delivery. Another noteworthy aspect of the study is that a high percentage of the women reported that IPV affected their mothering skills. However, the variety of responses on this topic suggests that future research should consider all aspects that may influence women's mothering skills. Professionals who work with pregnant women should be vigilant about detecting IPV and helping victims learn to protect themselves and their children.

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**Annex I**. Guideline of the semi-structured interview.

Did you suffer IPV when you were pregnant?

Was IPV during pregnancy more frequent, the same, or less frequent than when you were not pregnant?

Was IPV during pregnancy the same type of violence as when you were not pregnant?

Did you suffer difficulties at delivery due to IPV? What type of difficulties?

Did your son/daughter suffer any difficulties at delivery due to IPV? What type of difficulties?

Do you think that IPV has affected your mothering skills?

## **1.3. Manuscript:** Children who are exposed to intimate partner violence: Interviewing mothers to understand its impact on children.

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# Children who are exposed to intimate partner violence: Interviewing mothers to understand its impact on children

**Abstract**

Children's victimization related to intimate partner violence (IPV) has damaging effects on their well-being and development. The purpose of this research was to assess the impact of IPV on children's emotional and behavioral problems through their mothers' narratives. A total of 30 Spanish mothers (mean age = 41.57 years, *SD* = 8.54 years) were individually interviewed. The results showed that many of the children directly suffered from aggression, and most of them witnessed IPV. As a result of their exposure to violence, children often develop psychological, social, and school problems. Their learning of aggressive behaviors is especially remarkable, and these behaviors are sometimes directed towards their mothers. Thus, women can suffer a twofold victimization: by their partner and by their children. These additional problems contribute to hindering the recovery process of victims. Fortunately, not all children develop problems as a result of exposure to IPV; some of them are capable of resilient responses.

*Keywords:* children's victimization; intimate partner violence; mother's perceptions; qualitative research; child-to-mother violence.

## Children who are exposed to intimate partner violence: Interviewing mothers to understand its impact on children

Intimate partner violence (IPV) is defined as threatened, attempted, or completed physical, sexual, or emotional abuse between partners (Center for Disease Control and Prevention, 2002). Surveys from around the world indicate that approximately 10-69% of women are physically assaulted by an intimate male partner at some point during their lives (WHO, 2005). However, in IPV situations, women are not the only victims; their children can also become victims. The general aim of this research was to assess the impact of IPV on children's emotional and behavioral problems through their mothers' narratives.

It is estimated that, worldwide, between 133 and 275 million children are exposed to this type of violence each year (General Secretariat of the United Nations, 2006). Specifically, children may be the object of a twofold victimization: direct victimization, when they receive blows and humiliation, and indirect victimization, when they witness violence against their mothers (Calvete & Orue, 2011; Edleson, 1999).

Direct victimization of children can adopt many modalities, such as physical abuse, neglect, sexual abuse, and emotional abuse (Arata, Langhinrichsen-Rohling, Bowers, & O'Brien, 2007). Diverse studies show that the children of female victims of IPV are also frequently victims of psychological, physical, and sexual aggression (Haight, Shim, Linn, & Swinford, 2007; Matud, 2007; Mbilinyi, Edlesson, Hagemeister, & Beeman, 2007). In general, these studies suggest that between 20% and 70% of children may be direct victims of aggression by perpetrators (Lundy & Grossman, 2005; McGuigan & Pratt, 2001).

The second form of victimization, indirect victimization, relates to children witnessing violence against their mothers. Research has shown that children are eyewitnesses of approximately 85–90% of IPV that occurs in the home (Fusco & Fantuzzo, 2009; Graham-Bermann, Gruber, Howell, & Girz, 2009). Indirect victimization can occur in numerous ways. For example, the children may overhear episodes of IPV (Øverlien & Hydén, 2009), they may be used as part of the violent incidents, they may experience the aftermath of violence, and a few of them intervene to protect the abused parent, often at the risk of being abused themselves (DeBoard-Lucas & Grych, 2011). According to the statistics, children's indirect victimization reaches dramatic numbers (McDonald, Jouriles, Ramisetty, Caetano, & Green, 2006).

Witnessing IPV often occurs at early ages (Hamby, Finkelhor, Turner, & Ormrod, 2011), and early victimization places children at risk for developing behavioral and emotional problems (Holt, Buckley, & Whelan, 2008; Levendosky, Bogat, & Martínez-Torteya, 2013; Øverlien, 2010). Younger children may experience somatization problems and sleep disorders, such as nightmares, bedwetting, and difficulties with falling asleep (Stanley, Miller, & Richardson, 2012). Furthermore, many studies have shown that victimized children and adolescents are at risk of developing disorders such as depression and posttraumatic stress disorder (Chemtob & Carlson, 2004; Kearny, 2010).

Among the problems caused by being a victim of IPV, the learning of aggressive behavior is gaining a wide recognition as, in some cases, it means a twofold victimization of the mothers. For example, mothers who were victims of IPV reported the presence of angry feelings and aggressive behavior against peers and mothers as a consequence of children witnessing IPV (Stanley et al., 2012). With regard to aggression against mothers, recent studies with adolescents have suggested that

exposure to violence at home and witnessing IPV, in particular, act as risk factors for the development of child-to-parent violence (Calvete, Gámez-Guadix, & Orue, 2014; Calvete et al., 2014; Calvete, Orue, & Sampedro, 2011; Ireland & Smith, 2009). However, until now, no study has examined the association between witnessing IPV and aggression towards mothers by children, based on the perceptions of mothers who have experienced IPV. This approach would contribute to understanding the link between exposure to family violence and the development of aggressive behavior against mothers.

Furthermore, not all children who witness IPV experience negative consequences (Kitzmann, Gaylord, Holt, & Kenny, 2003). Kitzmann et al. (2003) found that over one-third of children who witnessed IPV did not experience any consequences. The results obtained in the study by Herrentohl, Herrentohl, and Egolf (1994) indicated that between 50% and 60% of child victims do not present short-term sequelae of violence, and they also do not reproduce their parents' violent behavior. In fact, a few children show resilient reactions. For example, Stanley et al. (2012) found that IPV forced children to adopt adult roles and responsibilities to survive.

**The present study**

The above review shows that IPV can have important consequences for children. Nevertheless, most previous studies were based on quantitative methodologies, whereas research that is based on qualitative methodology using the mothers' narrations is relatively scarce (for exceptions, see Chemtob & Carlson, 2004; Haight et al., 2007; Humphreys et al., 2009; Mbilinyi et al., 2007; McDonald, Jouriles, Rosenfield, & Leahy, 2012; Stanley et al., 2012). Qualitative research produces context-based knowledge of IPV and can shed light on the variety of understandings of this

phenomenon. In addition, a context-based understanding of IPV creates the possibility of understanding IPV as a societal problem (Øverlien, 2010).

Moreover, the majority of previous studies have examined the impact of IPV on emotional and behavioral problems in children; however, no studies have examined the link between witnessing IPV and the development of child-to-mother aggression in samples of victims of IPV. Finally, a large part of the available studies are based on samples that were obtained in North-American countries. In Spain, studies on the impact of IPV in children have only recently been reported (e.g., Bayarri, Ezpeleta, & Granero, 2011; Fernández, Ezpeleta, Granero, de la Osa, & Doménech, 2011; Matud, 2007; Olaya, Ezpeleta, de la Osa, Granero, & Doménech, 2010; Polo et al., 2003; de la Vega, de la Osa, Ezpeleta & Granero, 2011, 2013). The present study is the first in Spain, to the authors' knowledge, that tries to understand the mothers' perceptions of their children's reactions basing on a qualitative methodology. National awareness campaigns against IPV in Spain have focused on women as main and only victims of violence. Recently, campaigns have started highlighting the impact of such violence on children. It is of vital importance to understand the direct and indirect victimization children might experience and also the consequences of such victimization in order to contribute to the design of efficient interventions. Namely, the primary aims of our analyses were as follows: 1) to assess the perspective of the female victims of IPV regarding the direct and indirect victimization of their children; 2) to determine the children's reactions to violent episodes; 3) to determine whether or not IPV produces psychological, social and academic consequences in children; 4) to examine the link between witnessing IPV and child-to-mother aggression; and 5) to understand the actions that are undertaken by mothers towards their children in the face of violent episodes.

## Methods

*Participants*

The participants for this study were 30 women who were recruited from 6 different agencies for victims of violence, such as shelters, social services, charities, and support groups for women who had experienced IPV in Bilbao and San Sebastian (Basque Country, Spain). These agencies are responsible for individual and group interventions with women who were abused by their partners in both localities and aim to help women end their violent relations and heal from the effects of these relations.

Selection criteria included being at least 18 years old, having suffered from IPV in at least one prior relationship, and have children. Although at the time of the interviews none of the women were in a relationship with the violent partner, seven still maintained contact with this partner as a result of child contact arrangements. The women who were interviewed for this study were diverse in regard to age, nationality, educational level, employment status, religion, health conditions, and number of children. Table 1 describes the socio-economic characteristics of the participants.

At the time of the interviews, the women were aged between 26 and 57 years (mean age = 41.57 years, *SD* = 8.54 years) and had between one and five children, who were aged between 1 and 27 years (mean age = 11.28 years). The sample was 80% Spanish born, except for six women who were immigrants. Different answers according to the women's working situation were obtained. However, only two of them are shown in Table 1 as they are contemplated to be the most representative. Those responses considered less representative have been categorized in the "others" group.

Table 1.

*Socio-economic characteristics of the participants*

| Variables | Frequency *(n)* | Percentage |
|---|---|---|
| Nationality | | |
| Spanish | 24 | 80% |
| Other | 6 | 20% |
| Education | | |
| Elemental | 10 | 33% |
| Professional training | 13 | 43% |
| University | 7 | 23% |
| Working situation | | |
| Domestic service | 5 | 17% |
| Unemployed | 9 | 30% |
| Other | 16 | 53% |
| Religion | | |
| Atheist | 15 | 50% |
| Catholic | 14 | 47% |
| Other | 1 | 3% |
| Health condition | | |
| Health problems | 13 | 43% |
| Good health | 17 | 57% |
| Number of children | | |
| < 2 | 11 | 37% |
| 2-3 | 16 | 53% |
| > 3 | 3 | 10% |
| Children's gender | | |
| Male | 9 | 30% |
| Female | 11 | 37% |
| Both | 10 | 33% |
| Time that has passed since the break-up of the relationship | | |
| < 1 year | 6 | 23% |
| 1-5 years | 17 | 57% |
| >5 years | 6 | 20% |
| Time during which children lived in a violent environment | | |
| 1-5 years | 12 | 40% |
| > 5 years | 18 | 60% |

*Note*. *N* = number of participants.

*Procedure*

Coordinators at six different IPV services, including shelters, social services, associations, and support groups for women who had experienced IPV, received detailed information about the study and the inclusion criteria. Next, social workers and psychologists at these centers contacted women who fit the profile and informed them about the nature and purposes of the study. They were also given a participant's information letter, which outlined the scope, aims, duration, and confidentiality of the study. Informed consent was obtained prior to the interviews. All of the interviews were recorded with the participants' permission and were transcribed for subsequent analysis. As a common practice in qualitative research (Thexton, 2003), each woman was compensated with a 20€ check after completing the interview.

Data collection occurred between July 2012 and June 2013. The women were interviewed individually by two researchers specialized in the field of violence against women and were informed that they were free to refuse participation and to withdraw at any time. The interviewers prepared carefully the interviews with clear instructions about the way of asking and conducting the interviews. A total of 30 semi-structured interviews were conducted. The interviews lasted approximately one hour; however, two participants' narratives lasted 30 minutes and 150 minutes, respectively. This study was approved by the Ethics Committee at the University of Deusto.

*Interview*

The research design was qualitative because this provides a space for women's voices to be articulated and heard (Skinner, Hester, & Malos, 2005), and this design has the potential to enable silenced women to tell their own stories in their own voices (Davis & Srinivasan, 1994). Semi-structured interviews were conducted using an

interview guide that was based on the specific aims of the study. The interview included open questions about the women's history of abuse and the children's experiences regarding violence. Women were encouraged to develop and express their own answers and were given the opportunity to report themselves. Appendix I presents the guide of the interview questions.

*Analysis*

As a common method in qualitative research, a thematic analysis was used to report the experiences of the participants (Boyatzis, 1998). All of the interviews were transcribed using the Transana 2.40 program (Fassnacht & Woods, 2009). The transcribed interviews were read and reread to ensure immersion in each woman's story, and the annotations of meaningful topics were made by the first author. Next, the data were categorized and coded, and the relations between the variables were studied. Further analyses were made in discussions with the co-author of the study, who had access to all of the transcripts. After examining the interviews of the 30 women, we reached saturation in the themes and categories (Suárez-Relinque, del Moral-Arroyo, & González-Fernández, 2013).

## Results

The analysis of the way that the mothers talked about their children's experiences of IPV led to the identification of five main themes. Below contains a description of each theme and examples of statements from the participants. The statements have been chosen because they describe the themes that emerged from the data and represent the content of the material as a whole.

**Direct victimization of children**

Psychological violence dominated women's descriptions of violence. Several mothers reported that their children had suffered from direct psychological victimization; specifically, 22 of the mothers stated that their children had been victims of violence. One mother revealed:

> My son told me: "Mom, Dad told me that the next time he catches you out on the street, he'll kill you." He told me, "Dad said the next time he sees you laughing, he'll kill you. Dad told me to tell you to be careful and watch your back because anything could happen to you." (Boy, 9 years old)

Among these 22 mothers, three maintained that their children had been victims of physical violence. One of them expressed:

> Once, he chased my son down the hall and gave him a beating. He didn't kill him because I interfered.

Nine participants responded that their children were victims of both physical and psychological violence:

> When my son was 12-14 years old (…), his father would undress him and take him to the landing wearing only his underwear. Another time (…), he grabbed my little son by his neck. His father's knuckles were white; my son was turning purple, but he continued hitting my son's head against the wall.

**Child witnesses of violence**

As indicated by the statements of the interviewed women, and despite their efforts to protect their children from the violent episodes, 97% of the women expressed that their children were indirect victims, based on their witnessing IPV. Here is the narration of one of the mothers:

> When my son was 14 years old, he witnessed everything. One time, I had to start shouting “help me, help me!” because their father was strangling me and threatening me with a pair of scissors. My son and daughter came running and observed their father’s hands on my neck.

Only one of the participants explained that her daughter never witnessed her father’s violent behavior because the violence occurred when the child was too young to remember. This mother’s narration reveals:

> She didn't realize what was going on...she was very young, and she didn't see anything (Girl, newborn).

**Children’s reactions**

Another major theme that emerged from the data was how mothers seemed to be aware of their children’s reactions during the violent episodes. Their narratives suggest that children always do something in response to IPV. Three mothers said that their children hid in their rooms whenever conflict occurred. One IPV victim said that her children’s fear prevented them from interceding.

> My children would not come near us; they would stay in their room, paralyzed with fright.

Although a few mothers reported that fear enabled their children to intercede, in other cases (more specifically, in eleven), the mothers also described their children’s efforts to interfere, as seen in the following comment:

> The day that he grabbed me forcefully, I screamed so loud that my girl approached us. I couldn't breathe, and my daughter hit her father on the head and said, "Let go of momma!" (Girl, 6 years old).

Of these 11 women, four explained how their children attempted to stop the violent incident by trying to communicate with their father. Two women expressed it in this way:

> When they saw the last aggression, my daughter and my son grabbed their father and said, "Let momma alone! Let momma alone!" They would stand next to me so that he wouldn't hit me.
>
> The time he hit me, my daughter told her father: "Momma is good, momma is very good. Why did you hit her?" (Girl, 3 years old).

In cases where the mothers had more than one child, different behaviors were described. When the children tried to deal with the violent situation, one child would cry and scream while the other interfered.

> In the last scenes, the oldest one intervened. He would get between us, but the little ones cried or got very nervous.

Four participants specified that their children tended to watch, stand still or look at them while the violence was occurring. The following comment shows one mother's perspective:

> My daughter was in a state of shock. She looked at us and cried. (Girl, 3 years old).

Nevertheless, children also tend to use different strategies, such as listening to music, to help reduce their fear. Other tactics that were mentioned by the mothers included reading or painting to avoid witnessing the violence.

> If it was nighttime, I'd find my little boy with his pillow pulled over his head. (Boy, 7 years old).

## Consequences for children

Participants described that as a result of their children's exposure to IPV, the children experienced difficulties at three different levels: academic, social, and psychological. Specifically, 24 participants noted that their children suffered from psychological problems, 9 indicated social problems, and 14 indicated school problems. Furthermore, the results also showed that a few children were able to adopt adult roles, despite the adversity.

**School problems.** IPV was seen to be linkedto aggressive behavior in school, as was poor concentration with consequences for academic achievement. Fourteen mothers admitted that their children's academic functioning worsened during the time in which they were exposed to IPV. The women clarified that their children tended to fail more subjects, and in a few cases, they even had to repeat the course due to their difficulties with concentrating.

> My son failed nine subjects during his first year of school, so he had to repeat the course (Boy, 15 years old).

**Social problems.** Nine mothers explained how their children's social skills were affected since their exposure to IPV began. These children had difficulties relating to their classmates, and they were sometimes excessively shy and even tended to isolate themselves. One of the mothers spoke about the difficulties that her son experienced after suffering from violence.

> My son never goes out; he only goes to class. He has no friends, so he doesn't go out (Boy, 17 years old).

**Emotional and behavioral problems.** Mothers described their children as anxious and nervous. They often explained that their children who witnessed IPV experienced sleep disturbances, a fear of being alone, and regression in toilet training and language. For instance, one mother said that her children suffered from regression in toilet training until they were teenagers. The following comment shows one participant's answer. This mother describes the psychological problems of her children and how they varied, depending on whether or not their father was in prison.

> My son has been going to a psychologist for seven years, and he is still going. When his father is out of prison, my son becomes very nervous, and he suffers from depression. My daughter, on the other hand, stops laughing. She never smiles at all and never goes out alone after 6 pm if it is dark. When her father is out of prison, she starts psychological therapy. She does not sleep, and she has nightmares…and my little boys, the only thing that affects them is that right now, I am protected by bodyguards (Boys, 14 and 7 years old; girl, 12 years old).

**Aggressive behavior.** Mothers highlighted angry feelings and aggressive behavior in children. Sixteen mothers revealed that their children started behaving aggressively after being exposed to IPV. Angry feelings and similar behaviors were often acknowledged as having been learnt through imitation. One mother shared:

> His father used to beat me in the mornings […], so every time I took my son to the park after the beatings, he used to slap the faces of little girls […]; he transmitted to the little girls what he saw at home (Boy, 2 years old).

According to the mothers' narratives, the occurrence of aggressive behavior in children was pervasive, and many of these aggressions were directed against the mothers or even against siblings. These mothers explained:

> My son accepted it as normal and reacted the same way [as his father]. When my son didn't get what he wanted, he would hit me (Boy, 9 years old).
>
> My oldest daughter has learned a lot from her father. He had that look in his eyes that could destroy you, and she copies this; she also copies the way that her father answered me in the way that she talks to me, including the insults (Girl, 19 years old).

When asked whether their children had acted aggressively towards them, eight of the mothers nodded. Aggressive behavior towards the mothers happened in women between 37 and 45 years. One of them explained:

> My son has beaten me. I know he suffers because after the beating, he comes to me, cries, and says he is sorry. He sometimes acts just like his father. One thing that really worries me is what will happen when my son has a girlfriend. I don't want him to beat her because she tells him she wants to end the relationship or because he sees her with another guy…the same story could be repeated all over again.

**Children adopting adult roles.** Although the purpose of the qualitative study was not to specifically examine the adult roles reactions that IPV caused in children, a considerable amount of important information emerged regarding this topic. According to the mothers, not every child who is exposed to IPV develops the above described negative behaviors. Four of the women stated that their children did not show adverse behaviors. In a few cases, children showed mature reactions to the aggression. Mothers

emphasized how IPV had forced children to adopt adult roles and responsibilities in order to survive. These adult roles included monitoring their mothers' safety and taking responsibility for siblings' safety. Three of the women told us how their children would advise them about what to do to avoid the violent situations and put an end to them. This woman said that the constant violence that occurred at home turned her daughter into a brave person:

> My daughter became brave because during one of the last aggressions, she told me what I should do.

Six mothers explained that their children perceived themselves as being stronger than their mothers.

> Currently, my son thinks that something will happen to me...I don't know...he tries to protect me...he acts very protective towards me (Boy, 15 years old).

These adult roles also included taking care of siblings and taking responsibility for their mothers. One mother commented:

> I would look at my oldest son, and he would understand me. At age five, he'd take his brother by the hand, and they'd go outside. From the street, they could hear the screams, and they would go to their aunt's house. (Boy, 5 years old).

**Strategies for protecting their children during and after the violent incident**

Out of the 30 mothers, the perspective of 10 of them explained that they used to talk to their children after the violent incident had occurred. Interestingly, out of these children, whose mothers had explained the violent events, five of them displayed resilient responses. One participant mentioned:

> I spoke to my children separately to explain what was going on, as much as they could understand at the age of 10. I spoke to them once, but I haven't done it again; perhaps I shall have to talk to them again (Boys, 10 years old).

However, 20 mothers admitted doing the opposite. Five women explained that it was not necessary to clarify what had happened because the children already knew it. One mother said:

> They could see what was going on perfectly well. They saw it. I never sat down with them to explain it.

Three of the interviewed women illustrated how they used to justify their partners' behavior by telling their children that their father was tired or angry. A few even expressed to their children that their father's behavior was due to an illness from which he was suffering. One participant stated:

> I always told my children that their father was sick, that he did those things because he was sick, but he was going to get well.

Nine mothers described how they would hide and lock their children in their own rooms or even in the bathroom when the conflict started, until the violence was over.

> I would tell the children to go to their room, and I would close their door. They would stay in there, crying.

In addition to the aforementioned strategies, one mother noted that she tried to be silent while the beating was occurring.

> When he hit me, I would not scream so that I would not frighten my daughter. I would try to be quiet so that she wouldn't be frightened.

## Discussion

The aim of the current study was to examine the impact of IPV on the children of women who suffered from violence, based on the mothers' perspectives. Thus, by reading the narratives of mothers who experienced violence, we obtained access to their perspectives of their children's victimization. This investigation is one of few qualitative studies to systematically gather detailed information from battered mothers about the nature of their children's exposure to IPV.

Five main issues have emerged from these findings: direct victimization of children, children witnessing violence, children's reactions, consequences of IPV on children, and strategies for protecting children during and after the violent incident.

### Direct Victimization of Children

There was a high consensus among the mothers that their children were victims of violence. This result is consistent with findings from other qualitative studies that have examined battered mothers' perspectives of the impact of IPV on their children (e.g., Haight et al., 2007; Mbilinyi et al., 2007; Peled, 1998), showing the high magnitude of overlap between IPV and child maltreatment.

The results show that many mothers use great efforts to protect their children from aggression. For example, they explained how they would try to make sure that the violence occurred when their children were not at home, thereby preventing them from being its target or from witnessing it. Similarly, a few women tried to keep their children safe by placing themselves between the abuser and the children, thereby being the sole recipient of the blows.

## Children Witnessing Violence

The common thread of the stories of the women is that their children had witnessed the violence that was perpetrated towards their mothers. Children's awareness of IPV is commonly underestimated (McGee, 2000), yet studies reveal that children as young as 3 years of age can remember and give accurate detailed accounts of their past experiences (Georgsson, Almqvist, & Broberg, 2011). This point was verified with the information that was obtained; in one of the narrations, the mother explained that her three-year-old daughter remembered a few moments of the violent events. These results are relevant because many studies have shown the harmful effects of witnessing violence on the development of future emotional and behavioral problems (Calvete & Orue, 2013; Fletcher, 2010).

## Children's Reactions

Mothers also described their children's traumatized reactions at the time of the abuse, as well as their symptoms of distress and chronic fear, which is consistent with the findings of other studies (see Haight et al., 2007; Stephens, 1999). Moreover, our findings show that children respond to violence in a variety of ways. Some children seem to be able to disconnect from their violent reality to protect themselves from its emotional impact, whereas others tend to respond to the abusive incidents by watching them or even interfering. These results are consistent with the techniques that have been identified in previous studies, such as protective strategies, distancing, or interfering (Mbilinyi et al., 2007; Peled, 1998).

**Psychosocial Problems in Children who Have Been Exposed to Violence**

The majority of the sample described problems in their children who were exposed to IPV. This result is very similar to the results obtained by Haight et al. (2007) in regard to a sample of 17 female victims of IPV, in which 82% of the mothers described their children as having negative psychological effects as a consequence of their exposure to violence. These results are also consistent with the results obtained in the qualitative study by Stanley et al. (2012), who concluded that IPV negatively affects children's academic development.

Additionally, as expected, the mothers reported aggressive behavior in their children. In particular, the children's reproduction of the violent patterns towards their mother is noteworthy. Eight of the interviewed women stated that their children had used violence against them. Therefore, the results indicate that victims of IPV can also be victimized by their own children, who learn aggression through their exposure to violence at home. The phenomenon of aggression against mothers has generated much interest in Spain, where, according to the annual report of the General State Public Prosecutor's Office, the number of complaints that were filed by parents against their children has increased by 400% in 2012, when compared with previous years (Aroca, 2013). In this study, aggressive behavior towards the mothers happened in women younger than 45 years. This phenomenon is recent in Spain and it might be associated with changes in the parenting styles and with the financial crisis (Calvete et al., 2013). This is the first study, to our knowledge, that examines the occurrence of abuse of mothers by children in a sample of women victims of IPV.

However, according to the stories obtained, not all of the children who were exposed to IPV developed behavioral problems. This finding is consistent with a substantial body of research showing that the effects of IPV are no longer perceived as universal across children of all ages because they differ in the type and intensity of

violence and in the child's vulnerability (Kuhlman, Howell, & Graham-Bermann, 2012). Whereas a large number of children display negative effects associated with their exposure to violence, many other children show few negative symptoms, and a few even show higher social competence (Jaffe, Wolfe, & Wilson, 1990). In fact, a few children are capable of resilient responses (Hughes, Graham-Bermann, & Gruber, 2001; Martínez-Torteya, Bogat, Von Eye, & Levendosky, 2009) and display precocious maturity by protecting their mothers and younger siblings.

**Strategies to Protect Their Children during and after the Violent Incident**

In addition to assessing the children's exposure to violence, their reactions and the impact on their mental health, the present study assessed the actions that are taken by the mothers regarding their children during and after a violent episode. Consistent with previous studies (Haight et al., 2007; McDonald et al., 2012), mothers tended to use different strategies to protect their children, such as suffering from the violence in silence, hiding their children, justifying their partner's violent behavior, calming their partner's violent behavior, and explaining the IPV conflict to their children. It is important to emphasize that explaining the violent events to the children was associated with resilient responses in the children. These responses ranged from intervening during the aggression to defend their mothers to protecting their mothers, as well as their siblings.

**Implications for Research and Practice**

The present study has important implications for future research, as well as for practice. This study shows that women exposed to IPV often perceive that their children display several psychosocial problems. In this regard, women, as well as being victimized by their partners violence, also carry the burden of their childrens' suffering.

Our findings also suggest that women victims of IPV have the risk of being victimized by their own children. Intervention programs with victims of IPV should include specific strategies to work with these children. These programs should help the children adequately elaborate their trauma from their exposure to IPV. Specifically, these programs should prevent the development of future violent behaviors in children, which would imply an intergenerational transmission of violence. Helping these children learn to resolve conflict positively and address the beliefs of justification of violence are a few of the strategies that are recommended for this purpose.

The intervention strategy that works conjointly with mothers and children could also be considered a possibility. As observed in this study, ten mothers dedicated time to talking with their children about the violent episode that had occurred, and the results showed that several of these children developed resilient responses. Therefore, this strategy may have contributed to mitigating the effects of IPV on the children. Future studies should examine the relationship between the mothers' explanations of violence and the children's resilient responses.

**Limitations of the Study and Future Lines of Research**

The findings should be viewed with regard to the strengths and limitations of the study. Several limitations should be considered when interpreting the findings. As Fantuzzo and Lindquist (1989) noted, the main source used to obtain information about children in most studies is the mother. In this case, mothers were the sole reporters of the data, and they illustrated how their children experienced and lived in IPV situations in their homes. Apple and Holden (1998) explained that mothers tend to under-report or over-report what their children may have seen or heard, in terms of violence. Additionally, the women’s distress may have influenced their perceptions. Therefore, the results should be interpreted as the mothers’ perceptions of how their children

experienced IPV circumstances. Thus, future studies should include self-reports by the children so that researchers can understand how children define and speak about their own experiences of IPV. A second important limitation refers to the generalization of the sample, which only included IPV victims who sought shelter support, thus not representing the broader population of IPV victims. Implications for future research should, therefore, also include victims who have not attended women's shelters. The third limitation of the study involves the ages of the participants and their children because this constitutes a large range. In particular, older participants may have greater difficulties with remembering the experiences of their children's exposure to IPV. Finally, regarding the interpretation of the data, the open questions that conform the interview guide have implications on how to interpret the answers.

## Conclusions

Research on the impact of IPV on children's emotional and behavioral problems from their mothers' perspectives has been scarce, particularly in Spain. This study contributes to our awareness of the victimization that is suffered by the children. The results show that according to the mothers, many of these children directly suffer from aggression, and moreover, practically all of them are witnesses to the violence that is exerted on their mothers. Mothers often describe that their children develop psychological, social, and school problems. Their learning of aggressive behaviors is particularly noteworthy because these behaviors are sometimes directed toward their mothers. Thus, the women may suffer from a twofold victimization (i.e., by their partner and by their children) thereby contributing to their suffering and hindering their recovery process. Finally, some children exposed to IPV seem to develop early adult roles.

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**Appendix I**. Guideline of the semi-structured interview

When you terminated the abusive relationship, did you have children? How many? What were their ages?

Did your children witness violent scenes? How did they react?

Did you talk with your children about what was happening?

Did you do anything to prevent your children from seeing the aggression? What did you do?

Were your children directly assaulted by your partner?

How did they react to that situation?

Do you think that being victims has generated consequences for them in their daily lives?

Certain victims of partner violence have later been assaulted by their children. Were you ever assaulted by your son/daughter? If so, what type of violence did your son/daughter inflict upon you?

Do your children act aggressively in any setting (school, friends, etc.)?

# **1.4. Manuscript**:Exposure to family violence as a predictor of dating violence and child-to-parent aggression in adolescents

Izaguirre, A. & Calvete, E. (2015)

Manuscript submitted to publication

**Exposure to family violence as a predictor of dating violence and child-to-parent aggression in Spanish adolescents.**

**Abstract**

Witnessing Intimate Partner Violence (IPV) and child maltreatment may place children on a lifelong trajectory towards violence. The primary aim of this research was to examine the associations between exposure to violence at home and two forms of violence in close relationships in Spanish adolescents: child-to-parent violence and dating violence. A sample of 845 adolescents (13-18 yrs.) completed measures of direct victimization and witnessing of IPV, as well as adolescent dating violence and child-to-parent aggression at Time 1, and measures of adolescent dating violence and child-to-parent aggression 6 months later. Findings indicate that direct victimization is more relevant for later child-to-parent violence than is witnessing IPV against the mother. Namely, direct victimization by the mother and father predicted an increase in child-to-mother and child-to-father aggression over time. Witnessing IPV and direct victimization by the father predicted an increase in dating violence victimization in girls at time 2.

*Keywords:* adolescents; dating violence; child-to-parent aggression; exposure to violence; intimate partner violence; child maltreatment

## Exposure to family violence as a predictor of dating violence and child-to-parent aggression in Spanish adolescents

Intimate Partner Violence (IPV) has been identified as a serious, worldwide human rights and public health concern (Abramsky et al., 2011) because of its negative direct and indirect outcomes, which affect both the women and their children. Unfortunately, children's or adolescents' exposure to such stressful life events occasionally places them on a lifelong trajectory towards violence as either victims or perpetrators (WHO, 2010). A large amount of research has shown that IPV is not an isolated problem because IPV and several forms of child abuse co-occur in many cases (Edleson, 1990). More specifically, children can be the object of a twofold victimization: direct victimization, when they receive blows and humiliation, and indirect victimization, when they witness violence against their mothers (Calvete & Orue, 2011, 2013).

After many years of research, a strong consensus has emerged suggesting that exposure to violence at home in early and middle childhood leads to aggressive child behavior problems (Boxer, Gullan, & Mahoney, 2009; Gamez-Guadix & Calvete, 2012). Moreover, sociologists and criminologists have traditionally relied on the intergenerational transmission of violence, or cycle of violence theory, as a possible starting point for the repetition of IPV (Cochran, Sellers, Wiesbrock & Palacios, 2011). This theory argues that experiencing IPV at home during childhood is likely to lead to future violence or victimization in adulthood (Sugarman & Hotaling, 1989) as these children may also be at risk of repeating the patterns of aggression and subordination learned during childhood (Andrews, Foster, Capaldi, & Hops, 2000). In an attempt to explain this link, researchers have used Bandura's social learning theory (1977). This model suggests that children who are victimized by IPV and are subjected to harsh

parental discipline may learn that the use of violence is a tolerable and acceptable way of handling interpersonal conflicts and can help achieve certain goals (Calvete, 2007). However, several additional mechanisms can contribute to perpetuation of the violence. Exposure to violence is traumatic and can adversely impact the psycho-social, emotional and mental areas of the victims (Adams, 2010). For instance, children and adolescents may be at risk of repeating the maladaptive patterns of relationships that they learned during childhood because they often lack the models of positive relationships and the interpersonal and conflict resolution skills that are required to engage in healthy relationships (Gomez, 2011). Furthermore, research contributions also suggest that the repetition of IPV may be related to disturbances in emotional regulation (Siegel, 2013). In this sense, children exposed to IPV may lack the ability to notice, comprehend, and manage escalating emotions, as well as the skills required to resolve conflicts and problems in constructive, nonviolent ways (Siegel, 2013).

In the current study, we examine the role of exposure to family violence as a predictor of violence in two types of close relationships: dating relationships and child-to-parent relationships. Several studies have examined the role of exposure to family violence as an antecedent of dating violence. However, only a few studies have studied the prospective associations between exposure to family violence and future child-to-parent violence, and no study has simultaneously examined the influence on both types of violence. Thus, the current study focuses on the associations among Spanish children's exposure to IPV at home, child maltreatment and two forms of violence that occur in relationships characterized by affective bonds among the members: dating violence in adolescents and violence exerted towards the parents.

Adolescent dating violence is defined as a form of IPV that occurs between two adolescent individuals who are currently, or have been, intimately involved with each

other (Moore, Sargenton, Ferranti, & Gonzalez-Guarda, 2015). It includes physical or sexual violence, threats of violence, or emotional abuse in which the members, both males and females, often engage. Thus, both sexes are involved in aggression and victimization as both perpetrators and victims (Centers for Disease Control and Prevention, 2012). It is estimated that one-third of young people experience at least one violent dating relationship (Jouriles, McDonald, Garrido, Rosenfield, & Brown, 2005). In Spain, the prevalence rates of dating violence in adolescents are high. For instance, Gonzalez and Santana's study (2001) estimated that between 10% and 11% of Spanish adolescents suffer violence at the hands of their partner, whereas Muñoz-Rivas, Grana, O'Leary, & Gonzalez, (2007) showed that 90% of the young people interviewed in their study admitted to having verbally attacked their partner. Forty percent of the interviewees admitted to also having been physically aggressive with their partner.

Furthermore, the roles that boys and girls assume in dating violence have received wide attention in the scientific literature because there have been inconsistent findings regarding gender differences in both the perpetration and victimization (Giordano, Soto, Manning, & Longmore, 2010). For instance, Simon, Miller, Gorman-Smith, Orpinas, and Sullivan (2010) found that girls show a slightly higher percentage being aggressors than do boys (31.4% compared with 26.4%) and that boys have a significantly higher rate being victims than do girls (53.7% compared with 27.4%). In contrast, Cercone, Beach and Arias (2005) found that 30% of males and 24% of females in their study reported severe psychological victimization and that 18% of males and 13% of females reported severe physical assault by their partners.

Childhood exposure to violence has been related to an increased risk of being involved in violent intimate relationships, particularly during adolescence (Wolfe, Wekerle, Scott, Straatman, & Grasley, 2004). Adolescents may react aggressively when

they begin to develop romantic relationships, thus shaping both the risk of victimization and the risk for perpetration later in life (Lundgren & Amin, 2014). For instance, Jouriles, Platt and McDonald (2009) indicated that in addition to a history of child maltreatment, exposure to IPV was also linked to dating violence. Nevertheless, research has shown inconsistent results regarding gender differences in the association between childhood exposure to family violence and adolescents' dating violence. For instance, Laporte, Jiang, Pepler, and Chamberland (2011) indicated that boys who reported childhood exposure to family violence were at particularly high risk of being aggressive with their girlfriends, whereas Renner and Whitney's findings (2012) revealed that dating violence perpetration and victimization were more frequent in girls who had experienced family violence than in boys who had experienced family violence. Concerning victimization in adolescents' dating relationships, researchers have noted that girls who have experienced family violence may be more likely to become victims of adolescent partner violence (Doumas, Margolin & John, 1994); however, according to Milletich, Kelley, Doane, and Pearson (2010), boys who reported having experienced family violence were at a higher risk of being victimized by their female partner.

The second form of reproducing violent behaviors, child-to-parent aggression (CPA), has been defined as any act committed by a child that intimidates the progenitors and is aimed at causing them physical, psychological, or economic pain to gain control and power over them (Cottrell, 2001). The available studies concerning CPA in Canada and in the United States indicate prevalence rates ranging from 5% to 13% for physical violence against parents (Pagani et al., 2009). In Spain, the annual report of the General State Public Prosecutor's Office revealed that in 2008, the number of CPA complaints increased by 56% over the previous year (InfocopOnline, 2009);

thus, parents' reports of violence by their adolescent children are on the rise. With regard to the gender of the adolescents, research has shown that the majority of acts of physical aggression are perpetrated by male adolescents against their mothers but that female adolescents perpetrate more psychological aggression against parents (Boxer et al., 2009; Calvete, Orue, & Gamez-Guadix, 2013).

As mentioned above, the literature has identified factors such as exposure to violence (Boxer et al., 2009; Gamez-Guadix & Calvete, 2012), verbal punishment (Pagani et al., 2009), and emotional deprivation (Agnew & Huguley, 1989) as risk factors for CPA. Recently, a qualitative study with parents as both victims of their children and as perpetrators indicated that both direct victimization by parents and witnessing violence against mothers were risk factors for child-to-parent violence (Calvete, Orue, Gámez-Guadix, Hoyo-Bilbao, & de Arroyabe, 2015). In a three-year longitudinal study, exposure to violence at home was a predictor of child-to-parent violence (Calvete, Orue, Gamez-Guadix, & Bushman, 2015), but this study did not differentiate between witnessing IPV and direct victimization. The only study, to our knowledge, that examined the associations between both types of victimization and CPA was that by Boxer et al. (2009); this study was cross-sectionally conducted in a clinic-referred sample of adolescents. They found that a youth's physical aggression toward a specific parent was more likely when that particular parent engaged in physical aggression towards the youth. The results for witnessing IPV were complex and appeared to be related to the sex of the parent perpetrating IPV.

The main objective of this study was to examine predictive associations between exposure to violence at home (witnessing violence against the mother and/or direct victimization by mother and father) and two forms of violence in Spanish adolescents: child-to-parent violence and dating violence. This is the first study to examine all of

these forms of violence simultaneously, which is important for understanding the interplay between the different forms of violence that occur between persons who are involved in an affective relationship (i.e., parents and children, adolescents within a dating relationship). We expected to find that all of the examined forms of violence could be intercorrelated. In addition, we expected that exposure to violence at home would predict an increase in child-to-parent violence and dating violence in Spanish adolescents. We also explored associations between child-to-parent violence and dating violence, which have been neglected in previous studies. Age was also included in the model to control its influence on exposure to violence in family and dating relationships. Finally, gender differences were also examined because research has provided mixed results on the role of exposure to family in boys and girls (Calvete & Orue, 2013; Laporte et al., 2011). We expected that witnessing violence against the mother and direct victimization by the mother and father would be linked to the development of more aggressive behavior in boys than in girls.

## Method

*Participants*

The study was conducted with an initial sample of 845 adolescents (410 boys, 398 girls and 37 that did not indicate their sex) who were between 13 and 18 years of age ($M$ = 15.89 $SD$= 0.84). A cluster sampling procedure was used, and schools were selected randomly. Adolescents were recruited from six different schools in San Sebastian, a province in northern Spain, and its surrounding areas, Basque Country, (Spain). From these schools, 4 were public schools, one was a private school and one was a concerted private school. The potential sample consisted of seven schools; however, one did not wish to participate because of the sensitivity of the topic.

The survey included demographic questions concerning information such as gender, date of birth, father's education and working situation, mother's education and working situation, marital status, family members and nationality. To assess the socioeconomic status of the sample, we used the criteria recommended by the Spanish Society of Epidemiology (2000), which gathers information about parental occupation and income. In accordance with these criteria, the sample included 10.4% low, 24.9% low-medium, 21.1% medium, 25.4% high-medium, and 18.5% high socioeconomic status. This distribution is comparable to that of the general population in Spain.

*Procedure*

This study was presented as research into adolescents' perspectives about violence. Head teachers of different schools in San Sebastian and its surrounding areas were contacted and informed about the nature and purposes of the study. They received a "Participant's Information Letter" that outlined the scope, aims, duration of the study, inclusion criteria and confidentiality. Once the schools had confirmed their participation, passive informed consent was obtained from the adolescents' parents. None of the parents disagreed with their children's participation in the study. After the data collection and result analysis, schools were provided a report about the overall findings of the study.

Data were collected at two different measurement occasions spaced 6 months apart, in April and May 2014 (Time 1, T1) and October and November 2014 (Time 2, T2). At T1, the adolescents completed all of the questionnaires, whereas at T2, they only completed the questionnaires examining measures of dating violence and child-to-parent violence.

Parents and adolescents were informed that the results would be used for educational purposes and that their children's identities would remain anonymous and confidential. Participants completed the questionnaires and demographic data individually in their classes, and they were encouraged to ask questions if they had any trouble answering the instruments. Participation was voluntary. It took them an average of 50 minutes to complete the questionnaires at T1 and approximately 40 minutes at T2. To pair the questionnaires at T1 with those of T2, a code known only to each participant was used. Some questionnaires could not be paired due to errors in coding and were eliminated, forming part of the attrition rate. The Ethics Committee of the university approved this study.

*Measures*

**Exposure to Violence** (EVS; Orue & Calvete, 2010). This 21-item questionnaire measures exposure to violence in several contexts (school, neighborhood, home and TV). Because of our study's topic, only items related to exposure to violence at home were used. Moreover, we adapted the questionnaire to assess witnessing intimate partner violence against the mother (7 items; e.g., "How often have you seen your mother's partner hitting your mother at home?" or "How often have you seen your mother's partner insulting your mother at home?"), and direct victimization by the father and by the mother (8 items; e.g., "How often has your father or your mother hit you at home?" or "How often has your father or your mother insulted you at home?"). Each item consisted of a 5-point Likert-type scale response that ranged from 0 (*never*) to 4 (*every day*). The structure of this questionnaire has been supported by confirmatory factor analyses in previous studies (Calvete & Orue, 2012; Orue & Calvete, 2010).

Cronbach's alphas were .82 for witnessing violence against the mother, .76 for victimization by the mother, and .76 for victimization by the father, respectively.

**Adolescents Dating Violence.** The *Conflict in Adolescent Dating Relationships Inventory* (CADRI; Wolfe et al., 2001) was used to detect the existence of aggressive acts in adolescents' dating relationships. It assesses five different forms of aggressive behavior that may occur between adolescent dating partners: physical abuse (e.g., "I slapped my partner or pulled my partner's hair"/ "My partner slapped me or pulled my hair"), psychological abuse (e.g., "I insulted my partner with put-downs"/ "My partner insulted me with put-downs"), threatening behavior (e.g., "I threatened to hurt my partner"/ "My partner threatened to hurt me"), sexual abuse (e.g., "I forced my partner to have sex when he/she did not want to"/ "My partner forced me to have sex when I did not want to"), and relational abuse (e.g., "I tried to turn my partner's friends against them"/ "My partner tried to turn my friends against me"). This measure was divided into two subscales: Violence Perpetration and Violence Victimization. Each subscale was based on 26 items. The response choices for each item were defined with a 4-point Likert-type scale from 0 (*never*) to 3 (*frequently*). The Spanish version of the CADRI has also shown good psychometric properties and confirmation of its structure (Fernández-Fuertes, Fuertes-Martín, & Pulido, 2006). In this study, Cronbach's alphas were .89 for Violence Perpetration and .82 for Violence Victimization at T1 and .81 and .85 at T2.

**Child-to-parent-aggression.** Aggression against parents was assessed using the Child-to-Parent Aggression Questionnaire (CPAQ; Calvete, Gámez-Guadix et al., 2013). The CPAQ consists of 20 parallel items, 10 of which relate to the father and 10

of which relate to the mother. Within each block of 10 items, 7 describe psychological aggression (e.g., insulting someone or threatening to hit), and 3 describe physical aggression (e.g., hitting someone with something that could hurt or kicking). For the purpose of this research, only 16 items were used. Items defining minor ways of aggression such as shouting, annoying or bothering both parents were deleted. Adolescents responded by indicating how often they had performed each of the behaviors against their fathers or mothers in the last year using the following four-point scale: 0 (*never*), 1 (*it has happened once or twice*), 2 (*it has happened between three and five times*), and 3 (*it has happened six or more times*). Items were summed to obtain the total scores for child-to-mother and child-to-father violence. The CPAQ has been shown to have excellent psychometric properties in a sample of 2,700 Spanish adolescents, and both exploratory and confirmatory factor analyses have provided strong empirical support for its factor structure and reliability (Calvete, Gámez-Guadix et al., 2013. In this study, Cronbach's alphas were .61 and .66 for child-to-father and child-to-mother violence at T1 and .64 and .72 at T2

*Statistical Approach*

Prevalence rates and gender differences in the variables of the study were examined by means of SPSS-22. Path analysis was used to test the hypotheses of the study. As several variables were not normally distributed, all models were tested via Weighted Least Square (WLS) method using LISREL 9.2. Following the recommendations of several authors (e.g., Hu & Bentler, 1999), the goodness of the model fit was evaluated using the comparative fit index (CFI), the non-normative fit index (NNFI), the root mean square error of approximation (RMSEA), and the standardized root-mean-square residual (SRMR). Generally, CFI and NNFI values of

.90 or higher reflect a good fit. RMSEA values lower than .06 indicate an excellent fit, and SRMR values of .08 or less indicate that the model adequately fits the data. All missing values were imputed using the expectation-maximization (EM) imputation algorithm with SPSS. For the path analyses, we used only participants who have had a romantic relationship in the year previous to the T1 measures and the interval between T1 and T2 (N=606).

## Results

### Descriptive analyses

Table 1 displays the prevalence rates of all types of violence assessed in the study and comparisons by gender. Overall, the rates of witnessing violence against mothers were similar in boys and girls, except for physical aggressions, which were more frequently observed by girls. Regarding child abuse, the rates of physical victimization by parents were higher in boys than in girls. More girls than boys admitted having perpetrated and having been victims of psychologically abusive acts in romantic relationships. Higher percentages of boys reported perpetration of sexual abuse acts against their partners. Boys also reported more frequent physical victimization by their partners. Finally, the prevalence rates of psychological abuse against fathers were higher in boys than in girls.

Table 1.

*Prevalence of the variables of the study in T1.*

| | Total | Girls | Boys | $\chi^2$ | p |
|---|---|---|---|---|---|
| T1 Witness Psychological | 12.6 | 14.3 | 11.0 | 2.14 | .14 |
| T1 Witness Physical | 2.1 | 3.3 | 0.9 | 5.90 | .015 |
| T1 Witness Sexual | 0.6 | 0.7 | 0.5 | 0.22 | .64 |
| T1 Witness Economical | 7.5 | 8.7 | 6.3 | 1.65 | .20 |
| T1 Severe Psychological Victimization Mother | 15.9 | 13.8 | 17.9 | 2.67 | .10 |
| T1 Physical Victimization Mother | 27.1 | 24.0 | 30.1 | 3.89 | .05 |
| T1 Severe Psychological Victimization Father | 15.9 | 13.8 | 17.9 | 2.67 | .10 |
| T1 Physical Victimization Father | 27.5 | 23.5 | 31.5 | 6.66 | .01 |
| T1 Dating Violence Psychological Perpetration | 74.0 | 81.9 | 67.6 | 12.89 | .00 |
| T1 Dating Violence Physical Perpetration | 10.7 | 12.7 | 8.8 | 1.87 | .17 |
| T1 Dating Violence Sexual Perpetration | 30.9 | 23.6 | 37.7 | 10.54 | .001 |
| T1 Dating Violence Psychological Victimization | 74.6 | 82.8 | 68.0 | 14.09 | .00 |
| T1 Dating Violence Physical Victimization | 12.2 | 9.1 | 15.1 | 3.81 | .05 |
| T1 Dating Violence Sexual Victimization | 34.7 | 36.2 | 33.5 | .405 | .53 |
| T1 Child-Mother Severe Psychological Violence | 7.2 | 6.4 | 7.9 | .70 | .40 |
| T1 Child-MotherPhysical Violence | 6.8 | 7.6 | 6.1 | .83 | .36 |
| T1 Child-Father Severe Psychological Violence | 7.9 | 5.3 | 10.5 | 7.99 | .005 |
| T1 Child-Father Physical Violence | 7.3 | 6.0 | 8.6 | 2.21 | .14 |

Table 2 displays means and standard deviations for frequencies in the general scores of the variables. Girls scored higher than boys on witnessing the violence perpetrated towards their mothers, whereas boys scored higher than girls on victimization of violence by the father. Similarly, adolescents' responses concerning their experiences of dating violence showed that girls scored higher than boys did in victimization at T1. Finally, regarding child-to-parent aggression, girls appeared to score higher in perpetrating violence towards the mother. No statistically significant differences were observed for the rest of the variables.

Table 2.

*Gender differences for the variables of the study.*

| Variable | Male adolescents *N*=435 | | Female adolescents *N*=421 | | Range | *t* | *p* |
|---|---|---|---|---|---|---|---|
| | *Mean* | *SD* | *Mean* | *SD* | | | |
| T1 Witnessing | 0.34 | 1.19 | 0.72 | 2.45 | 0-28 | -2.88 | .004 |
| T1 Victimization Mother | 2.89 | 2.71 | 2.74 | 2.63 | 0-16 | 0.80 | .413 |
| T1 Victimization Father | 2.85 | 2.59 | 2.46 | 2.23 | 0-16 | 2.35 | .019 |
| T1 Dating Violence Perp. | 4.57 | 7.34 | 5.54 | 6.25 | 0-78 | -1.57 | .120 |
| T1 Dating Violence Vict. | 4.91 | 6.19 | 6.03 | 6.28 | 0-78 | -1.98 | .048 |
| T1 Child-MotherViolence | 1.84 | 2.05 | 2.21 | 2.06 | 0-24 | -2.60 | .010 |
| T1 Child-FatherViolence | 1.73 | 2.16 | 1.76 | 1.80 | 0-24 | -0.22 | .825 |
| T2 Dating Violence Perp. | 5.66 | 6.19 | 5.84 | 4.70 | 0-78 | -0.31 | .756 |
| T2 Dating Violence Vict. | 6.52 | 6.84 | 6.44 | 5.97 | 0-78 | 0.12 | .907 |
| T2 Child-Mother Violence | 1.75 | 2.25 | 2.22 | 2.18 | 0-24 | -2.62 | .009 |
| T2 Child-Father Violence | 1.64 | 2.03 | 1.84 | 1.97 | 0-24 | -1.80 | .239 |

Table 3 displays correlation coefficients between the variables of the study. Correlations between dating violence victimization and perpetration were high. Child-to-parent violence variables were significantly associated with dating violence variables.

Table 3.

*Correlations among study variables.*

| Study Variables | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Mean | *SD* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. T1 Witnessing | 1 | | | | | | | | | | 0.54 | 1.94 |
| 2. T1 Victimization Mother | .17** | 1 | | | | | | | | | 2.81 | 2.66 |
| 3. T1 Victimization Father | .26** | .73** | 1 | | | | | | | | 2.65 | 2.42 |
| 4. T1 Dating Violence Perp. | .16** | .21** | .16** | 1 | | | | | | | 1.75 | 1.99 |
| 5. T1 Dating Violence Vict. | .17** | .23** | .24** | .74** | 1 | | | | | | 2.02 | 2.06 |
| 6. T1 Child-MotherViolence | .16** | .47** | .36** | .37* | .29** | 1 | | | | | 1.75 | 2.00 |
| 7. T1 Child-FatherViolence | .17** | .28** | .41** | .28** | .26** | .68** | 1 | | | | 2.00 | 2.23 |
| 8. T2 Dating Violence Perp. | .10 | .19** | .17** | .40** | .37** | .18** | .09 | 1 | | | 5.08 | 7.00 |
| 9. T2 Dating Violence Vict. | .12* | .17** | .17** | .38** | .48** | .18** | .09 | .86** | 1 | | 5.76 | 5.41 |
| 10. T2 Child-MotherViolence | .15** | .37** | .24** | .26** | .25** | .58** | .35** | .42** | .42** | 1 | 5.51 | 6.47 |
| 10. T2 Child-FatherViolence | .14** | .26** | .32** | .06 | .06 | .38** | .50** | .23** | .19** | .71** | 6.47 | 6.36 |

* $p<.05$.** $p<.01$

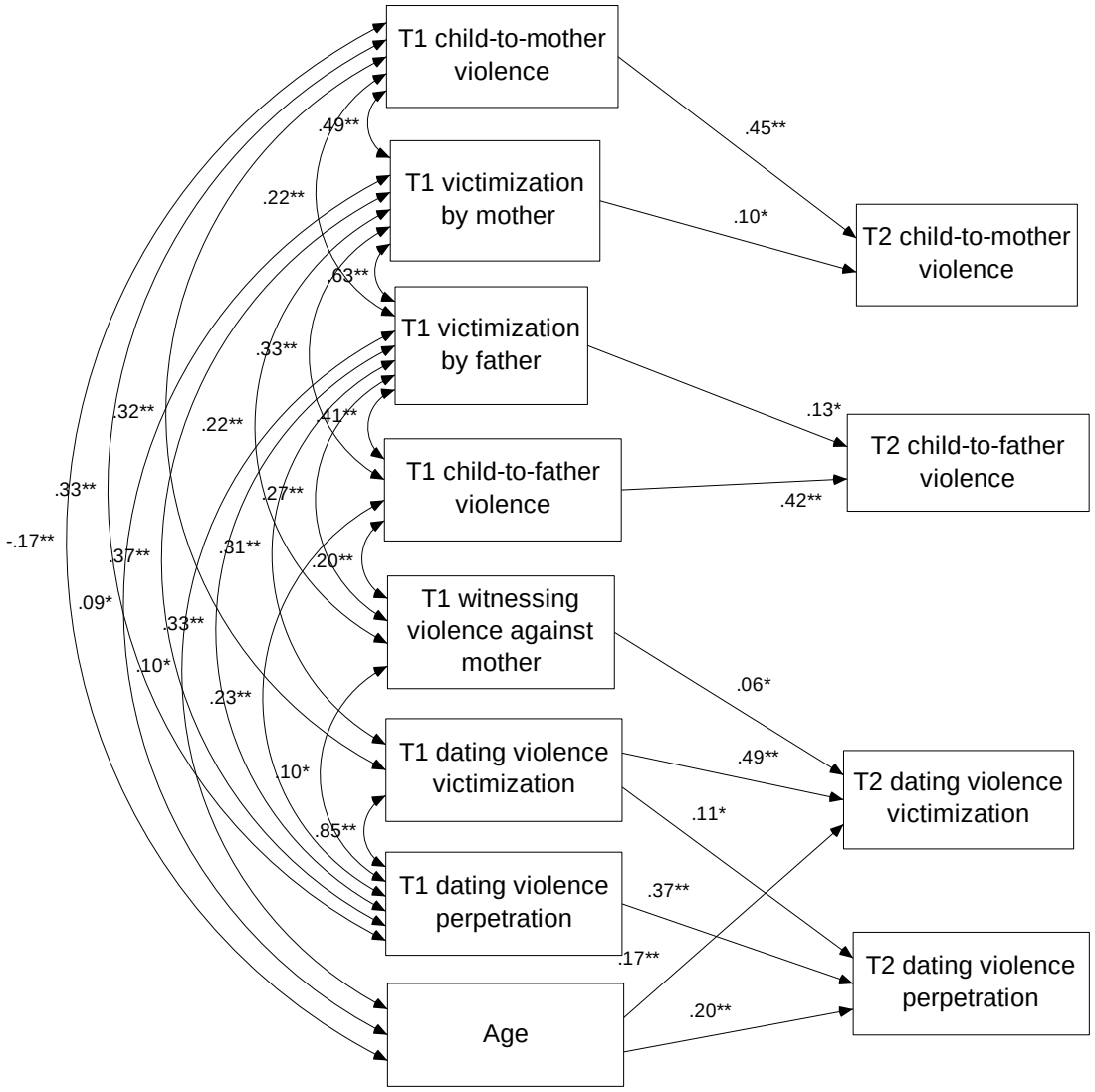
**Exposure to violence at home, child-to-parent violence, and dating violence.**

We examined predictive associations among the variables of the study by means of path analysis and WLS method with LISREL 9.1. We conducted this analysis with the subsample of 606 adolescents who reported having a dating relationship and responded to the measure of dating violence. An initial model was created consisting of paths from the measures at T1 (witnessing domestic violence against mother, direct victimization by father, direct victimization by mother, child-to-mother aggression, child-to-father aggression, dating violence perpetration, dating violence victimization, and age) and those at T2 (child-to-mother aggression, child-to-father aggression, dating violence perpetration, and dating violence victimization). Our findings indicated that all of the variables regarding violence at T1 were significantly correlated. The lowest coefficients were observed for the associations between dating violence measures and witnessing violence against the mother (0.10 and 0.11). The highest coefficients were observed between direct victimization by parents and their corresponding measures of child-to-parent violence (e.g., 0.41-0.49 between victimization by mother and child-to-mother violence and .41 between victimization by father and child-to-father violence). Age was significantly associated with victimization by mother and father and with child-to-mother violence, but the coefficients represented small effects. The autoregressive paths were statistically significant and indicated the moderate stability of child-to-parent violence and dating violence (coefficients ranging from .31 to .56). In addition, longitudinal paths indicated that victimization by the mother predicted an increase in child-to-mother violence and that victimization by the father predicted an increase in child-to-father violence at T2. Witnessing intimate partner violence at T1 predicted an increase in dating violence victimization at T2. Dating violence victimization at T1 predicted an increase in dating violence perpetration at T2. Finally,

age predicted an increase in dating violence victimization and perpetration. The model was re-estimated using only significant paths, and the fit indexes were excellent, $\chi^2$(22, *N*= 606) = 38, RMSEA= .035 (CI: .015; .053), *p*=.89, CFI=.99, NNFI= .99, RMSR= .025. The model explained 30, 24, 18, and 29%, respectively, of the variance in child-to-mother violence, child-to-father violence, dating violence perpetration, and dating violence victimization at T2. Figure 1 displays the standardized paths of the model.

Figure 1.Predictive model for child-to-parent violence and dating violence in the total sample.

Note. Standardized coefficients are displayed. * $p$<.05, ** $p$<.001. Fit indices: $\chi^2$(22, $N$= 606) = 38, RMSEA= .035 (CI: .015; .053), $p$=.89, CFI=.99, NNFI= .99, RMSR= .025



Next, we performed a multiple-group analysis to assess whether the described model was equivalent for boys and girls. Following the standard guidelines for these analyses (Byrne, 2006), we first estimated the model separately for girls and boys. We found several paths that were significant in one sample but not in the other. In the sample of boys, victimization by the mother did not predict an increase in child-to-mother violence at T2, and witnessing IPV against the mother did not predict dating violence victimization at T2. All associations among the T1variables were statistically significant, except the association between witnessing violence against the mother and dating violence victimization. The model displayed adequate fit indexes: $\chi^2(17, n= 282) = 81$, NNFI= .95, CFI= .99, RMSEA= .07, 90% CI [.04, .09], SRMR= .04.

In the sample of girls, two additional paths emerged: witnessing IPV against the mother predicted an increase in perpetration of dating violence, and direct victimization by the father predicted dating violence victimization. The model displayed adequate fit indexes: $\chi^2(18, n= 324) = 55$, NNFI= .95, CFI= .98, RMSEA= .06, 90% CI [.04, .07], SRMR=.03.

We examined an unconstrained model that included both girls and boys simultaneously. In this model, we freely estimated all of the parameters that were significant for either boys or girls. This model provided an adequate fit to the data: $\chi^2(34, n= 606) = 120$, NNFI= .95, CFI= .98, RMSEA= .07, 90% CI [.05, .08], SRMR= .04. Finally, the unconstrained model was compared with a model that constrained the pattern of paths between the variables to make them equal for both subsamples (i.e., girls and boys). This imposition did not significantly increase the value of the chi-square, $\Delta\chi^2(14, n= 606) = 14$, $p$=.37. Although the lack of significance for this change indicates that the general pattern of relationships between exposure to violence at home, child-to-parent violence and dating violence was similar for girls and boys, we tested

each of the paths that were significant in only one group, one by one, to test gender differences. Only the path from victimization by the mother to child-to-mother violence was different, $\Delta\chi^2(1, n= 606) = 4, p=.04$, which indicated that this path was stronger in girls than in boys.

## Discussion

This longitudinal study examined the predictive role of two types of exposure to family violence (witnessing IPV against mothers and direct victimization by parents) in two types of violent behaviors in Spanish adolescents: aggressions against parents and dating violence. It is, to the authors' known, the first study to examine all of these forms of violence simultaneously. Overall, the findings indicate that direct victimization is more relevant for later child-to-parent violence, whereas witnessing IPV against the mother is more relevant to dating violence. The main results are discussed below.

At a cross-sectional level, several statistically significant associations emerged between both types of exposure to violence, child-to-parent violence, and dating violence. As in several previous studies (Gray and Foshee, 1997; Stith, Smith, Penn, Ward & Tritt, 2004), there was a high reciprocity between dating violence victimization and perpetration. The results also indicate that adolescents who act aggressively in one type of close relationships (e.g., child-to-parent relationship) tend to act aggressively in other close relationships (e.g., romantic relationships). This is an important finding as this is the first study to examine the associations between dating violence and child-to-parent violence.

More importantly, this study examined longitudinal relationships among these variables, which allows identifying the contribution of previous experiences with violence in the increase of child-to-parent violence and dating violence in adolescents.

Namely, the longitudinal results showed that direct victimization by the mother predicted an increase in child-to-mother violence and that direct victimization by the father predicted an increase in child-to-father violence. Although these paths represented small effects, they suggest that there is reciprocity in child-to-parent violence and that children's aggressive reactions to their parents could represent responses to previous aggressions by the parents. Previous studies have found that exposure to family violence is associated with child-to-parent violence (Boxer et al., 2009; Calvete, Orue, Gamez-Guadix, & Bushman, 2015), but the current study contributes by examining the unique predictive role of different types of exposure to family violence (e.g., victimization by mother and victimization by father).

Dating victimization at T1 predicted an increase in child-to-mother violence. This unexpected result suggests that other sources of victimization can also act as risk factors for child-to-parent violence. Interestingly, in a recent qualitative study with families in which high levels of child-to-parent violence occurred, victimized parents often reported that their children had previously been victims of bullying by peers (Calvete, Orue, Gamez-Guadix, Del Hoyo, & Lopez de Arroyabe, 2015). Thus, jointly these findings suggest that several sources of victimization (i.e., abuse by parents, peers, and partners) can be antecedents of child-to-parent violence.

Furthermore, dating violence victimization at T1 also predicted an increase in dating perpetration over time and both victimization and perpetration tended to increase slightly with age. As described above, there is a high reciprocity that characterizes dating violence (Stith, Smith, Penn, Ward & Tritt, 2004). However, longitudinal evidence is scarce (see for exceptions Chiodo et al., 2012; Foshee et al., 2009; Gomez, 2011; Nocentini, Menesini & Patorelli, 2010; O'Keeefe, 1997; O'Leary & Slep, 2003) and the current study contributes to understanding the temporal associations between

victimization and perpetration. For instance, the findings obtained in the study carried out by O'Keefe (1997) showed that adolescents who experienced physical dating violence victimization were significantly more likely to perpetrate physical dating violence as well. Furthermore, regarding adolescents' gender, Gomez (2011) found that moderate and severe dating violence victimization predicted male perpetration of violence whereas only severe dating violence victimization predicted female perpetration.

Although research regarding adolescent dating violence has recently begun to emerge in Spain (see Diaz-Aguado & Martínez, 2015; Fernández-Fuertes & Fuertes, 2010; Fernández-Fuertes, Orgaz & Fuertes, 2011; Fernández-González, O'Leary & Muñoz-Rivas, 2013; González & Santana, 2001; Muñoz-Rivas, Gámez-Guadix, Graña & Fernández, 2010; Muñoz-Rivas, Graña, O'Leary & González, 2009; Rodríguez, Antuña, López-Cepero, Rodriguez, & Bringas, 2012), this is the first longitudinal study among high school adolescents in Spain.

In this study, we explored gender differences in the mechanisms of transmission of violence. Although the general pattern of associations was very similar in boys and girls, some paths were significant only in the sample of girls. One of the more remarkable results was that witnessing IPV against the mother was not associated with dating violence victimization in boys either cross-sectionally or longitudinally. In girls, however, both witnessing violence against mothers and being the direct victim of maltreatment by the father were predictors of an increase in dating violence victimization. These results are consistent with diverse studies showing that females who witness IPV are more likely to become victims of adolescent partner violence (e.g., Vézina et al., 2015). For instance, Fiorillo, Papa, and Follette (2013) indicated that 26% of the girls with a history of IPV at home were victimized in the form of dating

violence. Similarly, Maas, Flemings, Herrenkohl, and Catalano (2010) specified that females witnessing female victimization of IPV predicted female victimization in adolescent dating violence relationships.

Furthermore, witnessing IPV against the mother also predicted an increase of perpetrating dating violence in girls. This result is also consistent with literature on gender-specific roles in adolescent relationships that associates witnessing violent behaviors towards the mother with girls perpetrating violence towards their partners (Luthra & Gidycz, 2006; Renner & Whitney; 2012; Wolfe & Foshee, 2003). For instance, Luthra and Gidycz (2006) found that women with violent fathers were almost three times more likely to engage in physical aggression toward their dating partners. Likewise, Renner and Whitney (2012) found that experiencing IPV was related to dating violence perpetration and victimization in girls, but not in boys. Nevertheless, although the findings of the current study suggest that witnessing IPV at home could have a stronger impact in girls than in boys, this result has to be considered with caution as other previous studies have also found that exposure to IPV is important for both genders (Foshee et al., 1999).

The study also provides data on the prevalence rates of several types of violence. More specifically, this study shows high father and mother-child victimization rates among Spanish adolescents. Regarding child-to-parent aggression, prevalence rates are relatively similar to those obtained in other countries such as Canada and USA where prevalence rates range from 5% to 13% for physical violence (Pagani et al., 2009). In Spain, prevalence rates regarding child-to-parent aggression have dramatically increased in the last years. When trying to understand this growth, researchers have suggested that exposure to family violence and an inadequate parenting style in a context of financial crisis can act as risk factors contributing to the development of

aggressive behaviors towards the parents. Thus, the economic crisis in Spain, which started in 2008, could have forced some parents to set limits to the consumerist behavior of their children, contributing to increasing conflicts between children and parents (Calvete, Orue, & Gamez-Guadix, 2013).

Interestingly, gender difference analyses indicate that girls scored higher on witnessing IPV towards their mothers, which is consistent with the data obtained by Fox, Corr, Gadd, and Butler (2014), who found that more girls than boys in their study reported having witnessed IPV towards their mothers. In contrast, more boys than girls reported direct physical victimization by both the mother and the father. A possible explanation for this finding might account for the relationship between direct physical victimization and harsh parenting based in using physical punishment against the sons. For instance, Patterson (1982) explained that fathers tend to develop more disciplinarian victimization strategies toward their sons. Similarly, in Spain several studies indicate that harsh parenting is more frequently used with sons than with daughters (Calvete, Gamez-Guadix, & Orue, 2010).

Regarding adolescent dating violence, the analyses indicated that although girls presented higher rates of psychological perpetration and psychological and sexual victimization, as in other previous studies (e.g., Fox et al., 2014), boys presented higher rates of sexual perpetration and physical victimization, which is also consistent with previous research (Lundgren & Amin, 2014). Finally, concerning child-to-parent aggression, the current study shows that both males and females are perpetrators of psychological and physical violence. More specifically, girls scored higher on the child-to-mother violence frequency, which was consistent with the findings obtained in a Spanish study carried out by Calvete, Orue, and Gamez-Guadix (2013). Finally, boys presented with higher rates of aggression against their fathers.

**Limitations, Strengths, and Future Direction**

The findings of the current research should be examined considering the strengths and limitations of the study. This is one of the scarce studies that examine longitudinal associations between dating violence victimization and perpetration. Longitudinal analyses contribute to understanding the antecedents of aggressive behaviors and the way in which some experiences lead to new problems. Furthermore, this is in our knowledge the first study that examines associations between dating violence and child-to-parent violence. Findings suggest that both forms of violence can be concomitant and that dating violence victimization can predict the increase of aggressions against the mother.

Regarding the limitations, the first one is the exclusive use of self-report inventories as measurement tools because this technique could have contributed to increased associations among variables. Although research has suggested that adolescents can accurately and validly report their own experiences, the use of parental reports would be recommended. Thus, it would be desirable for future studies to complement the adolescents' viewpoint regarding exposure to IPV with reports from the parents. However, this suggestion should be examined cautiously as, in some cases, parents may underestimate their children's exposure to IPV. A second limitation is the short interval (6 months) between the different measurement occasions. Future studies should have longer intervals and should increase the number of waves to test whether predictive paths are significant over a longer period of time. A third limitation refers to the restriction of the data as just adolescents' direct victimization and their mothers' is measured not taking into consideration variables such as witnessing mother-on-father IPV or parent-to-sibling IPV. A fourth limitation is that this study did not include potential mechanisms that explain longitudinal associations among variables. These

mechanisms would include violence beliefs (Calvete, 2007), emotional regulation (Siegel, 2013), conflict resolution (Gomez, 2011), trauma (Adams, 2010), and other social and psychological factors (Adams, 2010). Finally, this study was carried out in Spain, and diverse factors such as the economic crisis could have affected the results, ultimately contributing to higher CPA rates. Consequently, it would be recommended to replicate these findings in other countries.

Despite the above-mentioned limitations, the findings obtained in the current study suggest important implications for interventions to reduce adolescent dating violence and child-to-parent aggression rates. First, primary prevention should be carried out during early adolescence in order to prevent violent episodes from happening. Results in the current study consider the overlap among several forms of aggression; thereby, violence prevention programs should focus on all forms of violence because they often co-occur. Regarding adolescent dating violence, intervention programs should help adolescents improve their communication, emotion regulation and problem solving skills to manage conflicts in their romantic relationships and to avoid violent behaviors; for child-to-parent aggression, however, intervention should focus on parent training programs so parents can develop more positive parenting styles.

## Conclusion

The results from this study contribute both to the literature and to our understanding of the association between adolescents' exposure to two types of family violence (witnessing IPV against mothers and direct victimization by parents) and the developing of aggressive behavior problems. More specifically, the current study focuses on two different targets of the adolescents' violence: their adolescent dating partner and the adolescents' parents. In contrast to previous research, this is the first

study to simultaneously examine the associations among several forms of violence that occur in close relationships. The results obtained suggest that exposure to violence at home acts as an antecedent of dating violence in adolescence and child-to-parent violence. In fact, adolescents who tend to act aggressively towards their adolescent romantic partner often act aggressively towards their parents. Although the general pattern of association was very similar in boys and girls, some paths were significant only in the sample of girls.

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# **1.5.** Manuscript: Child Witnesses to Intimate Partner Violence (IPV): Their Descriptions of Talking about the Violence

Izaguirre, A., & Cater, A. (2015)

Manuscript submitted to publication

# Child Witnesses to Intimate Partner Violence (IPV): Their Descriptions of Talking about the Violence

## Abstract

Witnessing intimate partner violence (IPV) may have damaging effects on children's wellbeing and development. How children understand IPV affects the risk of their developing negative outcomes. Talking with children about the violent episodes they have experienced can change their beliefs regarding their parents' IPV, and therefore may also be a way to help them deal with these adverse experiences. The purpose of the current study was to use the children's narratives to explore the relationship between how IPV was perceived by the children and their experience of talking about it. Interviews with 31 children between 9 and 13 years of age were analyzed using a thematic method. Two main groups of children were identified: children who described the violence as a horrifying experience and children who described it as not an acute problem. The findings showed that children who described the violence as a horrifying experience perceived talking about the violence as a positive, yet sometimes distressing, experience that made a real difference in their lives, while children who described the violence as not an acute problem preferred not to think about the violence, and therefore did not see much need to talk about it and benefit from talking about it. The study shows that talking about IPV experiences sometimes leads to feelings of relief in children. Thereby, professionals play an important role by providing an appropriate setting to help children reduce their distressing feelings.


*Keywords:* children, intimate partner violence, talking, social support, thematic analysis

## Child Witnesses to Intimate Partner Violence (IPV): Their Descriptions of Talking about the Violence

Intimate partner violence can comprise actions and situations that range from verbal conflicts to life-threatening physical abuse (Edleson, Shin & Johnson Armendariz, 2008; Fantuzzo & Fusco, 2007). Although parents often try to prevent their children from being exposed to IPV, studies suggest that approximately 85–90% of children living in homes where IPV occurs witness the violent incidents occurring in their home (Fusco & Fantuzzo, 2009; Graham-Bermann, Gruber, Howell, & Girz, 2009).

Such experiences entail a heightened risk of the child developing a wide range of emotional and psychosocial problems (Davies & Cummings 2006; Holt, Buckley, & Whelan, 2008; Kitzmann, Gaylord, Holt, & Kenny, 2003). Nevertheless, not all children who witness IPV experience negative consequences (Kitzmann, et al., 2003). Some – surprisingly many perhaps –seem to master their experiences without long-lasting harm to their mental development and do well in life despite their difficult childhood experiences (e.g. Howell, 2011; Kitzmann et al., 2003; Martinez-Torteya, Bogat & Von Eye, 2009). Many factors have been identified as contributing to resilience in children exposed to IPV. For instance, Gewirtz and Edleson (2007) pointed out individual factors pertaining to the child; family or interpersonal factors; and cultural, ethnic or community factors. In particular how parents act in relation to the child has been found to mediate the relationship between IPV and child functioning and health (Levendosky, Leahy, Bogat, Davidson, & Von Eye, 2006; Miller-Graff, Cater, Howell, & Graham-Bermann, 2015).The more stable adults who are present in the child's life to help them learn proper emotional responsiveness and expressiveness, the more likely it is that the

child will subsequently have higher social competence and cognitive abilities (Denham, 2006).

However, the risk of developing problems is also affected by the child's understanding of the violence. Understanding IPV is especially tough for children as it represents a conflict between the cultural prescription that violence is wrong and the behavior of someone they are close to and depend on (Cater, 2007; DeBoard-Lucas & Grych, 2011). Thus, children may perceive their father's violence against their mother in different ways (Cater, 2007). For instance, while some children may believe a violent incidenttook place because the perpetrator lost control or was angry, others may think the victim provoked the perpetrator, or believe the perpetrator was unhappy, mean or jealous (DeBoard-Lucas & Grych, 2011). Feeling responsible for the violent incident, blaming themselves, or feeling threatened all seem to increase the risk of children developing problems (Ablow, Measelle, Cowan & Cowan, 2009; Kim, Jackson, Conrad & Hunter, 2008; McDonald & Grych, 2006). Talking about the violence can change howchildren understand their parents' conflicts and violence and therefore is thought to be a way to help children with these adverse experiences to avoid a negative outcome.

*The significance of talking about the violence*

Talking to others about the violence and receiving support from them can ameliorate the negative effects of IPV exposure on children's long-term functioning. Empirical evidence indicates that children who have had a chance to talk about their experiences in a support setting have fewer behavioral problems, problematic attitudes, post-traumatic stress and perceived responsibility (Cohen, Mannarino, Murray & Igleman, 2006, 2011; Graham-Bermann, Kulkarni, & Kanukollu, 2011; Lieberman, Van Horn, & Ippen, 2005).

Although support settings may be particularly well suited for talking about upsetting experiences, children may talk to a variety of people, including friends and family members. Even though friends and family members are rarely trained and experienced in talking about IPV and how it affects children, their active listening, concern, or aid in problem-solving have been found to be connected to lower levels of depression in children (Howell, Cater, Miller-Graff, & Graham-Bermann, 2014). In addition, the findings obtained by Rutter and Rutter (1993) indicate that high-risk children who also experience relatively high levels of support have a lower rate of poor outcomes than high-risk children with low levels of family social support.

One of the most relevant and critical relationships for children is that with their primary caregivers (Miller et al., 2015). The crucial importance of the mother-child relationship in shaping children's experiences of IPV has been illustrated by Swanson, Bowyer, and Vetere (2014). However, women often perceivethat the IPV to which they are subjected hinders their development of adequate mothering skills (Izaguirre & Calvete, 2014; Peled & Gil, 2011). In addition, although mothers wish to talk to their children about IPV to offer explanations of such experiences, many have never discussed these topics with their children, sometimes as a way to protect them or because they do not know what to say (Insetta et al., 2015; Mullender et al., 2003). Furthermore, fathers perpetrating IPV also report having difficulty realizing their ideal image of fathering (Perel & Peled, 2008). Thus, it may be hard for both mothers and fathers to talk adequately with their children about the IPV that the child has witnessed.

Although family members and relatives often are the main providers of social support, is also common for children to tell their friends about their experiences of parents' IPV (Howell et al., 2014; Margolin, 1998). A study by Howell et al. (2014) found that talking was reportedly "quite cathartic for participants who shared their

experiences with a close friend or family member, with most individuals believing they were appropriately supported and received needed help". This applied even when talking with peers who are not likely to be capable of directly ending the violence. The researchers suggest that "it may be that openly talking about the experience of living with violence in the home and expressing thoughts and feelings about this hardship allow the individual to feel heard and less isolated, potentially leading to enhanced empowerment" (Howell et al., 2014, p 14).

However, not all children talk about their experiences of IPV, even if offered an opportunity to talk in a support setting (Cater, 2014; Howell et al., 2014; Graham-Bermann et al., 2011). A number of factors seem to contribute to whether children tell others about violent experiences, including the child's relationship to the perpetrator (e.g., a family member or peer), the extent of threat, and feelings of self-blame (Finkelhor, Ormrod, & Turner, 2007). Solberg (2007) found that the conditions for children to reveal their experiences of parents' IPV were having an opportunity to talk, a goal with talking, and an individual to tell. In addition, the reaction of others seems to influence the extent to which talking about the IPV is considered helpful or harmfulby the children (Ullman, 2011). In a study by Cater (2014), many children stressed that although it was tough to talk about the violence in counseling, afterwards they felt a sense of relief and that it had become easier to talk about it.

Taken together, this small body of research suggests that the extent to which children talk about their experiences of parents' IPV varies, as does the effect that talking can have, but there do seem to be potential benefits associated with telling someone – whether a professional, a family member or a friend. Furthermore, we can conclude that the interrelations between how children understand and describe the violence, with whom they talk about it, and their perceptions of having talked and how

the talkwas received, are vastly under-researched. In particular, as children's actual experiences differ from how parents assess their children's experiences (Graham-Bermann & Seng, 2005), children's own descriptions of these relationships can offer new insights into the significance of talking about IPV experiences. This study will address this in a clinical sample.

*The current study*

To better understand the importance of talking about experiences of parents' IPV for children, this study qualitatively explored the relationship between how the child perceived IPV and experienced talking about it. We therefore sought to understand and learn from the perspectives of child witnesses to IPV. Specifically, this study was guided by the following research questions: (1) What is the significance of the relationship between how IPV was experienced and how talking about it was described? (2) What is the significance of the relationship between how talking about IPV was described and the person with whom the child had talked?

## Method

This study is based on data from the evaluation of the study Swedish Interventions for Children who have Witnessed Violence Against their Mother (SICVAM), commissioned by the Swedish National Board of Health and Welfare. The evaluation aimed to investigate the effects of different treatment programs for child witnesses of IPV (Broberg et al., 2011). Children were recruited from eight units offering interventions for children exposed to IPV within the health or social services or associated NGOs, and nine regular units in the health or welfare services offering

treatment as usual. In the latter units, screening for IPV was done with the partner violence screening questionnaire (PVS) (Feldhaus et al., 1997).

Criteria for including a child attending a participating unit during the time of inclusion (August 2008 to April 2010) in SICVAM were (a) that the mother had experienced violence from an intimate partner, (b) the child was aged 3–13 years at inclusion, and (c) the mother was able to answer research questions in Swedish. In all, 219 mothers with 315 children (47% girls) were included in SICVAM. The project was approved by the Gothenburg Regional Ethical Review Board, and informed consent was obtained from all participating mothers.

The methodology used in the current study is based on interviews led by 5 interviewers, of which one of the authors of this article was one, with the 31 children who participated in the follow-up one year after coming to the unit and taking part in the study. The children were recruited through their mothers, who were first asked by professionals working at the evaluated agencies if they wished to participate in the evaluation study. If they agreed, the child then received written and verbal information explaining that the interview's purpose was to inform researchers about (1) the problems children can suffer from if they have experienced violence against their mothers; (2) whether the support children receive from different agencies helps; and (3) what mothers and children think about the support they receive. The entire interview, including both questionnaires and open-ended questions, lasted from 30 minutes to two hours. The part dealing with the topic in focus here included five multi-unit questions and lasted around 20 minutes.

*Interviews*

Children were interviewed using a semi-structured format, based on an interview-guide that included six main compulsory questions: (1) Has anyone talked to you about the violence? (2) Has anyone explained to you why the violence happened? (3) Do you think your father regrets what he has done? (4) What do you think about the violence you have seen? (5) Have you talked to anyone about the violence? (6) If you have, how did it feel to talk about the violence?

Each of these questions was followed up with questions about the person who had behaved violently and what the child thought about it. The formulation and order of the follow-up questions, and whether they were asked at all, depended on the children's previous answers.

*Process of Analysis*

Interviews were audio-recorded, transcribed, and subjected to thematic content analysis (Patton, 2002). In this study, thematic content analysis was used to describe and analyze consistent and repetitive themes in the interview material. The first step of the analysis was to read through the entire interview material several times to identify key categories that captured: (1) main similarities and differences in the children's descriptions of the experience of talking about the IPV; (2) main similarities and differences in the children's descriptions of the IPV they had witnessed; and (3) the person's with which they had talked about their IPV experiences. To reduce selective perception and interpretive bias (Patton, 2002), the researchers independently read all interviews to suggest thematic categories. These were then discussed and decided upon. The second step was to use these categories to code the entire interview material. Once both researchers were satisfied with the thematic coding framework, one of us coded

each transcript, and noted each instance of difficult or uncertain codings and also possible new categories that emerged from the data. These codings were discussed and jointly decided and new codes were either created or collapsed into existing categories. The third step of analysis was to identify patterns among these categories.

## Results

The analysis of the interview material as a whole led to the identification of two main groups of children: those who described the violence in terms of explicitly negative perceptions, including interpreting and understanding the violent episodes as damaging and harmful, and those who attempted not to think about the violence that occurred in their homes. According to our analysis of what the children said in the interviews, the connection between the violence itself and talking about it was not one-dimensional. Most children, both those who described IPV as horrifying and those who reported not thinking much about it, described the experience of talking about IPV with support staff, friends or mothers as having been positive. However, while for the first group of children talking about their horrifying experiences of violence really made a difference in their lives, for the second group talking about the violence did not. Furthermore, talking to the fathers that had perpetrated the violence was instead described as distressing.

A description of each theme and excerpts from the interviews are presented below. The categories distinguished in the interviews are not mutually exclusive, and any given child may have depicted several of these themes. In order to preserve their anonymity, the respondents' names, ages and gender have been omitted.

**Describing experiences of violence as horrifying**

Most children in this study believed that the violence perpetrated against their mother was horrible, bad or even hard to believe (n=18). In some cases, children's narrations were characterized by how painful the violent fights were because, in some cases, they too were beaten. As is illustrated by the response of one of the children:

> "I think it is not good that people fight…I would not like to fight or be beaten. It hurts a lot. Because I've been beaten."

Children described being afraid of their father every time violent incidents took place. For a few, the fear they described involved thinking about what their father might do to their mother or even to them. More specifically, several narratives depict these situations as especially difficult to handle because the children felt like they were in the middle of the fight. In order to dampen such frightening feelings, children reported that they usually ran into their bedrooms and started playing.

> "It was very nasty and it wasn't a bit fun…I don't like it when he gets angry because he throws things and he screams and says that mom should leave the apartment…My siblings and I get sad or start crying because it's no fun to hear those things, so we usually run into our room and start playing in order not to hear it and not to be included in the argument."

Nevertheless, even if the children commonly reported having been scared during the violent incidents, in some cases they emphasized that they were no longer afraid.

> "I used to be afraid of him, because you didn't know what he was capable of doing, but I'm not afraid anymore. Now he can't do anything. I feel much safer now."

The above quote exemplifies how this child felt safer when the mother obtained sole custody of the child.

**Talking about the violence made a real difference.** All the children in the study who described the violent circumstances at home as terrible had talked to someone about it. Of these 18 children, ten explained that talking about the violent incidents made them feel better. Children described two aspects as important when talking about their violent experiences (1) having the opportunity to talk to someone, and (2) feeling that their stories have been understood.

*Having the opportunity to talk to someone.* Although the children talked to diverse people (professionals, friends, mothers or fathers), the interviews in this study reveal a strong tendency among the children to open up to the group of professionals with whom they were in contact when the interviews were carried out (n=6). Positive aspects of talking were related to having talked to either a professional or a friend who played an important role in getting the children to express themselves regarding the violence they had witnessed. One child says:

"It was nice to be able to talk in the support group."

Out of these ten children who described talking as positive, two specified that when they felt bad about the violent circumstances they tended to talk with friends rather than the professionals or their parents. The following comment shows one child's perspective:

"I've told my buddies, sort of…because I felt bad about it."

In a few cases (n=2), children did not speak to professionals or to friends. Mothers or fathers were these children's resources when they needed to open up and

talk about the violence. More specifically, one child said that he/she could talk with the mother every time a violent incident occurred as she would answer to all the questions. The child clarified it this way:

> "We [the mother and the child] talked if something was happening right then. I asked why he was coming to shoot her. She answered all my questions."

Some children in this study described why they believe their father had behaved aggressively or violently. More specifically, the children's narratives were filled with doubts and feelings of uncertainty related to their father's aggressive behavior. One child expressed it this way:

> "I think it's horrible that any child should experience that…and I'm just…why should I be one of them? Why me and my family?"

Thus, some children appreciated having someone to talk to because they found it difficult to understand why such tremendously violent events could happen in their families.

*Feeling that their stories have been understood.* Reluctance to share their experiences of violence in their homes was associated with children's considerations concerning the listeners' attitudes. In the current study, children explained that sharing their stories with other children who had gone through similar experiences made them feel good, as these children could understand them. Likewise, the feeling of been truly heard by these children made it easier for them to express themselves. Here are two examples that illustrate this:

> "It was good because I knew that there were children who had the same problem as me. It felt good that the other children listened."

> "She understands everything because she's also been through it. I've told her everything my father has done. It felt a lot easier to talk with her because she understands."

Both excerpts show that children felt comfortable talking about their violent experiences with children in their support group or with friends.

**Distressing to talk about horrifying memories.** Although 18 children described the violent episodes as distressing, in one case was talking about the violence described and emphasized as having been a sad experience. This child described it this way:

> "It wasn't exactly fun, talking about it. You felt like … like you wished it never happened…"

Some of the 18 children saw talking about the violence as a mixture of positive and negative sensations (n=2). On one hand, the children felt good about having the chance to tell their stories, but on the other hand, they describe the act of telling as causing sadness. Here is what one of the children said about this:

> "Talking about the violence felt both good and bad, I guess. It felt good being able to tell someone about it, but it felt bad thinking about it."

Another child in this group expressed not wanting to talk about it. Going back to that violent time and remembering it was hard for the child, as this brought up unhappy feelings in him. Further, he expressed that the difficulty of describing and naming the experiences in order to properly express what he had lived through made him feel nervous, thus making it even more of a struggle.

> "I didn't want to talk about it because, to me, when you bring it up, and stuff like that, I almost want to cry. I thought it was really hard to talk about it, and it was hard to find the right words to describe it properly. I was very nervous and I thought it was difficult to talk about it."

Finally, in one case was talking about the violence described as a sad and distressing experience.

> "It wasn't exactly fun, talking about it. You felt like … like you wished it never happened…"

Among those children who described having talked to their fathers about the violence he had committed, contradictory perspectives could be discerned regarding the responsibility for the violence. More specifically, children emphasized their fathers' tendency to blame others as a way to excuse their violent behavior. As an example, one child appeared to feel uncomfortable when describing how her father would not take responsibility for his actions, instead blaming the child's grandfather for beating him (the child's father) when he was a child. This prevented the child from experiencing any benefit from talking about the violent experiences.

> "I guess I wonder why he did it. He blamed his own dad for beating him, and that kind of stuff…but that doesn't excuse it either…he has to take some responsibility for what he's done. He shouldn't act in such a way that his children also have horrible childhoods."

In some children's narratives (n=4), it was not entirely clear whether talking about their perceptions of the violence in their home was positive or distressing or both for them.

The excerpts presented above exemplify how most children felt that talking about their painful experiences was mainly positive, as it really made a difference in their lives and helped them feel better, but a few children seemed to find it more distressing to recall things that they wish had never happened. Professionals, friends or parents were the children's main sources of support, but talking to the father that had perpetrated IPV seemed to be distressing for them.

**Describing the violence as not anacute problem**

Although most children in the study described the violence as damaging and harmful, a significant number, namely thirteen out of 31, preferred not to think about the violent incidents. These children expressed that they tried to forget about the violence, and even if they sometimes admitted having certain memories, such memories were hard to reach or to recall. These children's answers were sometimes vague, as talking about the violence they had experienced was not seen as an option by them, and their narratives were often brief and lacking in details.

> "I try not to think too much about the period when they fought. I've repressed quite a lot. I only remember certain things. I don't want to remember that my parents were not the happiest parents."

Thus, this child clarified that despite trying to repress the violence perpetrated against his mother, he still could recall some memories.

**Talking about the violence felt good.** Although many children in the study did not want to remember the violent period of time in their homes, some of them (n=7) thought it was good to have the opportunity to talk about it.

*Feeling that their stories have been understood*. Like the children who described the violence as primarily very negative, these children stressed that being understood by others and speaking to someone who treated the issue seriously were vital factors that helped them feel comfortable when talking about the violence. One child responded in the following way:

> "I thought it was good to be able talk to someone who understood that I was really sad. Someone who took it seriously…it felt pretty good."

Apart from clarifying that her friends were her principal source of support, this child also mentioned her parents as a support she could rely on occasionally.

"I just kind of talked with my friend… and occasionally with my mom and dad."

Equally, children also stressed that professional support was a positive way of opening them up to talking about the violence (n=4).

"I have always talked to counselors and staff there in the support group."

Thus, similar to the first group of children, this group of children also mentioned friends, parents and professionals as main providers of support.

**Talking about violence seen as unnecessary.** Of the thirteen children who did not want to think about the violence, five did not want to talk about the violent incidents. For the child quoted below, trying to think about something else was another technique for handling painful memories.

> "I don't think about it so often. I don't think you should go on thinking about it; there are other things to think about."

More specifically, he felt that the violent episodes should be left behind and he should carry on by thinking aboutother things.

In addition, one child described the experience of talking about the violence as being unpleasant or even sad.

"I don't actually think I need to talk with them about it that much."

In this case, the child revealed that talking about the violence with different people on different occasions made her feel miserable.

Thus, although the children who did not think of the IPV they witnessed as an acute problem also generally thought talking about it was positive, they did not think talking about it would or had made a huge difference in their lives. Taken together, the results of our analysis regarding children's attempts to forget the violence they had experienced suggest that when children describe not thinking about the violence much, they might not perceive much need to talk about it.

## Discussion

The main goal of the present study was to better understand the association between children's perspectives on the violent incidents they have witnessed in the home and their experiences of talking about these violent episodes. By examining the narratives of the children, this research provides a glimpse into the children's perspectives on witnessing IPV in the home. The main findings of the study are as follows:

### Children's Perceptions of the Violence

The children taking part in the study were asked about their opinion on the violent incidents they had witnessed in their home. Among those children who described the violent incidents as bad or horrible, there was consensus. The results show

that, in some cases, such negative perceptions were rooted in the difficulties and uncertainties the children experienced when trying to understand the cause or origin of the IPV incident. Moreover, children's attempts to comprehend their fathers' aggressive behavior seemed to lead to feelings of ambivalence. These results are consistent with the findings from other studies (e.g., Ablow et al., 2009; Kim et al., 2008; McDonald & Grych, 2006; Skopp, Manke, McDonald, & Jouriles, 2005) showing that how children understand and feel about IPV influences their risk of developing negative outcomes. Research thus indicates that children's perceptions and beliefs about IPV are important for shaping the impact of family interactions (DeBoard-Lucas & Grych, 2011).

**Children's Perceptions of Talking about the Violence**

Children try to cope with the violence happening in their homes in different ways. For the two main groups of children identified in the current study, talking about the violence seemed to play somewhat different roles. While some children wanted to talk about and discuss their experiences of violence in order to understand them, others preferred to avoid talking about the violence, and claimed not to have any memories of the violent situations. Findings indicate that some of the children who talked about their experiences had difficulty describing and naming the violent occurrences, which made talking about them even more stressful for the children. This is in line with findings obtained in prior studies (e.g., Georgsson, Almqvist, & Broberg, 2011) and can be understood as a result of the silence that characterizes family violence (Mullender et al., 2003; Peled, 1998). According to the stories obtained, not all of the children in the current study were capable of describing the episodes, as several participants preferred to forget about these situations and not to think about them in order to avoid feelings of sadness. More specifically, not thinking about the past seemed like a way to control

intrusive memories. Several reasons could explain this attitude: the child may have been too young to remember the violent situation; the child may not have been present when the violence happened; or perhaps the violent incidents were sporadic. These children might therefore be able to cope with these adverse situations and continuing with a normal life. Similar results were found in a study by Georgsson et al. (2011), who reported that trying not to remember or think about the violence was a common approach among the children interviewed in their study. These results are especially relevant in light of research showing that children are sometimes hesitant to talk about their experiences because they have been explicitly or implicitly silenced, they think they should protect their mothers, or they simply do not want to speak (Mullender, 2006). It is important to take into consideration that, in some cases, the reason why children report not wanting to talk about the violence they experienced might just be that they do not see any need to talk about it and feel fine with it.

**Main Sources of Support for Children**

Children trying to cope with violence may express their emotions to diverse sources of support such as professionals, friends or other peers, and/or parents. In fact, the response of those in a helping capacity will influence the children's willingness to talk about the violent incidents. In the current study, professionals from different areas played an important role for children when talking about IPV. According to Lepore, Fernandez-Berrocal, Ragan, and Ramos (2004), by talking about the violent events with professionals, children come to understand that their experiences can be managed, and that professionals can help them cope with their difficult family circumstances and thereby reduce the terrifying aspects of those traumatic experiences. While the majority of the children in our study described talking to counselors or different professionals in

the support group or at school, several children mentioned having talked with their fathers about the violent incidents. Children taking part in the study reported that some of their fathers' behaviors and attitudes when talking about the violence had made the situation worse and hurt the children's feelings by generating feelings of disappointment and distressin the children. For example, children highlighted that their fathers would blame others to justify their violent behavior. This finding is consistent with the results obtained in a study carried out by Hydén and McCarthy (1994), namely that when the perpetrators of the violence talked about it, they generally tended to deny it or even diminish it. Therefore, talking with their fathers about the violent incidents may impede positive benefits for children.

On the other hand, a few of the children in the present study mentioned having talked about the violence with their mothers. This finding is in accordance with diverse studies that found that maternal support was most strongly related to children's adjustment (Barrera, Chassin, & Rogosh, 1993; Katz & Gottman, 1997; Riesen & Porath, 2004). Nevertheless, in some cases, due to the severity of the violent situations they face, it might be difficult for women to devote time to their children (Izaguirre & Calvete, 2014; Lapierre, 2010; Peled & Gil, 2011) and they might even avoid talking about the IPV their children have witnessed in order to protect them.

Some of the children in the study reported that friends served as a significant support when talking about their experiences with IPV. More specifically, expressing themselves and sharing their personal stories with a group of children with similar experiences made them feel comfortable, as they came to understand that they were not alone and that they were not the only ones experiencing IPV. Nevertheless, literature has suggested that children's exposure to IPV may negatively influence their peer support (Owen et al., 2008), as in some cases children spend less time with their friends,

are less likely to have a best friend, and have lower quality friendships than children from non-violent families (Jouriles et al., 1998; McCloskey & Stuewig, 2001). Likewise, children may also be afraid or not allowed to bring friends home, or may even attend school irregularly, thereby making it difficult for children to have high quality friendships (Moore et al., 1990).

**Implications for Research and Practice**

The present study has important implications for future research, as well as for practice. This study shows that talking about IPV experiences sometimes leads to feelings of relief in children. Professionals play an important role by providing an appropriate setting to help children reduce their distressing feelings. Just because some children may say they feel fine in regard to the violent incidents they have witnessed, professionals should not simply leave children alone if they are reluctant to talk (Cater, 2014). If the child is traumatized in a diagnosable way, then intervention might be especially needed (Geffner, Igelman, & Zellner, 2003). Thus, it is crucial to investigate whether the child is traumatized or not. However, this is not always done in social work practice in Sweden (Broberg et al., 2011). On the other hand, children who are not traumatized might cope well enough on their own, and for them intervention may in the worst case be more stigmatizing than beneficial. Therefore, balancing the child's need to talk about the violence against the value of respecting the child's personal motivation and preferences is an especially delicate task for adult practitioners to achieve the most beneficial outcome in interventions with this particular group.

## Limitations of the Study

The findings obtained in the current study should be viewed in relation to the strengths and limitations of the research. The first limitation concerns the study relying on only one type of information gathered at one single point in time. A second important limitation concerns the generalization of the sample, which only included children who were attending a support intervention, and thus does not represent the broader population of children who witness IPV. The third limitation of the study involves the ages of the participants. In particular, younger participants may have greater difficulty expressing their experiences of exposure to IPV.

## Conclusions and Future Lines of Research

To sum up, the results obtained in the current research show that for most children in the study, both those who describe IPV as a horrifying experience and those who described it as not being an acute problem, talking about their IPV experiences was perceived as mainly positive. However, while talking made a real difference to the wellbeing of the first group of children, it did not really do so in the lives of the second group of children. Results show that professionals, friends or parents are common sources of support for children. Nevertheless, talking to the perpetrators of the violence about their actions seemed to increase feelings of distress in the children, thereby possibly impeding the children's recovery process.

Although the study relied on children as the main and sole reporters of information, it would be desirable for future studies to complement the children' viewpoint regarding exposure to IPV with reports from the parents and professionals. Furthermore, in order to obtain a more representative sample of children who have witnessed IPV in their homes, future research should also include children who have not attended support interventions.

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**Appendix I.** Guideline of the interview

1. Has anyone talked to you about the violence?

2. Has anyone explained to you why the violence happened?

3. Do you think your father regrets what he has done?

4. What do you think about the violence you have seen?

5. Have you talked to anyone about the violence?

6. If you have, how did it feel to talk about the violence?

# Section VI: Discussion and general conclusions

# 1. Discussion.

The five empirical studies presented in the current research highlight the negative outcomes that children's victimization of IPV may cause on their emotional and behavioral well-being. The discussion presented below provides a general summary of the results obtained in each study.

## 1.1 Children and empowerment of intimate partner violence victims.

It is well known that children can act as a barrier and a motivator when mothers make the decision to leave or to stay in the violent relationship. The main aims of the paper *Hijos/as y Empoderamiento de las Mujeres Víctimas de Violencia de Género* were to identify whether the presence of children influenced the mothers' decision to leave or stay in the violent relationship and to determine which sources of support women found most useful and helpful when they abandoned the violent relationship.

Results indicate that the majority of the women taking part in the research explained that their children were their main reason for abandoning the violent relationship. Consistent with diverse studies (Kelly, 2009; Rhodes et al., 2010), the women in this study stated that the possibility of their children also being abused, the children's unhappiness about the violent home environment and also the likelihood of their children reproducing their fathers' violent behaviors were factors they considered when deciding to abandon the violent relationship. However, the mothers' wish to keep the family together and not take the children away from their father were also important factors that influenced the women's decision to stay in the abusive relationship.

Concerning the women's main sources of support when abandoning the violent relationship, the findings in this study are consistent with diverse qualitative studies that

found that the women's families, friends and sundry professionals played a key role in aiding the women (Randell et al., 2012; YuenLoke, Meilan, & Hayter, 2012).

### 1.2 Mothering through intimate partner violence.

The article *Intimate Partner Violence during Pregnancy: Women's Narratives about their Mothering Experiences* attempts to lend some insight into the women's experiences of IPV during pregnancy, delivery and mothering. This study shows that psychological abuse was the most frequent type of abuse women experienced during pregnancy yet many women were also subjected to physical abuse. Additionally, sexual abuse was experienced by some of the victims, endangering the fetus as well as the mother. The results obtained identified the postnatal period as a time of particular risk, as psychological abuse continued and physical abuse increased and intensified once the baby was born. In an attempt to explain this link, studies have focused on Bowlby's attachment theory (1977), which explains that the batterer may perceive that the bond with his partner is threatened by the arrival of the new member of the family. This is consistent with diverse studies that suggest that batterers often present negative attachment styles (Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2000) and may also experience intense jealousy, anger and possessiveness (Amor, Echeburua, & Loinaz, 2009). Regarding the difficulties experienced at delivery, some of the mothers reported preterm births and low birth weights, placental abruption, cesarean delivery and pregnancy trauma. Such findings are similar to the results obtained in the qualitative study carried out by Coggins and Bullock (2003). Even though only a few women reported pregnancy trauma at delivery, the psychological abuse women experienced during pregnancy may also lead to poor maternal health and increased psychological distress (Beydoun, Al-Sahab, Beydoun, & Tamin, 2010; Ludermir et al.,

2010), which may also be linked to diverse negative outcomes for the children, such as maladaptive fetal growth and development, poor cognitive development and behavior during childhood and adolescence, and negative nutritional and health effects. Mothering skills were negatively influenced by IPV, which is consistent with other studies on women's experiences of mothering (Haight et al., 2007). However, some women in the study also expressed that their mothering skills were not affected or were positively impacted. In this regard, different studies found that women that were not severely impacted by IPV spoke positively about their mothering skills, describing themselves as good and competent mothers (Lapierre, 2010; Peled & Gil, 2011; Seeman et al., 2013).

### 1.3. Mothers perspectives about children's exposure to intimate partner violence.

The main aim of the manuscript *Children who are exposed to intimate partner violence: Interviewing mothers to understand its impact on children* was to examine the impact of IPV on the children of women victims of violence. This qualitative research posits that, while the mothers tried using different strategies to protect their children, the children were still both victims and witnesses of the violence perpetrated towards their mothers. Consistent with diverse studies, this research shows that children always respond in some way to the violent events in their homes: while some current studies report that children seemed to be able to disconnect from the violence as a means of self-preservation, others responded to the abusive incidents by watching them or even interfering in them (Mbilinyi et al., 2007; Peled, 1998). In fact the majority of the mothers described their children as experiencing negative issues as a result of their exposure to IPV. This finding is very similar to the data obtained by Haight et al. (2007)

and Stanley et al. (2012), who concluded that IPV negatively affects children's psychological wellbeing and their academic development. Additionally, mothers also reported aggressive behavior in their children. More specifically, the children's reproduction of aggressive patterns towards their mothers was a noteworthy result as this indicates that mothers can also be victimized by their own children. Nevertheless, consistent with a substantial body of research, findings show that not all children who were exposed to IPV developed behavioral problems (Kuhlman, Howell, & Graham-Bermann, 2012) as children were sometimes capable of resilient responses (Martínez-Torteya, Bogat, Von Eye, & Levendosky, 2009). When the mothers explained the violent events to the children, this seemed to increase their resilience to the experience.

### 1.4 Exposure to family violence and reproduction of aggressive behavior.

The main aim of the manuscript *Exposure to family violence as a predictor of dating violence and child-to-parent aggression in adolescents* was to examine the predictive role of two types of exposure to family violence (witnessing IPV against the mothers and direct victimization by parents) in two types of violent behaviors in adolescents: violence towards parents and adolescent dating partners. Results indicate that there is reciprocity in child-to-parent aggression and that children's aggressive reactions to their parents could represent responses to previous aggressions by the parents. Furthermore, findings also suggest that adolescent dating violence predicted an increase in child-to-mother aggression, suggesting that several sources of victimization may also contribute to child-to-parent aggression. Adolescent dating violence victimization also predicted an increase in dating perpetration over time, which is consistent with studies that show the high reciprocity that characterizes adolescent dating violence (Stith, Smith, Penn, Ward, & Tritt, 2004).

Consistent with the results obtained in previous studies regarding gender differences in the transmission of violence (Maas, Flemings, Herrenkohl, & Catalano, 2010; Vézina et al., 2015), one of the more remarkable findings indicates that witnessing IPV against the mother was not associated with adolescent dating violence victimization in boys, whereas in girls, both witnessing and being the direct victim of abuse by the father were predictors of an increase in adolescent dating violence victimization. Furthermore, witnessing IPV against the mother also increased the risk of perpetrating dating violence in girls. This result is consistent with diverse studies on gender-specific roles in adolescent relationships that associate witnessing IPV towards the mother with girls perpetrating violence towards their partners (Fang & Corso, 2007). However, research has showed mixed findings on the subject as some studies state that exposure to IPV is significant in both genders (Foshee, Bauman, & Linder, 1999) whereas others have failed to identify any link (Lavoie et al., 2002).

Also consistent with the study carried out by Fox, Corr, Gadd, and Butler (2014), girls in the current study scored higher in witnessing IPV towards their mothers whilst boys reported more direct physical victimization by both the mother and the father. The relationship between direct physical victimization and harsh parenting practices involving physical punishment against the sons might account for this last result. (Patterson, 1982).

Similar to other previous studies on adolescent dating violence, girls presented higher rates of psychological perpetration and psychological and sexual victimization (Dardis, Edwards, Kellery, & Gidycz, 2013; Fox et al., 2014) while boys presented higher rates of sexual perpetration and physical victimization (Lundgreen & Amin, 2015). Finally, it is worth pointing out that both males and females in the current study appeared to be perpetrators of psychological and physical violence towards their

parents. In fact, girls actually scored higher on child-to-mother violence, which is consistent with the findings obtained in the study carried out by Calvete, Gamez-Guadix et al. (2013).

### 1.5 Talking about the violence as a supportive method for children.

The main aim of the manuscript *Child Witnesses to Intimate Partner Violence (IPV): Their descriptions of talking about the violence* was to offer a better insight into the association between children's perceptions of the violent incidents they witnessed in their homes and their experiences of talking about them. Results show that children's difficulties when trying to understand the cause or the origin of the IPV incidents at home lead feelings of ambiguity and uncertainty. This is consistent with findings from different studies that suggest that how children understand and feel about IPV places them at risk of developing negative consequences (Ablow et al., 2009; Kim et al., 2008).

Talking about the violent situations seemed to play different roles for the children taking part in this study. While some children wanted to talk and discuss their experiences, others wanted to avoid talking about the violence and claimed to have no recollection of the violent situations in order to avoid feelings of sadness. The study carried out by Georgsson et al. (2011) presented similar findings as these authors described that trying not to remember or think about the violence was a common approach among the children interviewed in their study.

Children may express their emotions to diverse sources of support such as professionals, parents or friends. In fact, professionals of different spheres seemed to play an important role for the children taking part in the current study. However, several children mentioned having talked with their fathers about the violence perpetrated.

Interestingly, these children narrated that their fathers' answers and attitudes when talking about the violence had hurt their feelings and made them feel worse as fathers would blame their violent behavior on others and would not take responsibility for the damage done. This finding is consistent with the results obtained in Hydén and McCarthy's study (1994), who reported that when the perpetrators of the violence talked about the violence, they generally tended to deny it or even diminish it. Elsewhere, and in keeping with different studies, some children also mentioned having talked about the violence with their mothers (Riesen & Porath, 2004). However, because of the violence mothers experience, they may find it difficult to dedicate time to their children and might even avoid talking about the IPV children have witnessed in order to protect them (Lapierre, 2010; Peled & Gil, 2011). Friends were also deemed an important source of support to children when talking about their violent experiences. More specifically, children in the present study expressed that they found comfort from sharing their personal stories with a group of children that had experienced similar situations as they came to understand that they were not the only ones experiencing IPV.

## 2. General Conclusions.

Intimate partner violence is a pervasive social and public problem that affects millions of women worldwide regardless of their ethnic origin, economic status, education, religion or profession. This phenomenon includes physical, psychological, and sexual abuse and it causes serious sequelae in the affected women. Despite its detrimental outcomes on the wellbeing of its victims, many women remain in the abusive relationships due to a variety of reasons such as limited economic resources or fear.

Pregnancy is not immune to IPV. Research in the last few decades has shown that pregnant women are not protected from IPV. In fact, pregnancy can be a critical period for the women who experience IPV as the violent episodes may be more frequent and severe during pregnancy generating devastating health consequences for both the mother and the unborn. Precisely, concerns have been raised regarding women's mothering under circumstances of IPV as the overwhelming effects of IPV on the mental health of the women may affect their parenting and also their quality of maternal care.

Women are not the sole victims of this phenomenon as their children can also become victims. Although mothers often do their best to protect their children from being victimized by IPV, children can also directly suffer from aggression and practically all of them are witnesses to the violence perpetrated towards their mothers. This research supports the large body of scientific literature showing the diverse negative outcomes of IPV on the children. More specifically, children's direct and indirect victimization often causes negative outcomes on their wellbeing affecting their psychological, social, and academic welfare.

Among the problems caused by being a victim of IPV, the learning of aggressive behavior is particularly relevant as it may place the children on a lifelong trajectory of violence in which they reproduce the maladaptive patterns of relationships they learned during childhood in two types of close relationships: dating relationships and child-to-parent relationships. In this sense, childhood exposure to IPV has been related to an increased risk of becoming involved in violent intimate relationships and in child-to-parent aggression, particularly in adolescence.

However, not all children who witness IPV experience negative consequences as some of them seem to be able to overcome their experiences without any long-lasting harm to their mental health, and go on to do well in life despite their difficult childhood. Though individual factors pertaining to the child; family or interpersonal factors; and cultural, ethnic or community factors have been found to contribute to children's resilient responses, children's understanding of IPV, talking about their IPV experiences to others and receiving support from them are also thought to be effective ways of aliviating children's distress and bringing them feelings of relief.

The current doctoral dissertation, based on a mixed methodology combining qualitative and quantitative approaches, contributes to a better understanding of the impact of IPV on children. The results obtained in the different empirical studies highlight the importance of early intervention in order to prevent children from developing certain behavioral and emotional outcomes and tranmitting intergenerational violence.

## 3. Practical Implications.

The different studies comprising this doctoral thesis have important practical implications for prevention and intervention with children who have been victimized by IPV in their homes. As reflected in the diverse studies, research on children who suffer IPV at home is scarce in Spain. Therefore, this dissertation aims to cover the gap in the literature on the impact of IPV on children. The following practical implications are highlighted:

- Accessing women's and children's voices. Women and children, as those principally affected by IPV, should be heard, listened to and given the chance to participate. Nonetheless, in many cases, professionals and/or organizations tend to overprotect them, for instance, by failing to involve them in research. Children have the right to talk about their experiences of violence and we, as professionals, are responsible for including their voices in the provision of spaces and special services were they can feel safe and protected from IPV. Only by listening to their stories can we discover which interventions are called for.

- Specialized services for children. The importance of providing specialized services to assist children who have been victimized by IPV must be highlighted. Even though there has been a rise in awareness concerning the impact of IPV on the children, interventions do not go hand in hand with such growth. It is essential that services and professionals provide help and support to children victimized by IPV in order to develop appropriate responses whenever conflict occurs so as to prevent the reproduction of aggressive behavior. Furthermore, taking into consideration that children victimized by IPV may

become victims or perpetrators of the violence in their adolescent dating relationships, violence prevention programs should focus on all forms of violence, as different types of violence may co-occur in adolescent dating relations. Moreover, intervention programs should also help adolescents to communicate their feelings effectively, to regulate their emotions and solve problems so they can manage conflict in their romantic relationships and avoid violent behavior. Likewise, attempts to reduce dating violence should focus on both females and males as victimization and perpetration prevalence rates are similar in both genders.

- Parenting practices. Intervention should focus on parent training programs so parents can develop more positive parenting styles. Furthermore, mother-child communication, although sometimes difficult due to the adverse circumstances the mothers might be going through, may be necessary to protect the relationship.

- Professionals' Training. Professionals and volunteers coming into contact with IPV should be trained in the area and receive on-going training to ensure proper understanding of IPV and its consequences. Training should be mandatory and gender-based and human rights oriented.

- Health Sector. Professionals in the health sector are often those who come in contact first with the victims. Therefore they should be well-trained to handle the situation. Also, health professionals working with pregnant women should be vigilant about detecting IPV and helping victims learn to protect themselves and their children.

- Education and prevention. Schools are central in the education and prevention of IPV. Ideally, teachers should be instructed in how to detect cases and how to react as they play an important role providing support to children who are victimized by the violence. A special emphasis should be put on their duty to look out for IPV and to report it. Often, teachers' lack of training and awareness impacts the children negatively, not allowing them to communicate and express the violent situations they are living at home and exacerbating the child's mental health and behavior problems. Furthermore, steps should be taken in order to educate children's perceptions of violence by teaching them about appropriate intimacy and positive relationships.

- Information. Although there have been visible improvements in society regarding this phenomenon, it is essential to continue to raise awareness of IPV in order to address it appropriately.

Combating IPV is a priority, not only for Spanish society, but also for countries all over the world. Societies have succeeded, not only in changing the public discourse regarding IPV, but also in making people aware of this phenomenon. There have been lots of initiatives, small changes in law or increases in specialized forms of training professionals. However, the reality does match the rhetoric as IPV statistics are not falling. Despite the introduction of a range of policies and measures, IPV remains a serious issue and women and children continue to suffer considerable violence. Although all progress and advances should be celebrated, they are insufficient. Something else must be done soon in order to win the fight against IPV.

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# Section VIII: Appendix

# 1. Appendix I

Queremos pedir tu colaboración en este estudio sobre la percepción de la violencia de género. Tu participación es voluntaria. Puedes sentirte seguro a la hora de contestar porque toda la información que nos des es **confidencial** y para el uso exclusivo de este estudio.

Es muy importante que contestes con sinceridad. Si hay alguna pregunta que prefieras dejar en blanco puedes hacerlo, pero no olvides que tus respuestas son muy valiosas para ayudarnos a conocer mejor las repercusiones de la violencia en los/as chicos y chicas de tu edad. Por favor, lee cada frase y decide el grado de exactitud con que te describe. Cuando no estés seguro, basa tu respuesta en lo que ***realmente sientes, no en lo que pienses que es más correcto.***

Dentro de aproximadamente 6 meses volveremos a pedirte que completes más preguntas. No dudes en preguntar a las investigadoras cualquier duda que se te ocurra.

Por favor indica los siguientes datos:

**Inicial del nombre de la madre: _____ Inicial del nombre del padre: _____**

Fecha de nacimiento: Día: ____ Mes: _____ Año: _____

Profesión padre/Nivel de Estudios: _____

Profesión madre/Nivel de Estudios: _____

Estado civil de los padres (por ejemplo, casados, separados, etc.): _____

Personas con las que vives (por ejemplo, con mi madre y hermana, etc.):

_____

¿Tienes hermanos o hermanas?: _____ En caso afirmativo, indica cuántos:

¿Son mayores que tú?

País de procedencia: _____

Las siguientes preguntas se refieren a cosas que han podido pasar en tu casa. Redondea el número que elijas en cada casilla.

| **0** | **1** | **2** | **3** | **4** |
|---|---|---|---|---|
| **Nunca** | **Una vez** | **Algunas veces** | **Muchas veces** | **Todos los días** |

| | |
|---|---|
| 1. ¿Cuántas veces has visto como tu madre era amenazada con ser pegada por su pareja? | 0 1 2 3 4 |
| 2. ¿Cuántas veces has visto como tu madre era agredida físicamente por su pareja? | 0 1 2 3 4 |
| 3. ¿Cuántas veces has visto como tu madre era insultada o humillada por su pareja? | 0 1 2 3 4 |
| 5. ¿Cuántas veces has visto como tu madre era molestada sexualmente? | 0 1 2 3 4 |
| 6. ¿Cuántas veces has visto como a tu madre se le controlaba lo que podía o no hacer por parte de su pareja? | 0 1 2 3 4 |
| 9. ¿Cuántas veces has visto como a tu madre se le controlaba su gasto económico por parte de su pareja? | 0 1 2 3 4 |
| 10. ¿Cuántas veces has visto como a tu madre se le decían cosas hirientes intencionadamente por parte de su pareja? | 0 1 2 3 4 |

En caso de que estas situaciones hayan ocurrido, ¿desde hace cuánto tiempo ocurren (por ejemplo: desde que era pequeño/a, desde el nacimiento de mi hermano/a, etc.)?:

_____
_____

En caso de que estas situaciones hayan ocurrido en el pasado, ¿durante cuánto tiempo ocurrieron? ¿Desde hace cuánto tiempo no ocurren?

_____
_____

En caso de que estas situaciones hayan ocurrido, ¿seguía tu madre pautas para evitar que las vieras (por ejemplo: me llevaba a mi habitación y me decía que no saliera, me decía que fuera a casa de algún familiar, etc.)?

_____
_____

Después de que estas situaciones sucedan, ¿hablas con alguien sobre lo ocurrido? ¿Con quién?:

_____
_____

¿Cómo reaccionas cuando estas situaciones suceden (por ejemplo: me quedo en mi habitación, intento distraerme escuchando música, etc.)?:

_____
_____

Si tienes hermanos/as, ¿han visto ellos/as estas situaciones? ¿Cómo han reaccionado?

_____
_____

Las siguientes preguntas hacen referencia a situaciones que has podido vivir en tu casa. Redondea el número que elijas en cada casilla.

**0** **1** **2** **3** **4**

**Nunca** **Una vez** **Algunas veces** **Muchas veces** **Todos los días**

| | **Tu madre** | **Tu padre** |
|---|---|---|
| 4. ¿Cuántas veces te ha pegado o dañado físicamente? | 0 1 2 3 4 | 0 1 2 3 4 |
| 5. ¿Cuántas veces te ha amenazado con pegarte? | 0 1 2 3 4 | 0 1 2 3 4 |
| 6. ¿Cuántas veces te ha insultado a ti? | 0 1 2 3 4 | 0 1 2 3 4 |
| 7. ¿Cuántas veces te ha gritado a ti? | 0 1 2 3 4 | 0 1 2 3 4 |
| 8. ¿Cuántas veces te ha dicho que va a hacer daño a tu otro progenitor? | 0 1 2 3 4 | 0 1 2 3 4 |
| 9. ¿Cuántas veces te has enfrentado para evitar una agresión hacía ti? | 0 1 2 3 4 | 0 1 2 3 4 |
| 10. ¿Cuántas veces te has enfrentado para evitar una agresión hacía tu otro progenitor/a? | 0 1 2 3 4 | 0 1 2 3 4 |
| 11. ¿Cuántas veces te has enfrentado para evitar una agresión hacía tu(s) hermano/a(s)? | 0 1 2 3 4 | 0 1 2 3 4 |

En caso de que estas situaciones hayan ocurrido, ¿desde hace cuánto tiempo ocurren (por ejemplo: desde que era pequeño/a, desde el nacimiento de mi hermano/a, etc.)?:

_____
_____

En caso de que estas situaciones hayan ocurrido en el pasado, ¿durante cuánto tiempo ocurrieron? ¿Desde hace cuánto no ocurren?

_____
_____

A continuación encontrarás una lista de frases que un chico puede utilizar para describirse a sí mismo. Por favor, lee cada frase y decide el grado de exactitud con que te describe durante el último año. Escoge y rodea con un círculo la puntuación desde 1 a 6 que mejor te describe. Cuando no estés seguro, contesta lo que sientes.

**1 = Totalmente falso**
**2 = La mayoría de veces falso**
**3= Más falso que verdadero**
**4 = Más verdadero que falso**
**5 = La mayoría de veces verdadero**
**6 = Me describe perfectamente**

| | | | | | | |
|---|---|---|---|---|---|---|
| 2. Presiento que la gente se aprovechará de mí | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. Siento que lo que yo puedo ofrecer es más valioso que lo que los demás me aportan a mí | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. Ser bueno en peleas es motivo de orgullo | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. Siento que no tendría que seguir las normas ni las reglas que todos siguen | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. Está bien que un chico/a pegue a su pareja si ésta hizo algo para enfadarle | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. Es correcto que el chico fuerce a la chica a tener sexo si ella le ha excitado sexualmente | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. A veces hay que pegar a otros/as cuando se lo merecen | 1 | 2 | 3 | 4 | 5 | 6 |
| 15. Siento que no puedo bajar la guardia cuando estoy con otras personas, sino ellas me harán daño a propósito | 1 | 2 | 3 | 4 | 5 | 6 |
| 17. Pegar a tu pareja puede estar bien | 1 | 2 | 3 | 4 | 5 | 6 |
| 20. A veces nos pueden pegar por nuestro propio bien | 1 | 2 | 3 | 4 | 5 | 6 |
| 24. Está bien que un chico/a pegue a su pareja si ésta le insulta delante de sus amigos | 1 | 2 | 3 | 4 | 5 | 6 |
| 26. Es sólo cuestión de tiempo el que alguien me traicione | 1 | 2 | 3 | 4 | 5 | 6 |
| 27. Los chicos/as a veces merecen ser pegados por su pareja en sus citas | 1 | 2 | 3 | 4 | 5 | 6 |
| 29. Odio que me limiten o que no me dejen hacer lo que quiera | 1 | 2 | 3 | 4 | 5 | 6 |
| 31. A veces los chicos tienen que pegar a sus parejas para mantenerlas bajo su control | 1 | 2 | 3 | 4 | 5 | 6 |
| 33. Es importante demostrar lo duro que soy en una pelea | 1 | 2 | 3 | 4 | 5 | 6 |
| 34. Soy especial y no tendría que aceptar muchos de los limites que se les imponen a otras personas | 1 | 2 | 3 | 4 | 5 | 6 |
| 36. Es correcto que el chico/a pegue a su pareja si ésta le ha pegado primero | 1 | 2 | 3 | 4 | 5 | 6 |
| 39. Está bien que el chico fuerce a la chica a tener sexo si él ha pagado todos los gastos de la cita | 1 | 2 | 3 | 4 | 5 | 6 |
| 41. Me es muy difícil aceptar un "no" como respuesta cuando quiero algo de los demás | 1 | 2 | 3 | 4 | 5 | 6 |
| 42. Soy bastante desconfiado respecto a los motivos de los demás | 1 | 2 | 3 | 4 | 5 | 6 |
| 44. A veces hay que gritar a otro cuando se lo merece | 1 | 2 | 3 | 4 | 5 | 6 |
| 48. Es correcto criticar a alguien de la cuadrilla a sus espaldas cuando ha hecho algo malo | 1 | 2 | 3 | 4 | 5 | 6 |
| 51. Cuando alguien se porta mal conmigo creo que hay que darle su merecido | 1 | 2 | 3 | 4 | 5 | 6 |
| 52. Normalmente estoy al acecho de las intenciones ocultas de los demás | 1 | 2 | 3 | 4 | 5 | 6 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 55. La chica/o que pone celoso/a a su pareja a propósito merece ser pegada/o | 1 | 2 | 3 | 4 | 5 | 6 |
| 59. Es mejor meterse en una bronca a que piensen que soy un cobarde | 1 | 2 | 3 | 4 | 5 | 6 |
| 61. Forzar a tener sexo a tu pareja en una cita nunca es correcto | 1 | 2 | 3 | 4 | 5 | 6 |

Las siguientes preguntas se refieren a las **relaciones de pareja**. Solo debes contestarlas en el caso de que hayas tenido pareja en el último año. Debes indicar si han sucedido en este último año en situaciones de discusión (no de broma). Si nunca has tenido pareja, deja las preguntas en blanco. Si en la actualidad no tienes pareja, piensa en la última pareja que has tenido.

**0 = Nunca:** esto no ha pasado en nuestra relación
**1 = Rara vez:** únicamente ha sucedido en 1 ó 2 ocasiones
**2 = A veces:** ha ocurrido entre 3 ó 5 veces
**3 = Con frecuencia:** se ha dado en 6 ó más ocasiones

| | | | | | |
|---|---|---|---|---|---|
| 1 | La toqué o acaricié sin que ella quisiera | 0 | 1 | 2 | 3 |
| | Me tocó o acarició sin que yo quisiera | 0 | 1 | 2 | 3 |
| 2 | Traté de poner a sus amigos/as en su contra | 0 | 1 | 2 | 3 |
| | Trató de poner a mis amigos/as en mi contra | 0 | 1 | 2 | 3 |
| 3 | Hice algo para poner a mi chica celosa | 0 | 1 | 2 | 3 |
| | Hizo algo para ponerme celoso | 0 | 1 | 2 | 3 |
| 4 | Destrocé o amenacé con destrozar algo que ella valoraba | 0 | 1 | 2 | 3 |
| | Destrozó o amenazó con destrozar algo que yo valoraba | 0 | 1 | 2 | 3 |
| 5 | Saqué a relucir algo malo que ella había hecho en el pasado | 0 | 1 | 2 | 3 |
| | Mi pareja sacó a relucir algo malo que yo había hecho en el pasado | 0 | 1 | 2 | 3 |
| 6 | Le lancé algún objeto | 0 | 1 | 2 | 3 |
| | Me lanzó algún objeto | 0 | 1 | 2 | 3 |
| 7 | Le dije algo sólo para hacerla enfadar | 0 | 1 | 2 | 3 |
| | Me dijo algo sólo para hacerme enfadar | 0 | 1 | 2 | 3 |
| 8 | Le hablé en un tono de voz hostil u ofensivo | 0 | 1 | 2 | 3 |
| | Me habló en un tono de voz hostil u ofensivo | 0 | 1 | 2 | 3 |
| 9 | La forcé a practicar alguna actividad sexual cuando ella no quería | 0 | 1 | 2 | 3 |
| | Me forzó a practicar alguna actividad sexual cuando yo no quería | 0 | 1 | 2 | 3 |
| 10 | La amenacé para que no se negase a mantener algún tipo de relación sexual conmigo | 0 | 1 | 2 | 3 |
| | Me amenazó para que no me negase a mantener algún tipo de relación sexual con ella | 0 | 1 | 2 | 3 |
| 11 | La insulté con frases despectivas | 0 | 1 | 2 | 3 |
| | Me insultó con frases despectivas | 0 | 1 | 2 | 3 |
| 12 | Discutí el asunto calmadamente | 0 | 1 | 2 | 3 |
| | Discutió el asunto calmadamente | 0 | 1 | 2 | 3 |
| 13 | La besé cuando ella no quería | 0 | 1 | 2 | 3 |

| | | | | | |
|---|---|---|---|---|---|
| | Me besó cuando yo no quería | 0 | 1 | 2 | 3 |
| 14 | Dije cosas a sus amigos/as sobre ella para ponerlos en su contra | 0 | 1 | 2 | 3 |
| | Dijo cosas a mis amigos/as sobre mí para ponerlos en mi contra | 0 | 1 | 2 | 3 |
| 15 | La ridiculicé o me burlé de ella delante de otros/as | 0 | 1 | 2 | 3 |
| | Me ridiculizó o se burló de mí delante de otros/as | 0 | 1 | 2 | 3 |
| 16 | La seguí para saber con quién y dónde estaba | 0 | 1 | 2 | 3 |
| | Me siguió para saber con quién y dónde estaba yo | 0 | 1 | 2 | 3 |
| 17 | La culpé por el problema | 0 | 1 | 2 | 3 |
| | Me culpó por el problema | 0 | 1 | 2 | 3 |
| 18 | Le di una patada, la golpeé o le di un puñetazo | 0 | 1 | 2 | 3 |
| | Me dio una patada, me golpeó o me dio un puñetazo | 0 | 1 | 2 | 3 |
| 19 | La acusé de flirtear o coquetear con otro | 0 | 1 | 2 | 3 |
| | Me acusó de flirtear o coquetear con otra | 0 | 1 | 2 | 3 |
| 20 | Traté deliberadamente de asustarla | 0 | 1 | 2 | 3 |
| | Trató deliberadamente de asustarme | 0 | 1 | 2 | 3 |
| 21 | La abofeteé o le tiré del pelo | 0 | 1 | 2 | 3 |
| | Me abofeteó o me tiró del pelo | 0 | 1 | 2 | 3 |
| 22 | Amenacé con herirla | 0 | 1 | 2 | 3 |
| | Amenazó con herirme | 0 | 1 | 2 | 3 |
| 23 | La amenacé con dejar la relación | 0 | 1 | 2 | 3 |
| | Me amenazó con dejar la relación | 0 | 1 | 2 | 3 |
| 24 | La amenacé con golpearle o con lanzarle algo | 0 | 1 | 2 | 3 |
| | Me amenazó con golpearme o con lanzarme algo | 0 | 1 | 2 | 3 |
| 25 | La empujé o la zarandeé | 0 | 1 | 2 | 3 |
| | Me empujó o me zarandeó | 0 | 1 | 2 | 3 |
| 26 | Extendí rumores falsos sobre ella | 0 | 1 | 2 | 3 |
| | Extendió rumores falsos sobre mí | 0 | 1 | 2 | 3 |

Lee cada frase y elige un número según lo que te ha pasado en los dos últimos meses.

**0 = Nunca**
**1 = Algunas veces** (únicamente ha sucedido en 1 ó 2 ocasiones)
**2 = Bastantes veces** (ha ocurrido entre 3 y 5 veces)

| | | | |
|---|---|---|---|
| 2. Bebo alcohol sin permiso de mis padres | 0 | 1 | 2 |
| 3. Discuto mucho | 0 | 1 | 2 |
| 5. Hay muy pocas cosas que me hacen disfrutar | 0 | 1 | 2 |
| 14. Lloro mucho | 0 | 1 | 2 |
| 16. Soy malo con los demás | 0 | 1 | 2 |
| 19. Intento llamar mucho la atención | 0 | 1 | 2 |
| 20. Rompo mis cosas | 0 | 1 | 2 |
| 20. Rompo las cosas de otras personas | 0 | 1 | 2 |

| | | | |
|---|---|---|---|
| 21. Desobedezco a mis padres | 0 | 1 | 2 |
| 22. Desobedezco en la escuela | 0 | 1 | 2 |
| 26. No me siento culpable después de portarme mal | 0 | 1 | 2 |
| 28. Me salto las normas en casa, en la escuela y en otros lugares | 0 | 1 | 2 |
| 29. Tengo miedo a ciertas situaciones, animales o lugares diferentes de la escuela. Descríbelas: _____ _____ | 0 | 1 | 2 |
| 30. Tengo miedo de ir a la escuela | 0 | 1 | 2 |
| 31. Tengo miedo de pensar o hacer algo malo | 0 | 1 | 2 |
| 32. Creo que tengo que ser perfecto | 0 | 1 | 2 |
| 33. Creo que nadie me quiere | 0 | 1 | 2 |
| 35. Me siento inferior a los demás o creo que no valgo nada | 0 | 1 | 2 |
| 37. Me meto en muchas peleas | 0 | 1 | 2 |
| 39. Voy con chicos/as que se meten en problemas | 0 | 1 | 2 |
| 42. Prefiero estar solo que con otras personas | 0 | 1 | 2 |
| 43. Digo mentiras o engaño | 0 | 1 | 2 |
| 45. Soy nervioso, estoy tenso | 0 | 1 | 2 |
| 50. Soy demasiado ansioso o miedoso | 0 | 1 | 2 |
| 52. Me siento demasiado culpable | 0 | 1 | 2 |
| 57. Pego a los demás | 0 | 1 | 2 |
| 63. Prefiero estar con chicos/as mayores que yo | 0 | 1 | 2 |
| 65. Me niego a hablar | 0 | 1 | 2 |
| 67. Me escapo de casa | 0 | 1 | 2 |
| 68. Grito mucho | 0 | 1 | 2 |
| 69. Soy muy reservado; me callo todo | 0 | 1 | 2 |
| 71. Me avergüenzo con facilidad; tengo mucho sentido del ridículo | 0 | 1 | 2 |
| 72. Prendo fuegos | 0 | 1 | 2 |
| 73. Soy habilidoso | 0 | 1 | 2 |
| 75. Soy tímido | 0 | 1 | 2 |
| 81. Robo en casa | 0 | 1 | 2 |
| 82. Robo fuera de casa | 0 | 1 | 2 |
| 86. Soy tozudo | 0 | 1 | 2 |
| 87. Cambio de humor o sentimientos de repente | 0 | 1 | 2 |
| 88. Me gusta estar con otras personas | 0 | 1 | 2 |
| 89. Soy desconfiado | 0 | 1 | 2 |
| 90. Digo groserías o palabrotas | 0 | 1 | 2 |
| 91. Pienso en matarme | 0 | 1 | 2 |
| 94. Me burlo mucho de los demás | 0 | 1 | 2 |
| 95. Me enfado con facilidad | 0 | 1 | 2 |
| 96. Pienso demasiado en el sexo | 0 | 1 | 2 |
| 97. Amenazo con hacer daño a otras personas | 0 | 1 | 2 |
| 99. Fumo tabaco | 0 | 1 | 2 |

| | | | |
|---|---|---|---|
| 101. Hago novillos, falto a la escuela sin motivo | 0 | 1 | 2 |
| 102. Tengo poca energía | 0 | 1 | 2 |
| 103. Me siento infeliz, triste o deprimido | 0 | 1 | 2 |
| 104. Soy más ruidoso que otros chicos | 0 | 1 | 2 |
| 105. Tomo alcohol o drogas | 0 | 1 | 2 |
| 106. Trato de ser justo con los demás | 0 | 1 | 2 |
| 111. Evito relacionarme con los demás | 0 | 1 | 2 |
| 112. Me preocupo a menudo | 0 | 1 | 2 |
| 113. Intento gustar y agradar a los demás | 0 | 1 | 2 |
| 114. Me siento responsable de proteger a las personas de mi alrededor | 0 | 1 | 2 |
| 115. Puedo desahogarme y hablar con mis amigos/as | 0 | 1 | 2 |
| 116. Tengo una relación abierta con mis padres | 0 | 1 | 2 |
| 117. Chillo a los/as demás chicos/as cuando no hacen bien las cosas | 0 | 1 | 2 |
| 118. Me preocupo en exceso por las personas de mi alrededor | 0 | 1 | 2 |
| 119. He ayudado a otras personas a tomar decisiones muy importantes. Descríbelas: _____ _____ | 0 | 1 | 2 |

Indica cuántas veces has hecho las siguientes cosas a tu madre o a tu padre en el <u>último año:</u>

**0= Nunca** (esto no ha pasado en mi relación con mi madre o padre)
**1= Rara vez** (únicamente ha sucedido en 1 ó 2 ocasiones)
**2= A veces** (ha ocurrido entre 3 y 5 veces)
**3= Con frecuencia** (se ha dado en 6 ó más ocasiones)

| | **A tu madre** | | | | **A tu padre** | | | |
|---|---|---|---|---|---|---|---|---|
| 1. Le has gritado cuando estabas enfadado | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 |
| 2. Le has amenazado con pegarle aunque no llegaste a hacerlo | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 |
| 3. Le has empujado o pegado en una pelea | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 |
| 4. Le has golpeado con algo que podía hacer daño | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 |
| 5. Le has insultado o dicho palabrotas | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 |
| 6. Le diste una patada o puñetazo | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 |
| 7. Le has cogido dinero sin permiso | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 |
| 8. Has hecho algo para fastidiarle | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 |

A continuación piensa en **tu grupo de amigos o amigas** e indica si las siguientes conductas tienen lugar en el grupo.

| | | |
|---|---|---|
| 1. Consumir alcohol y/o drogas al menos una vez por semana | Verdadero | Falso |
| 2. Hacer uso de la violencia para resolver problemas dentro del grupo (insultos, golpes, peleas, amenazas) | Verdadero | Falso |
| 3. En el grupo hay alguna persona que ha cometido delitos o ha estado en contacto con la policía debido a algo que ha hecho | Verdadero | Falso |

| | | |
|---|---|---|
| 4. Me gusta ser el centro de atención del grupo | Verdadero | Falso |
| 5. No me llevo bien con mi grupo de amigos/as | Verdadero | Falso |

Indica en qué medida consumes las siguientes cosas empleando esta escala

**0 = Nunca**
**1 = Una o dos veces en el último año**
**2 = Cuatro o cinco veces en el último año**
**3 = Unas pocas veces al mes**
**4 = Unas pocas veces a la semana**
**5 = Diariamente**

| | | | | | | |
|---|---|---|---|---|---|---|
| Alcohol | 0 | 1 | 2 | 3 | 4 | 5 |
| Marihuana | 0 | 1 | 2 | 3 | 4 | 5 |
| Hachís | 0 | 1 | 2 | 3 | 4 | 5 |
| Cocaína | 0 | 1 | 2 | 3 | 4 | 5 |
| *Speed* | 0 | 1 | 2 | 3 | 4 | 5 |
| Éxtasis | 0 | 1 | 2 | 3 | 4 | 5 |
| Otra/s (Cual/es) _____ | 0 | 1 | 2 | 3 | 4 | 5 |

Para terminar, se enumeran diversas frases relacionadas con tu rendimiento académico. Lee cada frase e indica si es verdadera o falsa.


¿Cómo son tus **notas en general**? Indica cuál es aproximadamente tu nota media en las asignaturas en las últimas evaluaciones:

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|

| | | |
|---|---|---|
| 1. He repetido curso | Verdadero | Falso |
| 2. Mis notas han bajado | Verdadero | Falso |
| 3. Me siento desmotivado | Verdadero | Falso |
| 4. Me castigan mucho | Verdadero | Falso |
| 5. No consigo centrarme | Verdadero | Falso |
| 6. Me cuesta estar quieto | Verdadero | Falso |
| 7. Me distraigo con facilidad | Verdadero | Falso |
| 8. No me llevo bien con mis compañeros/as de clase | Verdadero | Falso |

**Si quieres hacernos algún comentario:**

_____

_____

**¡Gracias!**