CONTENTS

PREFACE

The concept of domestic violence refers to acts of violence and abuse of one family member over another. Family violence is an issue of major concern for psychologists and families, community and social decision-makers. It is a dramatic phenomenon, which generates pain, trauma, physical and psychological scars. This book provides an overview of the prevalence, risk factors and several perspectives of domestic violence. Chapter One is about attachment as a vulnerability factor of victimization in the context of intimate partner violence. Chapter Two analyzes animal cruelty and intimate partner violence. Chapter Three focuses on violence against women and child maltreatment. Chapter Four emphasizes the victimization experience (direct and indirect) of children in the family context. Chapter Five presents data of the Children's Exposure to Domestic Violence Scale (CEDVS) applied in Brazil. Chapter Six discusses the phenomenon of domestic violence between same-sex intimate partners. Chapter Seven studies domestic violence arising from a concept of honor and referred to as honor based violence. Chapter Eight presents current literature on the effectiveness of domestic violence interventions targeting adult perpetrators and adult and child victims. Chapter Nine provides the latest results of the research on facilitating successful treatment processes in perpetrator programs. Chapter Ten examines the Domestic Violence (Prevention and Protection) Act 2010 in Bangladesh. Chapter Eleven aims to determine whether there is an association between domestic violence and suicide risk in female victims of domestic violence attending the Multidisciplinary Center for Comprehensive Care of Violence. The last chapter sets out to show that gender based violence is no longer restricted to "women by men."

Chapter 1 - This chapter is about attachment as a vulnerability factor of victimization in the context of intimate partner violence. First, the authors will introduce the concept of attachment by presenting its first studies and its evolution until the assessment of attachment in adulthood. Afterwards, the authors will explain the difference between the concepts of attachment and intimate partner violence. The attachment pattern can be considered as a vulnerability factor that contributes to the involvement in abusive intimate relationships. As a consequence, the experience in these relationships can alter one's attachment pattern. The authors will describe the various patterns of attachment especially those that have an impact on the dynamics of an intimate relationship. In general, even though there is some divergence in the studies' conclusions, it is possible to observe that insecure adult attachment has been referred to in the literature as presenting a stronger association with the victimization experience in intimate partner violence, namely preoccupied attachment. This pattern is characterized by a belief that one is not worthy of love and by the idealization of the partner,

which leads to a higher level of tolerance towards the existence of violence. Not only do these investigations help technicians to deepen the understanding of this crime but they also allow them to make a precise risk assessment and behavioral predictions as well as manage the case according to the victims' needs.

Chapter 2 - Experts define intimate partner violence as a pattern of abusive behavior in a relationship by one partner to gain or maintain power and control over another intimate partner. Anyone can be a victim of intimate partner violence, however, one victim that is often overlooked is the family companion animal. Companion animals have been redefined as a part of the continuum of intimate partner violence, and considered an indicator of other problems in dysfunctional and violent families. When children witness abuse of a companion animal it can have a negative impact on their ability to develop prosocial relationships. Children in violent homes who witness the abuse of their pet learn to imitate this behavior and engage in similar acts, which can result in externalizing behaviors, conduct disorders, and antisocial behavior in adulthood. Despite the increased awareness of this issue, very few domestic violence shelters across the United States have the resources to house companion animals. This often results in victims remaining in their violent relationships for fear of the animal's safety. Laws have been created to provide support for victims and their companion animals but not every state provides protections for pets. Grassroots efforts have emerged to create Link coalitions that focus on educating community service providers about the link between intimate partner violence and animal cruelty.

Chapter 3 - Family violence is an issue of major concern for psychologists and families, community and social decision-makers. It is a dramatic phenomenon, which generates pain, trauma, physical and psychological scars. The explanatory perspectives of intra-family violence are multiple: biological and sociobiological theories, intergenerational transmission. There are also a number of other risk factors for the phenomenon: systems and family constellations, dysfunctional communication, consumption of alcohol, economic situation or cultural ideologies. Statistics show interesting data on the different manifestations of violence against women and cultural practices in different areas of the world.

A phenomenon with serious social impact and traumatic effects on the harmonious development of children is the maltreatment, with two of its manifestations: abuse and neglect. Risk factors include poverty, substance abuse, genetic factors, mental diseases and parental pathologies, family dynamics and parenting styles, inter and trans-generational transmission of abuse and neglect. A proper understanding of these risk factors can provide a valid framework for prevention and intervention. Resilience plays a key role in confronting the child with traumatic life situations.

Chapter 4 - This chapter focuses on the issue of domestic violence, emphasizing the victimization experience (direct and indirect) of children in the family context. The co-occurrence of various situations of violence in the same context has been investigated, and those studies have concluded that there is a strong association between victimization in childhood and adolescent involvement in deviant and violent behaviors (e.g., drug abuse and dating violence). Based on a scientific literature review of the exposure of children to domestic violence, the authors start by characterizing the dynamics and factors that mediate the impact of the phenomenon on the development of children and adolescents. The authors then discuss the consequences of child victimization, exploring the risk for later problematic behaviors such as drug abuse. Obviously, in situations where drug abuse/addiction occurs, there will also be a tendency for affected adolescents to have violent behaviors that are often found in the early

relations of intimacy. This triangle of factors/behaviors, including children's exposure to violence, the risk of drug abuse, and the subsequent tendency toward violent relationships, can be interconnected, and it will be theoretically explored and analyzed from a practical point of view. Then, the authors will discuss and present suggestions about the importance of prevention.

Chapter 5 - The study presents data of the Children's Exposure to Domestic Violence Scale (CEDVS) applied in Brazil. The Children's Exposure to Domestic Violence Scale is an instrument created in the North American context. It is self-applied and consists of 42 items that assess the level of exposure of children and adolescents between the ages of 10-16 to domestic violence. The following were performed: translation, back- translation, semantic equivalence and tool analysis by professionals in the field and evaluation through target population sampling. As for the construct validation, the instrument was applied to 203 children and adolescents of both sexes, aged 10-16 and divided into two groups (victims of domestic violence group and another without suspicion of victimization). The analysis was performed though the categorization of responses by the Student's t-test, Pearson Correlation test (r) and calculation of Cronbach's alpha. The results of this study indicate the viability of using the instrument in the Brazilian context. However, further studies with larger sampling and external validation are still needed.

Chapter 6 - This chapter discusses the phenomenon of domestic violence between same-sex intimate partners. First, the authors will review the literature on the prevalence of domestic violence, comparing rates among gay, lesbian and bisexual couples. The analyzed literature reveals that violence rates differ between various studies, mostly due to the large variety of methodologies and the absence of standardization in data collection procedures. Second, the similarities, differences and specific characteristics of gay, lesbian and bisexual couples will be discussed in comparison to heterosexual couples. Although similarities in the dynamics of homosexual and heterosexual couples have been found, the former face more obstacles regarding exposure of violence. Therefore, the authors will discuss the legal and non-legal barriers faced by victims of homosexual abusive relationships. The existence of homophobic, prejudiced attitudes and social behaviors contribute to the exclusion of individuals with these sexual orientations from society and their own families, as well as their victimization. Studies reveal that this population should not be neglected in regard to research and interventions, thus reinforcing the need to create prevention policies that overcome obstacles regarding exposure to violence.

Chapter 7 - Domestic violence in immigrant communities in Canada is a rising problem and service providers are often confronted with the challenge of dealing with it. In this study the authors focus on domestic violence arising from a concept of honor and referred to as honor based violence. The authors examine the perspectives of immigrant community members on honor, shame and honor based violence. The findings are based on focus group and individual interviews with community members from Asian, African, Middle Eastern and Latin American backgrounds. Analyses of the semi-structured interviews revealed that the concept of honor is broad, varied and multi-stranded and is generally viewed positively by many immigrant communities. The findings challenge Western discourses that project honor of immigrant communities as backward and inherently harmful to women and honor based violence as an immigrant phenomenon. The authors discuss the implications of these findings for service providers and policy makers.

Chapter 8 - In this chapter, the authors present the current literature on the effectiveness of domestic violence interventions targeting adult perpetrators and adult and child victims. Following a review of its frequency and prevalence, the authors define the major constructs and discuss common psychosocial victim consequences to violence. The authors concentrate next on components and methods of current interventions, providing descriptions of effective programming across treatment settings. Finally, the authors conclude with a review of treatment implications and guidelines for intervening with perpetrators and victims of domestic violence.

Chapter 9 - The Jyväskylä model of working with intimate partner violence (IPV) started twenty years ago as a multi-professional collaborative project in Jyväskylä, Finland. The two main collaborating agencies, the local Crisis Centre Mobile and Jyväskylä University Psychotherapy Training and Research Centre, serve both victims and perpetrators of IPV, and co-operate with various social and welfare agencies and the police. Perpetrators are offered group treatment preceded by individual treatment. From the outset, the process and utility of group treatment for male perpetrators of IPV has mainly been researched by applying discursive and narrative approaches. The treatment program combines a feminist perspective and psychotherapeutic approaches to violence-specific interventions, such as safety planning. These aspects have also been a focus of research. Dialogical and discursive approaches have been applied in analyzing interaction at both the group and individual levels.

This chapter reviews the latest results of this research project. Recently, language-based analyses have focused on the identity construction of male perpetrators as well as on the discursive processes and therapeutic strategies used in the treatment group. From the gendered viewpoint, the findings point to the importance of focusing on the construction of masculine identity, especially in relation to fatherhood. The findings also demonstrate how therapists can model the division of power between the genders as well as how sexuality and sexual violence are addressed in the group discussions. Moreover, the findings of the project show how IPV perpetrators vary in their individual processes of change. Change has been approached from the perspectives of reflexivity, mentalization, attachment style, and problem assimilation. In these studies, the success of the process has been evaluated on the basis of partner interviews. Overall, the results demonstrate the diversity that exists among perpetrators and point to the importance of adapting the therapeutic strategies deployed in group interventions for IPV to serve clients' individual needs.

Chapter 10 - Adoption of the Domestic Violence (Prevention and Protection) Act 2010 was a result of the long-standing struggle of various legal aid/women's rights organisations in Bangladesh, and an important breakthrough to protect women who experienced violence at home. In the past, Bangladesh adopted several policy interventions to address violence against women. Since the existing legal framework failed to specifically identify or address domestic violence, adoption of a new policy was imperative. Through the interpretive framework of qualitative research, this study assessed the implementation of this policy by particularly taking into account the experiences of frontline implementers in two Bangladeshi administrative districts; namely, Netrokona and Mymensingh. It was found that the performance of this policy was extremely poor in the areas of study. The implementation of this policy suffered from a lack of publicity, low-level orientation and knowledge of the implementers, low-level case filings, resource constraints, lack of coordination, antipathy of the implementers, lack of guidance and support from the top, absence of special courts, and so on. As this study provides the deepest insight into the implementation status of this policy intervention, it is strongly

believed that the findings of the study shall be immensely useful for the concerned implementers and policy makers in Bangladesh.

Chapter 11 - *Background:* Violence has been increasing worldwide in the past few years, and domestic violence has an important effect on the occurrence of suicide and suicide attempts**.** *Aims:* This study aimed to determine whether there is an association between domestic violence and suicide risk in female victims of domestic violence attending the Multidisciplinary Center for Comprehensive Care of Violence (CEMAIV). *Method:* An observational, analytic, and epidemiological study was performed using a retrospective case–control design and a quantitative approach. Data were analyzed using χ^2 and odds ratio tests. Two sample groups participated: a group of 50 women victims of domestic violence and a control group of 50 women. *Results and Conclusions:* Seven women in the control group presented suicide risk, whereas 29 of the victims of domestic violence were at risk of suicide. Most of these women were married, had 0 to 2 children, had middle school or high school education, and listed housewife as their occupation. There was an association between domestic violence and suicide risk. Fifty-eight percent of the women who were abused by their partners were at suicide risk.

Chapter 12 - The article sets out to show that gender based violence is no longer restricted to "women by men." Rather society must appreciate that gender battering is a reality across the gender divide, particularly in the 21stAfrica. In its methodology, the article has engaged a theo-philosophical approach that has involved social, religious, and a cultural analytical approach. The materials are gathered primarily after interviewing the staff and students from KenyattaUniversity, Mombasa campus, and some selected people from the campus surroundings who were consulted orally. To this end, a questionnaire was released in June and July 2012 where about 200 respondents from across the various counties of Kenya were called upon to shed light on men battering in Kenya. In particular, some of the questions that were posed included: has men battering by women been part of our African societies from ancient times or is it a new phenomenon? Statistically, who are battered more than the other (men or women)? How does domestic violence against men manifest itself? What causes it? Why does it sound new to our society? What can the authors do about it? The article sets on the premise that even though women battering are more explicit, men battering by women, which takes many forms has been there for quite sometimes, albeit unreported. By taking a holistic approach hence 'collective responsibility' across the gender divide, the society can be healed from all forms of gender based violence.

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Chapter 1

ATTACHMENT AND INTIMATE PARTNER VIOLENCE

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ABSTRACT

This chapter is about attachment as a vulnerability factor of victimization in the context of intimate partner violence. First, we will introduce the concept of attachment by presenting its first studies and its evolution until the assessment of attachment in adulthood. Afterwards, we will explain the difference between the concepts of attachment and intimate partner violence. The attachment pattern can be considered as a vulnerability factor that contributes to the involvement in abusive intimate relationships. As a consequence, the experience in these relationships can alter one's attachment pattern. We will describe the various patterns of attachment especially those that have an impact on the dynamics of an intimate relationship. In general, even though there is some divergence in the studies' conclusions, it is possible to observe that insecure adult attachment has been referred to in the literature as presenting a stronger association with the victimization experience in intimate partner violence, namely preoccupied attachment. This pattern is characterized by a belief that one is not worthy of love and by the idealization of the partner, which leads to a higher level of tolerance towards the existence of violence. Not only do these investigations help technicians to deepen the understanding of this crime but they also allow them to make a precise risk assessment and behavioral predictions as well as manage the case according to the victims' needs.

Keywords: intimate partner violence, victims, adult attachment

INTRODUCTION

The concept of intimate partner violence describe a series of abusive behaviors that occur in adult intimate relationships and that may include acts of physical and verbal violence,

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emotional and sexual abuse, violence threats, social isolation, control, coercion and other conducts perpetrated by the intimate partner (Grams and Magalhães, 2011; La Flair, Bradshaw, Mendelson, and Campbell, 2015).

Intimate partner violence is sufficiently embracing to cover short, medium and long-term relationships –whether present or past- which are characterized by the existence or absence of a marital bond and in which partners of the same or different sex may or not cohabitate (Harvey, Garcia-Moreno, and Butchart, 2007). This violence is transversal in terms of social and economical status, ethnicity, age and sex, although it particularly happens to women (Roark, 2010). It is difficult to calculate its prevalence given that this phenomenon is usually concealed, even by its own victims.

Some studies (e.g., La Flair et al., 2015; Kuijpers, van der Knaap, and Winkel, 2012; Oka, Sandberg, Bradford, and Brown, 2014) have tried to establish an association between intimate partner violence and attachment by analyzing, for example, different attachment dimensions and styles that are more associated with the victimization and revictimization risk. Therefore, in this chapter we will start by reviewing the concept of attachment and its emergence, so that, while focusing on the intimate partner violence, we can then explore the main contributes of the investigation in the comprehension of the association between both of these concepts. Accordingly, we intend to demonstrate the type of associations established by these studies, describing the relationship between the different dimensions and styles of attachment and the vulnerability of victimization in adult intimate relationships. We consider that the comprehension of the various studies' conclusions, the variables involved and underlining mechanisms might help to explain the victimization or the revictimization risk in the context of intimate relationships as well as to support the development of preventive measures and contribute to a better adjustment of the intervention proposals destined to the analyzed phenomenon.

Attachment: Behavioral System and Patterns

The attachment concept was primarily characterized by John Bowlby (1982) as a biological function in which the baby seeks and tries to maintain proximity with the reference figure. This behavioral system is initially activated to guarantee the baby's survival and is triggered by pain, fatigue or a scary stimulus (Bowlby, 1988; Sandberg, Suess, and Heaton, 2010).

The attachment theory has two types of approaches: the normative and the individual variability. The former, which is about the development of the human being, defines what is normative while the latter, which focuses on the individual variability, tries to explain the differences between individuals (Simpson and Rholes, 1998). In this chapter we intend to describe the latter approach.

In what concerns attachment in childhood, Ainsworth (1985) and her team of investigators observed different behavioral patterns in babies in their relationship with their mothers (the attachment figures). In order to activate the attachment system these authors created several stressful occurrences that were characterized by an unknown context, the presence of a strange person and brief periods of separation from the mother. At first, there were three differentiated patterns: the avoidant, in which the baby explored the environment in all of the occurrences appearing not to be disturbed by the absence of the mother and avoiding her when met; the secure, in which the environment was explored in the presence of the mother although there

was uneasiness in the separation and search for proximity in their reunion; and lastly, the anxious-resistant, in which the baby was watchful in the presence of a strange figure, showing intense discomfort, search for proximity and anger in the separation and in the reunion (Ainsworth, 1985; Ainsworth, Blehar, and Wall, 1975, cited by Ainsworth, 1985).

Anxiety and anger are the result of a period of threat and separation from this figure in the sense that anxiety tries to obtain access to the attachment figure and anger is a consequence of the situation, working to prevent the same occurrences from happening again (Bowlby, 1973). The feeling of safety of a child comes from the presence and access to the attachment figure (Bowlby, 1982), which ends feelings of anger and anxiety. If they do not cease to exist, the attachment system will remain permanently activated (hyperactivation) or deactivated, thus creating an insecure attachment (Bowlby, 1988; Mikulincer and Shaver, 2007; Simpson and Rholes, 2012; Sroufe and Waters, 1977).

The attachment figure changes throughout life and so does the function performed by this relationship. In adolescence and adulthood the bonding behavior is generally directed to the intimate partner (Bowlby, 1982) and this continuity is a result of the presence of internal models of the world - the other - and of the individual - the self. These models contain conscious and unconscious information about attachment, namely experiences, feelings and ideations acquired throughout childhood (Bowlby, 1973; Dutton, 2007). They provide us information about the attachment figures and about their availability and responsiveness, thus making it possible to build a framework in order to perceive and predict events. The internal model of the other - the attachment figure, in this case – and the self-model are complementary: if a child does not feel wanted by his/her parents, this belief will reflect in every other person he/she knows (Bowlby, 1973); and given that these models are resistant to change, it is highly likely that the individual will distort new relational information instead of accepting information that contradicts his/her expectations (Fraley and Shaver, 2000).

Romantic love was conceptualized by Hazan and Shaver (1987) as an attachment process that varies according to the experiences of each individual (these being integrated in the internal models) and that results in different ways of thinking, feeling and acting when there is a presence of threat in the relationship (Simpson and Rholes, 2012).

The assessment of adult attachment includes two lines of investigation originated by the theoretical conceptualizations developed by Bowlby (1973; 1982; 1988): interviewing measures, which mostly comprise childhood and the unconscious constructs of attachment; and self-report measures, which are mostly about intimate partners and/or peers and conscious experiences (Almeida, 2012; Fraley and Spieker, 2003; Marganska, Gallagher, and Miranda, 2013; Moreira et al., 2006; Overall and Simpson, 2013; Simpson and Rholes, 1998). The first interview - Adult Attachment Interview - was created by George, Kaplan and Main in 1985 and the first three-category self-report measure was developed by Hazan and Shaver (1987). They drew a distinction between secure, avoidant and anxious/ambivalent individuals, like Ainsworth's prior classifications (Ainsworth, Blehar, and Wall, 1975, cited by Ainsworth, 1985). The above-mentioned authors, Hazan and Shaver (1987), noted that the intimate experiences of secure individuals were described as friendly, happy and of confidence; avoidant participants showed fear of proximity; and anxious/ambivalent individuals were described as jealous, showing emotional oscillations and desire for reciprocity.

Besides the above-mentioned measures, there are several theoretical constructs that fall within two major continuous dimensions of insecure attachment: avoidance and anxiety (Brennan, Clark, and Shaver, 1998). Avoidance is related to the degree of contact and emotional

intimacy with others, as well as to the investment made in relationships. When this dimension is predominant – due to earlier experiences and consequent internal models – there is an expectation that the situation will have adverse consequences, and so the individual searches for psychological and emotional independence from the partner (Bartholomew and Horowitz, 1991; Simpson and Rholes, 2012). The dimension of anxiety – or dependence, as it is defined by Bartholomew (1990) – consists of the level of concern arising from the fear of abandonment and a need for external approval from the partner (Bartholomew and Horowitz, 1991; Simpson and Rholes, 2012). When this level of concern is high, individuals make a significant relational investment and show a desire for more proximity and safety. In this chapter, we will adopt the designation "preoccupation" instead of anxiety or dependence, thus following the adult attachment typology of Bartholomew (1990; Bartholomew and Horowitz, 1991). Hereupon, in the observation of a low level of avoidance and preoccupation, i.e., secure attachment, the individual will feel comfortable with emotional proximity and will not be afraid of being abandoned by the partner (Simpson and Rholes, 2012).

This two-dimensional structure can be complemented by attachment styles (Brennan et al., 1998), i.e., for both dimensions of avoidance and preoccupation Bartholomew (1990) has established four attachment styles that vary according to the intersection of the models of the self and the other, which were theorized by Bowlby (1973). These models can be classified as positive or negative: in the case of the self, the person can have a positive or negative self-concept (worthy or not of love); in the model of the other, people will be considered as worthy of confidence and available or rejecting and distant.

The adult attachment typology developed by Bartholomew (1990; Bartholomew and Horowitz, 1991) comprises secure, preoccupied (equivalent to the anxious of Hazan and Shaver [1987]), fearful avoidant and dismissing avoidant styles. The secure style is characterized by two positive internal models, which result in a sense of worthiness and expectation that others will be accepting and responsive; the preoccupied style is characterized by a negative self-model (self-devaluation) and a positive model of the other (positive evaluation of others and need for their approval); in what concerns avoidance, the fearful avoidant style consists of two negative models: a self-devaluation model and an expectation of rejection by others; the dismissing avoidant style is characterized by a positive self-model (one's appreciation) and a negative model of the other (expectation of rejection by others) (Bartholomew, 1990; Bartholomew and Horowitz, 1991). The avoidant styles are similar given that there is an impediment of intimacy with the partner. Individuals with a fearful avoidant style need the partner to maintain a positive self-concept and reject the partner as a defense mechanism in order to avoid being rejected (Bartholomew and Horowitz, 1991). When it comes to dismissing avoidance, the other is rejected so that the individual can maintain a sense of independence and invulnerability that deactivates the attachment system (Bowlby, 1988).

Waters, Merrick, Treboux, Crowell and Albersheim's (2000) data argue that the behavioral system of attachment can be stable throughout life and that it is classified on the basis of this assumption. Nonetheless, it can show characteristics that fit in more than one style. Therefore, it is preferable to make an assessment according to a continuous dimension of attachment rather than according to styles, even if they are not so specific (Bartholomew, 1990; Brennan et al., 1998; Guerrero, 2008, cited by Lafontaine and Lussier, 2005; Lafontaine and Lussier, 2005).

Lastly, apart from the way in which the attachment pattern is assessed, it is possible to notice its continuity from childhood to adulthood. This highlights the importance of learned behavior – namely in what concerns anxiety and anger – and the role it plays in influencing the

individual's framework on intimate relationships and the individual variability of attachment patterns. In the referred context, there is intimate partner violence. The fact that the attachment pattern represents itself a vulnerability factor, in the sense that different probabilities of victimization – physical and/or psychological violent behaviors and their continuity in time – might be explained by different patterns of attachment.

Attachment and Intimate Partner Violence

Intimate partner violence – its perpetration and victimization – is explained by several theoretical currents, such as the feminist/gender theory, the psychological/dispositional theory and, more recently, the dyadic and situational perspective.

Attachment is included in the psychological/dispositional theories along with childhood experiences, social competence, personality, psychopathology (substance use, personality disturbances…) and other factors, which are seen as contributors that make the individual more vulnerable or reactive, which consequently causes him to suffer or commit violent acts (Bartholomew and Allison, 2006; Bartholomew, Cobb, and Dutton, in press). Beyond the cultural context the individual belongs to, the investigators of this current try to identify aspects that explain individual differences (Bartholomew and Allison, 2006).

In this sense, attachment theory helps to understand the functioning and dissolution of intimate relationships and, more specifically, it allows us to understand the way in which patterns contribute to the practice of violence. Thus, it becomes possible to foresee behaviors, comprehend motives and differences between individuals (Almeida, 2012; Fraley and Shaver, 2000), which in turn, enables us to adjust the intervention to the needs of each case.

Bowlby (1988) specifically theorized about attachment in family violence, and claimed that this type of violence would initially be originated by an adjusted protest behavior that would after be turned into a distorted and exaggerated version. As it was mentioned before, anxiety and anger are used to maintain access to the attachment figure and to protect the relationship, highlighting the need to end the risky behavior for the sake of the relationship (Bowlby, 1973). Nonetheless, anxiety and anger vary in degree, depending on the pattern of attachment that one possesses.

In secure attachment anger is utilized in a functional manner and there is no need to resort to abusive behavior (Bartholomew and Allison, 2006; Bartholomew, Henderson, and Dutton, 2001; Mikulincer and Shaver, 2011). When the individual feels comfortable with the partner's proximity and does not have a fear of abandonment, he/she is expected not to commit violent acts and to have a relationship with a partner with secure attachment as well (Bartholomew et al., 2001).

In case of insecure attachment, when there is a perception of a lack of satisfaction of needs – whether the need or not for closer proximity, but namely the individuals that have a higher sensitivity to rejection -, people will experience negative moments with a higher degree of rage, despair, and they are more prone to commit aggressive behaviors. Nonetheless, the behavioral pattern reveals to be different for men and women (Henderson, Bartholomew, Trinke, and Kwong, 2005; LaFontaine and Lussier, 2005; Mikulincer and Shaver, 2011; Overall and Simpson, 2013). This chapter will focus mostly on women.

In insecure attachment, there are different patterns of behavior. In preoccupied attachment, where there is a higher dependence, need for approval and fear of abandonment by the partner,

there is a higher probability of intense and prolonged angry outbursts, and individuals are more likely to perceive ambiguous events as threatening and are less capable of feeling comfort. In this sense, the attachment figure will be carefully monitored, which makes this intimate relationship more intrusive and demanding due to the maintenance of unrealistic needs of availability, without ever feeling close. It is mentioned that these individuals intensify anger, anguish, resentment, sadness, fear and self-critic when ruminating about negative events (Bartholomew and Allison, 2006; Bartholomew et al., 2001; Mikulincer and Shaver, 2011).

In avoidant attachment – now more oriented towards the dismissing avoidant style -, due to the impediment of proximity of others, individuals express anger in an indirect and hostile manner, which makes them more likely to retrieve themselves from conflict and to end the relationship (Bartholomew et al., 2001; Bartholomew and Allison, 2006; Mikulincer and Shaver, 2011), maintaining an emotional independence (Pietromonaco, Greenwood, and Barrett, 2004). Nonetheless, Rholes, Simpson and Oriña (1999) claimed that when there is no fear of abandonment, avoidant individuals may show higher aggressiveness. Gormley and Lopez (2010) observed a higher index of perpetration of emotional abuse in this dimension of attachment, namely when there are higher levels of stress. The results of Lawson and Malnar (2011) suggest a connection between avoidant attachment and the expression of control, vengeance and aggressive interpersonal behaviors that are manifested in physical and psychological abuse as opposed to preoccupied attachment. More specifically, individuals that fit in the fearful avoidant style and that possess a higher dependence and fear of abandonment present less hope in the satisfaction of their needs, less fear and anxiety, managing these feelings by distancing themselves from the relationship (Bartholomew et al., 2001).

The studies in this area focus mostly on the role of attachment in male violence against women. However, this theorization isn't restricted and can also be applied to explain mutual violence, female violence against the male partner (Bartholomew and Allison, 2006), and victimization of violent behavior in an intimate relationship.

Thus, from the victimization perspective the attachment pattern can be considered as a vulnerability factor that contributes to the involvement and maintenance of abusive intimate relationships. In addition to that, as a consequence, the experience in these relationships may change one's pattern of attachment. Therefore, it may not be possible to determine the point of origin (Bartholomew and Allison, 2006; Henderson, Bartholomew, and Dutton, 1997; Oka et al., 2014). Nonetheless, regardless of the initial attachment pattern, there is a higher probability of changing to insecure attachment in the course of the violent intimate relationship (Henderson et al., 1997).

The attachment bond established in an intimate relationship makes its ending difficult, even in a dysfunctional and violent context (Bartholomew and Allison, 2006). Bowlby (1982) claimed that the strength of these bonds isn't related to its quality and added the paradox that the more severe the punishment received by a young person is, the stronger the attachment behavior to its attachment figure will be.

On one hand, with a positive self-model, namely because of the positive self-concept that intertwines with a lesser tolerance towards the existence of violence, secure and avoidant victims are less likely to maintain the abusive relationship. In the case of avoidant victims, there will also be the contribution of a bigger need of autonomy (Bartholomew et al., 2001; Henderson et al., 1997).

On the other hand, with a negative self-model, which involves the belief that one is not worthy of love, individuals do not possess enough internal resources to demand a better

treatment when dealing with violence (Bartholomew et al., 2001; Henderson et al., 1997). In what concerns victims who show preoccupied attachment, due to their dependence, desire for love and support, they present higher difficulty in ending the intimate relationship (Bartholomew and Allison, 2006; Henderson et al., 2005); due to the coexistence of a positive model of the other, the need for approval that the individual possesses is related to the idealization of the partner. The individual, thus, believes in the justifications on the partner's ability to change when promising to (Henderson et al., 2005).

Regarding the fearful avoidant style, adding to the negative self-model, the negative model of the other is described as beneficial when it comes to ending the relationship, because there are no expectations of responsiveness, availability or alteration of the partner's behavior, which leads to less likelihood of continued violence (Henderson et al., 1997). However, another perspective regarding avoidant attachment in its whole is presented, which defends that these victims may be more tolerant towards a moderate dysfunction of the relationship given that there is a negative model of the other and, consequently, negative expectations from the partner (Henderson et al., 2005).

In what regards the empirical studies about victimization in the context of intimate relationships, it was possible to distinguish victims with secure and insecure attachment, considering that the last reported more types of abusive behavior, such as psychological, physical, sexual and economical abuse (Oka et al., 2014; Senlet, 2012; Shechory, 2013). It is mentioned that Oka and authors (2014) observed a stronger association between the victim's insecure attachment and the violent behaviors of the offender, in comparison with his own insecure attachment. Also Bifulco, Moran, Ball and Bernazzani (2002) noticed that insecure attachment was more present in high risk groups, namely participants with conflicts in intimate relationships that had suffered negligence/abuse in their childhood.

Some studies propose an association between avoidant dimension and victimization. Moreira and authors (2006) concluded that, in the Portuguese context, this association was related to the history of victimization in intimate relationships, in opposition to the preoccupied style. In international studies, as it is seen in the study conducted by Kuijpers, Knaap and Winkel (2012), the same phenomenon was registered for the victims' physical and psychological revictimization.

In what regards preoccupied attachment, there is a higher number of investigations that support this association. The studies conducted by Grych and Kinsfogel (2010), as well as by Henderson and authors (2005), have demonstrated that this dimension had a more significant relationship with physical and psychological abuse, in comparison with avoidant attachment. Also, some other authors (e.g., Doumas, Pearson, Elgin, and McKinley, 2008; Godbout, Dutton, Lussier, and Sabourin, 2009) have concluded that this dimension of attachment in females was related to the perpetration of male violence.

In what concerns the investigation of attachment styles, as opposed to the dimensions, the preoccupied style is predominant, being followed by the fearful avoidant one (Allison, Bartholomew, Mayseless, and Dutton, 2008; Bookwala and Zdaniuk, 1998; Henderson et al., 1997). Henderson and authors (1997) have observed that the negative self-model was present in more than 80% of the victims that were part of their sample, more specifically, 53% had a preoccupied style and 35% a fearful avoidant one. This team explained that the numbers obtained could be due to a higher resistance of the victims with fearful avoidance to share their experiences, in contrast with victims with a preoccupied attachment. They also added that the preoccupied victims had shorter-term relationships and more frequent separations.

CONCLUSION

In general, although there is some divergence in the studies' conclusions, it is possible to verify that insecure adult attachment, namely preoccupied attachment, has been addressed by scientific literature as presenting a stronger association with the victimization experience in intimate relationships. Thus, the involvement and maintenance of abusive intimate relationships is related to the existence of a negative self-model and a positive model of the other, which translates into the belief that the individual is not worthy of love, being rather dependent on the partner and showing a need for approval and desire for love/support. In addition to that, there is an idealization of the partner and his apparent wish of altering the violent behavior (this behavior of the offender is part of the cycle of violence). These characteristics result in a higher level of tolerance towards the presence of violence.

This type of study helps to prevent, assess and intervene in cases of violence in intimate relationships. When it comes to prevention, it is possible to adjust psychoeducation programs according to the specificities of the patterns associated with the victim/offender. There is, thus, greater awareness in relation to the victim's/offender's behaviors and their motives. When assessing, it is possible to attribute a more accurate violence risk because there is a deeper understanding about this phenomenon and about the nature of the pattern of attachment, i.e., if it can be considered as a vulnerability or protective factor. This translates into a prediction about the way the victim or the offender will act enabling us to know if there will be new violent behaviors. Finally, this study plays an important role in intervention since the investigation in this area allows for the individualization of the case management, that is, it helps to direct psychotherapy towards the attachment issue. Psychotherapy will focus on the disrupted interpersonal patterns - which are based on the quality of the original patterns with the caretakers that form the expectations of the self and the other later in life, thus influencing behavior – and on couples' therapy, in which attachment is useful to understand and deepen anger and control issues and to recommend a more appropriate restraining measure in the context of the judiciary system. As this is a crime that occurs in the relational context, the patterns of attachment help technicians to focus on the origin of the affective connection and its development.

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Chapter 2

ANIMAL CRUELTY AND INTIMATE PARTNER VIOLENCE

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ABSTRACT

Experts define intimate partner violence as a pattern of abusive behavior in a relationship by one partner to gain or maintain power and control over another intimate partner. Anyone can be a victim of intimate partner violence, however, one victim that is often overlooked is the family companion animal. Companion animals have been redefined as a part of the continuum of intimate partner violence, and considered an indicator of other problems in dysfunctional and violent families. When children witness abuse of a companion animal it can have a negative impact on their ability to develop prosocial relationships. Children in violent homes who witness the abuse of their pet learn to imitate this behavior and engage in similar acts, which can result in externalizing behaviors, conduct disorders, and antisocial behavior in adulthood. Despite the increased awareness of this issue, very few domestic violence shelters across the United States have the resources to house companion animals. This often results in victims remaining in their violent relationships for fear of the animal's safety. Laws have been created to provide support for victims and their companion animals but not every state provides protections for pets. Grassroots efforts have emerged to create Link coalitions that focus on educating community service providers about the link between intimate partner violence and animal cruelty.

INTRODUCTION

In recent decades research has highlighted the positive effects of animals on the mental and physical wellbeing of Americans. Studies examining physical aspects suggest that the presence of an animal can help to reduce stress by lowering blood pressure, decreasing heart rates (Allen,

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Blascovich, and Mendes, 2002), and improving long-term physical health (Liccardi, et al., 2005; Simpson and Custovic, 2005). The presence of companion animals can encourage socialization (Wells, 2004) and help to reduce the feelings of loneliness and isolation often associated with anxiety and stress (Corson &Corson, 1978). Additionally, the relationship between pet ownership and depression has been widely examined. While the results are mixed, the results show that companion animals can help lessen the symptoms of depression and overall mental health (Antonacopoulos and Pychyl, 2010).

In homes characterized by intimate partner violence a companion animal can be seen a source of support, but they are also vulnerable to being the target of abuse. A growing body of literature has acknowledged the link between intimate partner violence and animal cruelty, resulting in a shift in the way we think about family violence and those who are victims of abuse (Ascione, et al., 1997; Ascione, et al., 2007; Carlisle-Frank, Frank, and Nielson, 2004; Fitzgerald, 2007; Flynn, 2000; Faver and Strand, 2003; Roguski, 2012). As companion animals have been redefined as a part of the continuum of intimate partner violence their abuse is considered an indicator of dysfunction in the family (Ascione, Weber, and Wood, 1997). The implications for children who witness violence in the home are devastating. Children not only witness the violence between their caregivers, but they are also exposed to animal cruelty. The combination of witnessing both forms of violence can result in serious negative consequences for their psychological development.

INTIMATE PARTNER VIOLENCE

Approximately 31% of women aged 18 or older will experience some form of violence by an intimate partner, and an estimated 22% experience at least one severe physical act of violence by an intimate partner over a lifetime (Brieding et al., 2014). Intimate partner violence is a leading cause of death among American women and its associated costs amount to approximately U.S $8.3 billion a year (Bonomi, Anderson, Rivara, and Thompson, 2009). Intimate partner violence takes many forms such as “physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner), or ongoing sexual partner” (Brieding et al., 2015, p. 11). Studies reveal several commonalities in families where intimate partner violence is present. Repetti, Taylor, and Seeman (2002) examined the characteristics of what they term “risky families” and found such homes often exhibit conflict, anger and aggression. Results from their comprehensive study also indicate that parents in “risky families” are neglectful of their children’s needs and are often cold and lacking in warmth. Other research suggests that in families characterized by intimate partner violence there is often more than one type of violence present. An early study by McClosky, Figueredo, and Koss (1995) found that different forms of family violence co-occur such as verbal abuse, physical abuse, and escalated aggression. For example, mothers from their sample of victims reported experiences of both physical and sexual abuse occurring simultaneously.

Research concerning the risk factors for intimate partner violence indicate an association with socioeconomic status or level of education; however, Schumacher, Feldbau-Kohn, Smith Slep, and Heyman (2001) found that demographic variables such as socioeconomic status, age and education have shown to only be weakly related to intimate partner violence, whereas other

variables such a history of exposure to parental physical/verbal aggression, childhood sexual victimization were more strongly correlated. In a more recent study Capaldi, Knoble, Shortt, and Kim (2012) found age to be a risk factor for intimate partner violence, where younger adolescent females were more at risk than mature women. They also found antisocial behavior to be consistently associated with later involvement in intimate partner violence, and that it is similarly related to earlier risk factors such as harsh parental treatment.

When examining dynamics of family violence, it is important to recognize the impact it has on children. A recent national survey examining childhood exposure to intimate partner violence estimates that 17.9% of children aged 17 years and younger are exposed to domestic violence in their lifetime (Hamby et al., 2011). Violence between adults occurs in an environment that a child often associates with safety, and where the participants are central to the child's sense of security (Currie, 2006). Children growing up in chaotic families are not only witnesses to abuse, but can become victims themselves. Childhood maltreatment is commonly found in homes characterized by intimate partner violence. Moreover, studies reveal that children raised in risky families are often neglected and the parents are poor prosocial role models, which can impact their ability to develop healthy relationships (Hartley, 2004; Repetti et al., 2002).

One study examining the experiences of children exposed to intimate partner violence revealed that children report witnessing the physical violence against their mothers. In some instances children reported that they witnessed their mother being choked. They also found that fathers who abuse their wives are more likely to hurt their children (McClosky et al., 1995). Fantuzzo and Fusco (2007) conducted a study examining children's direct exposure to intimate partner violence. Their results reveal that children can be exposed to violence in the home when a weapon is used in an altercation between partners. While the use of weapons in intimate partner violence is rare, this can place children at increased risk, as weapon involvement typically results in more severe injuries (Tjaden and Theonnes, 2000).

There is evidence that children raised in chaotic homes are not only vulnerable to abuse and neglect, but exposure to family violence can also place them at greater risk for developing psychological disorders as adults (Chang, Theodore, Martin, and Runyan, 2008). In an early study examining children exposed to substantiated child abuse and/or neglect Luntz and Widom (1994) found that abused and neglected children were a greater risk for developing antisocial personality disorder or symptoms associated with it as adults than the comparison group that did not experience childhood abuse. Results from similar studies show exposure to violence in the home has been associated with childhood maladjustment and other issues such as increased levels of aggression (Chang, et al., 2008; Herrera and McCloseky, 2001), and conduct disorder (Meyer et al., 2000).

Often children living in violent homes are witness to abuse, or threats of abuse of the family pet (Baldry, 2003; DeGue and LiLillo, 2009; Volant, Johnson, Gullone, and Colman, 2008). When children experience maltreatment in the home they are at greater risk for engaging in animal cruelty. An early study by DeViney, Dickert, and Lockwood (1983) examined 53 families under investigation for suspected child abuse and found that among their sample population, 80% of child abuse cases also involved some type of animal abuse. In a more recent study, McEwen, Moffitt, and Arseneault (2014) reported that children who were cruel to animals were twice as likely to have experienced physical maltreatment in the home. This finding is consistent with other studies that reveal childhood cruelty to animals is associated with increased risk of maltreatment (Baldry 2003; DeGue and DiLillo, 2009; Duncan, Thomas,

and Miller, 2005). While not statistically significant, Mc Ewen et al. (2004) also found children who were maltreated and from homes characterized by intimate partner violence were more likely to engage in animal cruelty than those children with maltreatment only.

ANIMAL CRUELTY

In 2012 over 70 million dogs and 74 million cats were residing in households across the United States (U.S. Pet Ownership and Demographics Sourcebook, 2012). There is no doubt that animals are an important part of family life, but sometimes companion animals can bear the brunt of conflict. Animal cruelty in the home can be in indication of other behaviors such as child abuse, intimate partner violence, and elderly abuse. Although many cases of animal cruelty go unpunished, given the research that demonstrates the connection between animal cruelty and other forms of violence (Ascione et al., 1997), it may be an indication that animal cruelty should be taken more seriously.

Defining animal cruelty has proven to be a challenge and attempts to create a standardized definition of animal cruelty are still developing. In 1987 Felthous and Kellert defined cruelty to animals as a "pattern of deliberately, repeatedly, and unnecessarily hurting vertebrate animals in a manner likely to cause serious injury" (p. 1715). Ascione (1993) acknowledged the importance of developing a widely accepted definition of animal cruelty. He combined the most common features of 50 state statutes to define cruelty as a "socially unacceptable behavior that intentionally causes unnecessary pain, suffering, or distress to and/or death of an animal (Ascione, 1993, p. 228). In an attempt to develop a more thorough definition Ascione and Shapiro (2009) define animal abuse as, "nonaccidental, socially unacceptable behavior that causes pain, suffering or distress to and/or the death of an animal" (p. 570). Munro and Thrusfield (2001) argued that the four categories used to define child abuse (i.e., physical abuse, neglect, sexual abuse, and emotional abuse) promote common language and should be used to adopt a definition for animal cruelty. This change is reflected in Ascione and Shapiro's (2009) refined "animal abuse" definition. Scholars continue to develop a clear definition, as the lack of universal definition of animal cruelty can hinder prosecution and possible attempts at punishment or attempts to rehabilitate offenders.

ANIMAL CRUELTY AND INTIMATE PARTNER VIOLENCE

Since animals have made the transition from pets to animal companions, they have become more vulnerable and are at greater risk for exploitation and abuse (Fitzgerald, 2007). This rise in status has occurred as more Americans view their pets as family members. Arkow (2007) found that 51% of individuals viewed animals as companions, and 47% as members saw them as members of the family (Arkow, 2007). Lacroix (1998) notes that pet owners often develop a "human-like relationship" with their pets and thus feel and treat animals in their care as family. Companion animals can be a vital source of support for victims of intimate partner violence, and provide a sense of security, unconditional acceptance, and can help to reduce anxiety and depression, common among victims of intimate partner violence (Morley and Fook, 2005). Companion animals can provide a sense of purpose in families by teaching children a sense of

responsibility, loyalty, and empathy (Morley and Fook, 2005). Research suggests that the human-animal bond can also be an affective tool for managing stress in children experiencing trauma (Yorke, 2010).

Our consideration of companion animals as family members and reliance upon them for emotional support crosses ethnic and racial boundaries. Risely-Curtiss et al., (2006a) randomly surveyed 587 participants in a southwestern metropolitan county and found no significant racial or ethnic differences in whether participants reported they received emotional support, unconditional love, and companionship from their pets. All racial and ethnic groups represented in the study described their animals as being members of the family, and that they had reciprocal relationships with their pets. In a qualitative study exploring the beliefs and perceptions of companion animals among women of color, Risley-Curtis et al., (2006b) found that most women had a reciprocal relationship with their pets and that they considered them family. The use of companion animals to manipulate and control victims of family violence is also seen among various ethnicities. Faver and Cavazos (2007) conducted a study with Hispanic women seeking refuge in a South Texas domestic violence program. Almost a third of the women reported their partners threatened, harmed or killed their pets. Those women whose pet was abused reported they were a strong source of support, and that influenced their decision about leaving.

Batterers abuse companion animals to maintain control over their victims, to keep the family isolated, to control the family with fear, and to punish the victim for leaving or showing independence (Faver and Strand, 2007; Fitzgerald, 2007). Common methods used to manipulate and control victims include "threats to physically abuse companion animals, denying access to veterinary care, [and] threatening to "get rid" of the companion animals" (Hardesty, 2013, p. 9). Women in a study conducted by Carlisle-Frank, Frank, and Neslon (2004) reported that their batterers abused companion animals by "punching, hitting, chocking, drowning, shooting, stabbing, throwing against a wall/down the stairs, etc." (p. 9). Another thirty percent of those respondents reported that their batterer verbally threatened to kill or hurt the companion animal. Forty-eight percent of families who reported abuse stated that it happened "often" over a 12-month period, and thirty percent stated that it happened "almost always" (p. 40).

Companion animals can become the scapegoat in stressful or violent households because they present a safe target for the discharge of anger an aggression (Agnew, 1998). In an early study examining the motivations for animal cruelty, Kellert and Felthous (1985) found that some individuals abuse animals as a way to retaliate against someone who they perceived has "wronged" them. Research also shows that batterers who engage in animal cruelty as a method to intimidate and control are likely to use more aggressive forms of violence. Simmons and Lehann (2007) surveyed 1,283 women in an urban domestic violence shelter in Texas between 1998 and 2002. Their study revealed that a majority of batterers verbally abuse the pet in front of them or hit a pet with an object when angry. They also found that batterers who abuse family pets are more likely to use more aggressive forms of violence such as sexual violence, marital rape, and talking, and demonstrate more controlling behaviors, than those who do not perpetrate animal cruelty.

As observers, children are acutely aware of the methods used by batters to punish and control. In a recent study, McDonald et al. (2105) interviewed 58 children exposed to intimate partner violence about their experiences of threats and harm directed toward their companion animals. They found that children not only witness threats and actual animal maltreatment, but

they can identify this behavior as an attempt to influence the maternal caregiver's behavior, or as retaliation for seeking independence. Children also reported companion animal maltreatment as a means of punishment from mothers, partners, siblings and the children interviewed also engaged in the punishment of their pets. This is reflective of harsh punishment that is often seen in households associated characterized by intimate partner violence (Becker et al., 204; Lee, Kotch, and Cox, 2004; Reppetti, et al., 2002).

Threats or harm directed at the family pet can result in strong negative emotional responses, suggesting an additional form of trauma that victims must endure (Ascione et al.,1997). Batterers exploit the special relationship victims have with their companion animals as a way to punish and control them (Onyskiw, 2007), where abuse of a companion animal, or the threat of abuse, sends a strong message that the victim could be next (Suthers-McCabe, 2005). When victims become fearful of future abuse their subordination is secured, and they alter their behavior to avoid future abuse. This tactic of intimidation and control allows the abuser to control the victim even when they are not present.

Many victims of intimate partner violence are unable to leave the home due to concern for the family pet (Fitzgerald, 2007; Carlisle-Frank et al., 2004; Flynn, 2000; Faver and Strand, 2003; Roguski, 2012; Tiplady et al., 2012). McDonald et al. (2015) found that companion animals were used to as a means to control or punish the victims for seeking their independence. For example, one children respondent noted, "The dog got hurt because dad kept kicking and kicking my dog. He didn't kill any pets until we got to the shelter. When we were there, my bird was gone" (p. 121). The reluctance of victims to leave a violent relationship is well documented in the literature and reports reveal this very real and common concern. For example, Flynn (2000) found 23% of women delayed entering a shelter due to safety concerns for their pets, whereas Carlisle-Frank et al., (2004) reveal that 48% of the women in their sample remained in their relationships. In a later study by Ascione et al. (2007) 14.3% of women delayed entering a shelter, and one year later Volant et al. (2008) published a study similar to Ascione et al. (2007), and found 33% of their sample of mothers seeking refuge report that they delayed leaving out of concern for their pets. Most recently Roguski (2012) found 20% of women interviewed stayed in the relationship because of their pets. Reluctance to leave increases victim vulnerability and can result in further exposure to physical and emotional abuse.

THE POTENTIAL FOR ANIMAL CRUELTY AMONG CHILDREN

Witnessing violence and animal cruelty in the home can have a negative impact the prosocial development of children resulting in internalizing and externalizing behaviors, and trauma (Evans, Davies, and DilLillo, 2008). Clinical and retrospective studies reveal that children who participated in animal cruelty typically came from chaotic or violent home environments where alcoholism and intimate partner violence were present (Becker et al., 2004; Capaldi, et al., 2012; Repetti, et al., 2002). Other studies reveal that children from homes characterized by intimate partner violence are twice as likely to engage in animal cruelty as children from other homes (Becker et al., 2004; Currie 2006).

The link between animal cruelty, conduct disorder, and family violence has been well documented in the literature. One study examined childhood cruelty to animals as a

developmental pathway to antisocial behavior. Dadds, Whiting, and Hawes (2006) found that animal cruelty was associated with callous or unemotional traits, often associated with conduct disorder, resulting from failure to learn empathy, which can later develop into adult antisocial behaviors. According to (Ascione, 2001), animal cruelty may be one of the first symptoms to appear in children diagnosed with conduct disorder. Other studies suggest that children witnessing intimate partner violence can be associated with the risk of developing conduct disorder (Flynn 2000). In a more recent study Meltzer et al., (2009) examined 7,865 families and their children to determine the relationship between witnessing intimate partner violence and childhood disorders. Results from their study reveal that witnessing severe intimate partner violence triples the risk of a child developing conduct disorder.

According to the DSM-IIIR conduct disorder is a "persistent pattern of behavior in which the basic rights of others and major age-appropriate societal norms are violated (American Psychiatric Association, 1994 p. 90). In 1987 cruelty to animals was added as one of the criteria used to diagnose conduct disorder. To be diagnosed with conduct disorder 3 out of 15 behaviors that constitute criteria must be met within the last year. The DSM IV states that children who are diagnosed with conduct disorder can show behaviors into adulthood that meet the criteria for antisocial personality disorder (American Psychological Association, 1994). Antisocial personality disorder in adults resembles conduct disorder in children and includes physical acts of aggression, lack of remorse for stealing, hurting or physically harming others, and deceitfulness.

There are several factors that can contribute to a diagnosis of conduct disorder, which include intrinsic, genetic, neurochemical and environmental characteristics; however, the family environment is one of the most influential aspects associated with the development of conduct disorder (Holmes, Slaughter, and Kashani, 2001; Meltzer, et al., 2009). A variety of parenting characteristics can lead to a diagnosis of conduct disorder, including parental conflict and physical violence (Holmes et al., 2001). Luk et al., (1999) conducted a study comparing a sample of clinic-referred children with conduct problems with a community sample. They found that children who are cruel to animals have more severe conduct problems, and came from poorly functioning families. Duncan, Thomas, and Miller (2005) compared charts of boys who had received residential treatment with a history of disruptive behavior problems, a legal history, or met the criteria for conduct disorder. In their study they separated the sample into groups that exhibited cruelty to animals and those that did not, and found that those who exhibited animal cruelty were twice as likely to have been exposed to intimate partner violence compared to those that did not engage in animal cruelty.

Other studies have examined the relationship between witnessing intimate partner violence and animal cruelty among youth and found similar, positive associations. Baldry (2003) sampled 1,392 Italian youth between the ages of 9 and 17, examining the impact of exposure to intimate partner violence and animal cruelty on animal cruelty perpetrated by children and adolescents. Half of the youth in this study reported at least one type of animal abuse, and high school boys reported more animal abuse than their younger male counterparts. Among the youth who participated in this study almost all reported a high level of exposure to intimate partner violence.

There is a long history of examination regarding the connection between animal cruelty and more serious externalizing behaviors such as delinquency and firesetting. Tapia (1971) conducted one of the earliest studies examining children who engaged in acts of animal cruelty.

Findings from 18 case studies in a clinical setting indicated that children who commit acts of animal cruelty are more likely to engage in other aggressive behaviors such as fighting, bullying and fireseeting. More recent studies have examined the impact of living in a home characterized by intimate partner violence on the propensity to engage in childhood acts of animal cruelty. In a 10- year prospective study examining family risk factors and their relationship with firesetting, animal cruelty, and adolescent delinquency Becker et al. (2004) reveal that children in violent homes were 2.3 times more likely to engage in animal cruelty than those from non-violent homes. Their results also suggest that in homes where the partner harmed the family pet, children were more likely to start fires. They also found that 29% of the children who engage in animal cruelty were also diagnosed with conduct disorder compared to 7.2% of the non-cruel children.

ANIMAL CRUELTY AS A LEARNED BEHAVIOR

There is some indication that childhood animal cruelty is learned through imitation by witnessing it in the home. Social learning theory suggests that family members model behaviors for children that are learned and reinforced over time (Bandura, 1977). Flynn (2011) found that adolescents who witnessed animal cruelty were more likely to perpetrate it than teens that had not, when the observed abuser was a parent, sibling, relative or friend, compared to a stranger. According to Duncan and Miller (2002) childhood cruelty to animals can be the result of modeling parental behavior, need to control, and failure to develop empathy. Parents play an important role in the lives of children and act as role models, so when they engage in aggressive acts toward each other it may teach children that aggression is an appropriate response for resolving conflict (Wolak and Finkelhor, 1998).

It is not uncommon for children in violent homes to be exposed to animal cruelty. Early studies comparing the experiences of women in domestic violence shelters to those in the community reveal that 61% of the women in the shelter reported their child had witnessed abuse of a pet, compared to 3% of the comparison community sample (Ascione et al., 1997). The same researchers also interviewed 39 children in the shelters and found that most children (51.4%) attempted to protect their pet from abuse; however, additional studies found that children hurt or killed a family pet (Ascione, 1998, McDonald et al., 2015). Children who are exposed to abuse or who are targets of abuse may experience feelings of powerlessness. In order to overcome the fear and powerlessness of victimization children may act out their aggressions on their pets or peers (Ascione et al., 1997).

Age of exposure to animal cruelty is also a significant factor in learning animal cruelty perpetration. Hensley and Tallichet (2005) examined whether exposure to animal cruelty and the age of exposure affects subsequent acts of cruelty. Through surveys distributed to inmates in two medium-security prisons they found that animal cruelty is in part a learned behavior. Participants who witnessed an animal hurt or killed at the hands of a family member at a young age were more likely to commit animal cruelty with greater frequency. In 2008 Hensley and Tallichet, published a follow-up study to their previous (2005) examination of the motivations for childhood animal cruelty and subsequent violent crimes. In their current (2008) study approximately 15% of their sample of inmates stated that they were motivated by imitation. These studies demonstrate that animal cruelty is a learned and legitimized by watching family

and friends engage in animal cruelty (Tallichet, Hensley, and Evans, 2012; Hensley and Tallichet, 2005). Because exposure to animal abuse at an earlier age is significant it could be that individuals become desensitized to this type of violent behavior.

LINK BETWEEN CHILDHOOD ANIMAL CRUELTY AND FUTURE AGGRESSION

Research has demonstrated a clear connection between childhood animal cruelty, delinquency, and more serious aggressive behaviors. Some studies have focused on the effects of witnessing animal cruelty on bullying and delinquency. Henry (2004) surveyed undergraduate students about witnessing or engaging in animal cruelty. He found that students who reported observing animal cruelty were more likely to engage in delinquent behavior, both in the past year and over a lifetime. Later studies indicate that individuals who engaged in multiple acts of animal cruelty were more likely to engage in physical and verbal bullying (Henry and Saunders, 2007; Thompson and Gullone, 2006). Gullone and Roberton (2008) also found that co-occurring animal cruelty and bullying can be related to witnessing animal abuse.

The link between childhood animal cruelty as an antecedent to future human-directed aggression has long been examined (Kellert and Fethous, 1985; Lockwood and Hodge, 1986). In 1964 Margaret Mead investigated the causal factors of pathological homicide and found that the killing of animals by a child could be a precursor for violent acts as adults. Decades later, studies conducted with violent offenders consistently reveal a history of childhood cruelty toward animals (Merz-Prez, Heide, and Silverman, 2001). Arluke et al. (1999) examined a sample of offenders with a history of animal cruelty and compared them to a group of individuals with similar demographic backgrounds, but without criminal justice involvement. They found that animal abusers were 3.2 times more likely than their counterparts to have committed at least one criminal act. Participants who abused animals were 5.3 times more likely to have a violent criminal record than their control counterparts. Other crimes associated with a history of animal abuse consist of property crimes, drug-related crimes, and disorderly behavior. Research conducted by Vaughn et al. (2009) suggests a connection between animal cruelty and antisocial behaviors such as robbery, fire setting, and harassing or threatening someone. They found personality disorders associated with animal cruelty are antisocial personality disorder and conduct disorder.

A history of animal cruelty does not necessarily predict future human-directed aggression; however, there are some characteristics in childhood cruelty to animals that suggest its potential including a lack of remorse, carrying out a variety of cruel acts, and victimizing valuable animals, such as dogs (Kellert and Felthous, 1985). When treating animal cruelty as a marker for subsequent offending Walters and Noon (2015) found that when animal cruelty is aligned with variables that reflect "hostile, manipulative, calculated, and cold-blooded approach to criminal opportunities, animal cruelty is capable of predicting future offending" (p. 1381).

Early retrospective studies also support the connection of childhood animal cruelty and future human-directed aggression. Ressler, Burgess, and Douglas, (1988) examined 28 incarcerated sexual homicide offenders and found that 36% had committed acts of animal cruelty in childhood, and 46% had committed acts of cruelty in adolescence. In another early study examining animal cruelty and its relationship with aggression, (Kellert and Felthous,

1985) examined self-reported childhood experiences of incarcerated males and found that aggressive inmates reported more incidents of cruelty, more extreme types of cruelty, higher levels of generalized violence in childhood, and exposure to intimate partner violence. Similar research with incarcerated males was conducted by Merz-Perez et al. (2001) which revealed that fifty-six percent of the violent offenders were more likely to commit acts of animal cruelty in childhood and adolescence than non-violence offenders (20%).

More recently, Febres et al. (2014) examined self-reported adulthood animal abuse, antisocial personality traits, and alcohol. They surveyed 307 men arrested for domestic violence and court-referred to Batters Intervention Program (BIP) in Rhode Island and found that 41% of the participants reported at least one act of animal cruelty since the age of 18, primarily physical abuse. Moreover, adulthood animal cruelty was positively associated with intimate partner violence perpetration. Those who committed acts of adulthood animal cruelty and intimate partner violence also shared characteristics associated with antisocial personality disorder such as lack of empathy, impulsiveness, and criminal justice system involvement. These studies highlight the clear links between childhood exposure to intimate partner violence, animal cruelty, and potential human-directed aggression in adulthood.

ADDRESSING THE LINK

Under current laws animals are considered property; however, many individuals view their companion animals as an integral part of the family unit (Ascione et al., 1997; Fitzgerald, 2007, Risley-Curtiss et al., 2006a; Risley-Curtiss et al., 2006b). As our relationship with companion animals becomes more complex, public interest in protecting them has increased. Many states are responding to public concerns for their companion animals by increasing penalties from misdemeanors to felony sanctions for repeat offenders, including pets on orders of protection, and mandating cross reporting.

Information about the nature and frequency of animal cruelty historically has not been recognized at the state and federal levels. Most states have provided misdemeanor provisions for cases of animal cruelty that often result in fines. It was not until 2015 that all 50 of the United States offered felony provisions in cases of animal cruelty ("Animal Legal Defense Fund," n.d.). The Federal Bureau of Investigation has recently included animal cruelty in their National Incident Reporting System (NIBRS), where it is listed as a Class A felony along side homicide and arson. Data from these efforts will be available to the public starting 2017 (Federal Bureau of Investigation, 2016).

Currently, two states have developed laws that address the link between animal cruelty and family violence, where animal abuse is criminalized when then intent is to harm a domestic partner. For example, Indiana has adopted a law stating that an individual is guilty of "domestic animal cruelty" if the person "knowingly or intentionally kills a vertebrate animal with the intent to threaten, intimidate, coerce, harass, or terrorize a family or household member" (Upadhay, 2014, p. 1185). Maine has also adopted a similar law where an individual is guilty of animal cruelty if they "kill or torture an animal to frighten or intimidate a person or forces a person to injury or kill an animal" (Upadhay, 2014, p. 1185).

Another trend highlighting the importance of companion animals in families is the ability to place companion animals on orders of protection or restraining orders. Allowing pets on

protection orders prevents the batterer from having access to the companion animal and makes it more difficult to manipulate and control other family members (Gentry, 2001; Upadhya, 2014). Maine was the first state to allow judges to include pets on protection orders in 2006. Since that time other states like California, Vermont, New York and Illinois were soon to follow in 2006 and 2007 respectively and, as of 2014, thirty of the United States, District of Columbia, and Puerto Rico have passed legislation to include pets on protection orders ("Animal Legal and Historical Center," n.d.).

There are two approaches to placing companion animals on protection orders. The first method is by treating animal cruelty as the basis for the violation of a protection order, where pets are included in the protections when granted to a human victim. In essence, states that include companion animals on protection orders through this method are treating animal cruelty as an extension of the definition of intimate partner violence. The second approach to placing companion animals on protection orders is by including them in the protective scope of the order (Upadhya, 2014). Placing companion animals on protection orders provides victims with injunctive relief and can empower victims to leave the relationship.

Social service agencies protecting victims of domestic violence and child welfare have traditionally been isolated with limited communication. The lack of protocols to connect human services with humane services led to the creation of cross-reporting legislation. Cross-reporting laws require that law enforcement and other social service agencies collaborate in their investigations related to child and animal maltreatment. California (SB 1264) was one of the first states to enact mandatory cross-reporting requiring humane officers to report child abuse, and recently Virginia (SB 239) enacted laws that require animal control officers and veterinarians to report suspected child abuse. Cross-reporting legislation encourages agency collaboration, but there are some concerns about the ability to actively enforce such laws.

FUTURE DIRECTIONS

Animal cruelty is clearly linked with other types of violence occurring in families. Companion animals are often banned from domestic violence shelters, and agencies struggle to develop or maintain policies that keep companion animals and victims together and safe. Support for victims attempting to seek protection from violent relationships with their companion animals is increasing; however, collaborative work needs to be done among the different agencies representing the rights of both humans and animals (Ascione et. al., 1997; Komorosky et al., 2015; Krienert et al., 2012; Roguski, 2012). Domestic violence shelters often report they lack funding, available resources, health and safety concerns, and space issues as reasons for their inability to accommodate companion animals in their facilities (Komorosky, et al., 2015; Krienert et al., (2012). Because the link between intimate partner violence and animal cruelty has not reached public attention, it poses challenges for change in legislation and community support.

The movement toward sheltering companion animals is a grassroots effort supported by local communities. Community organizing is required to lift this issue to a state and federal level. Colorado Link Project ("CLP," n.d.) is an example of networking and leveraging local influence, to bring change where human services, law enforcement, and the legal community can work together to assist victims and their companion animals. One of challenges facing

domestic violence shelter administrators is the ability to provide enough space to house victims and their companion animals together (Komorosky, et al., 2105; Kreinert et al., 2012). Some organizations focus on providing guidance and support to help agencies assisting victims who are seeking refuge with their companion animals. Ahisma House offers temporary housing for pets, 24- hour crisis services, and professional community outreach. ("Ahisma House," n.d.). Sheltering Animals and Families Together (SAF-T) is the only national program that provides a SAF-T Start Up Guide to assist domestic violence shelters in transforming to accommodate companion animals. Sheltering Animals and Families Together offers a national list of domestic violence programs that shelter pet and families can be found on the website ("Sheltering Animals and Families," n.d.). The RedRover Relief Program provides two grants to assist animals in crisis, including domestic violence situations. Safe Escape grants are provided for emergency housing and veterinary visits, providing some financial relief for victims of domestic violence leaving their abusers ("RedRover," n.d.). Safe Housing grants are made available to agencies that wish to alter their housing, so that pets can stay with their human companion.

Professional standards should be set to ensure that key practitioners are educated and current regarding the signs and current trends related to domestic violence and animal abuse (Randour, 2007). A recent study examined the frequency in which child protection workers asked about animal welfare during investigations of child maltreatment. The majority of child protective workers in their sample (94%) reported that they observed evidence of animal neglect during a child protection investigation. Over half of the respondents reported that they observed evidence of physical abuse of an animal while conducting a child protection investigation. Only 23% stated they reported animal cruelty to the proper authorities, and 48% stated they made no report (Girardi and Pozzulo 2012). Clear standards and protocol would help guide human welfare professional regarding best practices when animal cruelty is suspected.

Animal Control Officers also play a vital role in cross reporting incidence of violence in the home. As one domestic violence shelter administrator noted in Komorosky et al., (2015) "We train our animal control officers to be aware of what they are seeing when they go into homes. We have heard stories. 'He kicked the dog knowing it would hurt me'" (p. 307). There is a clear indication that increased training and well-developed professional standards would provide guidance to assist human and animal welfare workers effectively perform their duties and protect victims in violent homes.

CONCLUSION

Intimate partner violence continues to be a significant public health concern despite the many efforts of protective agencies. All family members are affected by living in a violent home, including companion animals. Individuals view their pets as family and will go to great lengths to protect them, even when it means enduring additional harm in an abusive relationship. The evidence linking intimate partner violence, child abuse, and animal cruelty warrants a multidisciplinary response. Lawmakers must consider the serious consequences of childhood exposure to family violence, abuse of companion animals, and its associated negative impact on their psychological development. Care should be taken to ensure that abuse of

companion animals be seriously considered as it relates to other forms of family violence and potential human-directed aggression. States continue to develop laws that allow for companion animals on orders of protection but this provision should be extended to victims in all states. Law and policymakers are encouraged to continue consulting the literature when developing laws that treat the crime of animal cruelty more seriously, and governments should provide law enforcement with training and resources to enforce those laws. The link between animal cruelty and other types of crime can be addressed through education and agency collaboration to enhance the ability of human and animal welfare professionals to identify, report, and respond to all forms of violence in the home is necessary.

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Course Development:

CRJA 3750 Family Violence and the Criminal Justice System provides students with an overview of the types of violence that occurs in families such as child abuse, and violence between sibling and adolescent violence directed toward adults, domestic violence, and elderly abuse. This course also examines the link between domestic violence intimate partner violence and child maltreatment.

CRJA 4500 Animal Cruelty and the Criminal Justice System is course that provides students with a general overview of the types of animal cruelty, animals used as sport and entertainment, link between animal cruelty and other types of crime, the link between animal cruelty and domestic violence, legislation, and enforcement of animal cruelty laws.

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Community Events:

- Speaker (2016): "*Intimate partner violence and animal cruelty: Victim rights"*. Victims Rights Week Sponsored by Alameda County District Attorney
- Speaker (2015): "*Link between intimate partner violence and animal cruelty"*. Victims Rights Week Sponsored by Alameda County District Attorney
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Chapter 3

A MULTIDIMENSIONAL PERSPECTIVE ON DOMESTIC VIOLENCE: VIOLENCE AGAINST WOMEN AND CHILD MALTREATMENT

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ABSTRACT

Family violence is an issue of major concern for psychologists and families, community and social decision-makers. It is a dramatic phenomenon, which generates pain, trauma, physical and psychological scars. The explanatory perspectives of intra-family violence are multiple: biological and sociobiological theories, intergenerational transmission. There are also a number of other risk factors for the phenomenon: systems and family constellations, dysfunctional communication, consumption of alcohol, economic situation or cultural ideologies. Statistics show interesting data on the different manifestations of violence against women and cultural practices in different areas of the world.

A phenomenon with serious social impact and traumatic effects on the harmonious development of children is the maltreatment, with two of its manifestations: abuse and neglect. Risk factors include poverty, substance abuse, genetic factors, mental diseases and parental pathologies, family dynamics and parenting styles, inter and trans-generational transmission of abuse and neglect. A proper understanding of these risk factors can provide a valid framework for prevention and intervention. Resilience plays a key role in confronting the child with traumatic life situations.

Keywords: family violence, violence against women, social and psychological impact, child maltreatment, resilience

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INTRODUCTION

The concept of domestic violence refers to acts of violence and abuse of one family member over another (Kashani, 1998). The term appears in the scientific literature in the 70s, in the article "Youth, Violence and the Nature of Family Life" signed by Havens (1972) and appeared in Psychiatric Annals.

Violence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men, stopping full development of women. Violence against women and girls continues to be a global epidemic that physically, psychologically, sexually and economically kills tortures and maims. It is one of the most omnipresent human rights violations, denying women and girls' equality, security, dignity, value and their right to enjoy fundamental freedoms. Violence against women is present in every country, crossing cultural, social, educational, income, ethnicity and age borders. Even though most societies prohibit violence against women, the reality is that rights violations against women are often not sanctioned. Moreover, when the violation occurs indoors, as frequently happens, abuse is tolerated through silence and passivity.

Global dimensions of this violence are alarming, being highlighted by numerous studies on the incidence of this phenomenon. No country can claim to be free from domestic violence, the difference being made by patterns and trends in each country. Some women are more vulnerable: minority groups, immigrant women, refugee women and women from detention institutions, disabled women, female children and elderly women.

While accurate statistics are hard to find, studies estimate that, from country to country, between 20 and 50 percent of women have experienced physical violence by their partner or by another member of the family (World Health Organization, 1996).

VIOLENCE AGAINST WOMEN

The term "domestic violence" refers to violence against women and girls from one intimate partner or cohabiting partner and by other family members, whether it takes place inside the house or outside. In other words, the term "domestic" refers rather to types of relationships involved than the place where the act of violence occurs.

Many groups of women have tried to draw attention of international organizations to the fact that women's rights must be promoted. World Conference on Human Rights in Vienna (1993) agreed that the rights of women and girls are "an inalienable, integral and indivisible part of universal human rights." The United Nations General Meeting, in December 1993, adopted the Declaration on the Elimination of Violence against Women. This is the first international human rights instrument that refers exclusively to violence against women, a revolutionary document that became the basis for many other similar documents.

The family is often treated as a sanctuary - a place where the person seeks love, safety, security and shelter. Sometimes, it can be a place where appear the most severe forms of violence committed against girls and women. Violence in the domestic sphere is usually committed by men who occupy positions of trust, intimacy and power - husbands, boyfriends, fathers, step fathers, brothers, uncles, sons or other relatives. Women can also be violent, but their actions represent a small percentage of the total shares of domestic violence. Violence

against women is often a cycle of abuses that manifests itself in many forms throughout their lives.

From the beginning of her life, a girl could be the target of selective abortion or infanticide, especially in societies where the preference to have boys is common. During childhood, violence against girls can include malnutrition, lack of access to education and healthcare, incest, female genital mutilation, early marriages and prostitution or forced labor. Some women suffer over maturity; they are beaten, raped or even killed by spouses. Other crimes committed against women include: forced pregnancy, abortion, sterilization, murders "of honor" or widow burning on the tombstone of her husband.

While the effects of physical abuse are more visible than the psychological "scars," repeated insults and humiliations can lead to isolation and limited social mobility. Also, refusal of access to economic resources is a much more subtle and insidious way of violence against women. The fact that psychological abuse is not visible at body level, makes it hard to define and report, leaving the woman in a situation where she often feels destabilized and powerless.

Examples of domestic violence against women during their lifetime

Period	Type of violence
Before birth	Selective abortion; effects of violence against women during pregnancy.
Early childhood	Infanticide; psychological, physical and sexual abuse.
Middle childhood	Early marriage; female genital mutilation; psychological, physical and sexual abuse; incest; pedophilia and child pornography.
Adolescence and adulthood	Incest; sexual abuse at workplace; rape; sexual harassment; prostitution and pornography; trafficking in women; murder by spouse; psychological abuse; abuse of women with disabilities; forced pregnancy.
Old age	Determination of suicide or crimes against widows for economic reasons; psychological, physical and sexual abuse.

World Health Organization, 1996.

Violence that occurs in the family is the most delicate aspect of violence against women and violence in general. Family violence or domestic violence is a very widespread phenomenon. The victims are not only women, but also men and children, or other close relatives. Since domestic violence is included in the wider category of violence against the person and recognizing that female victimization is the favorite, we must take into account the profane conception about violence against women. Some believe that women themselves provoke it, and the male abuser can be excused when stressed, drunk or sick. Although alcohol is associated with violence, it is not a cause of violence. There are abusers who are abusive when not intoxicated and there are intoxicated individuals who not exhibit abusive behavior.

Lawyers and human rights experts have argued that physical, sexual and psychological abuse, sometimes with fatal outcome, they are comparable to torture, both in nature and severity. They can be intentional, in order to intimidate, punish and control the woman's identity and behavior. This occurs in situations where a woman may seem free to leave, but she is held captive by the fear of further violence against her and her children or lack of resources, family support, legal assistance or community (United Nations ECOSOC, 1996).

ETIOLOGY

According to *biological perspective,* violent behavior is associated with factors such as biological and genetic determination, mode of functioning of the central nervous system, endocrine system, neurotransmitters, chromosomal structures (Kashani and Allan, 1998, as cited in Raine et. al., 1988). Studies highlight that those people predisposed to manifest violent behaviors show a high level of prefrontal brain dysfunction (Kashani and Allan, 1998, as cited in Raine et. al., 1988), minimal brain dysfunction (Kashani and Allan, 1998, as cited in Elliot, 1982), an increased testosterone level (Kashani and Allan, 1998, as cited in Kreuz and Rose, 1972).

Based on the theory of natural selection of Ch. Darwin, *sociobiology perspective* shows that using violence in family would be a coercive way of control of marriage and family life, caused by the man's need to find confirmation as parental authority (Kashani and Allan, 1998, as cited in Dutton, 1995).

From the *perspective of intergenerational transmission,* people tend to replicate the violent behaviors of their parents (Kashani and Allan, 1998, as cited in Cappell and Heiner, 1990), in a so-called "cycle of abuse," where abused children become abusers and violence victims become aggressors. An important role in maintaining and perpetuating domestic violence have parenting styles taken from parents, but also repeated exposure to scenes of domestic violence. But not all become abusers and aggressors, thanks to mediation resulted in resilience or extra family social support.

Family systems theory argues that reciprocal social interactions maintain violent acts due to mutual social influences. For example, parents with a mutual violent behavior have marital dysfunctions and describe their children as being aggressive and with a great need for attention (Kashani and Allan, 1998, as cited in Green et. al., 1974).

Systemic approach combines traditional theory of family systems with individual and family beliefs (Kashani and Allan, 1998, as cited in Robinson, Wright and Watson, 1994), arguing that in violent family environments, family members hold certain beliefs (e.g., acceptance of violence), which prevents family attempts to solve problems effectively and nonviolent.

Another factor with major impact is *family stress.* Unemployment, financial problems, low socio-economic level, the existence of an improperly living environment, professional dissatisfaction, the existence of a child with special needs in the family or the occurrence of unwanted pregnancy (Kashani and Allan, 1998, as cited in Bottom and Lancaster, 1981) are risk factors in the development, maintenance and perpetuation of family violence.

Dysfunctional communication is another risk factor. According to certain authors (Kashani and Allan, 1998, as cited in Bottom et. al., 1981), violent families members have not learned to communicate about stressful events, to analyze alternatives for action, to build a solving plan. Physical aggressions are, for them, ways of communication, ways of solving family problems.

Family Constellations. Generally, having only one parent, usually the father, with a low income level, increases children's risk of becoming victims of domestic violence (Kashani and Allan, 1998, as cited in Gelles, 1989). Young mothers who tend to leave their child in the care of an abusive person (Kashani and Allan, 1998, as cited in Klerman, 1993) have an increased risk of becoming abusing, due to the effects of poverty, poor education, insufficient medical attention during pregnancy (Kashani and Allan, 1998, as cited in Willson et. al., 1980). The

risk is increased in case of a stepparent (Kashani and Allan, 1998, as cited in Willson et. al., 1980) and the existence of a multiple and extended family, whose members live together (Kashani and Allan, 1998, as cited in Osuna et. al., 1995).

There is a connection between domestic violence and *alcohol consumption*, but this determination fades in case of severe alcohol consumption, because alcohol works as an "anesthetic." Studies show that alcohol is a risk factor for marital violence, greater than the abuse of children (Kashani and Allan, 1998, as cited in Yegidis, 1992). Excessive consumption of alcohol and other drugs has been identified as a factor that generates violent behavior of men against women and children. Another study in Moscow showed that male violence is associated with their high alcohol consumption (World Health Organization, 1996).

There is not only one factor to explain the violence committed against women. A series of cultural and social factors leads women to still remain vulnerable to domestic violence. All these factors have historical origin and refer to unequal rights between men and women. Factors contributing to these unequal rights can be: socioeconomic, control over female sexuality, belief in the superiority of men, legislation and cultural sanctions that have traditionally denied an independent legal and social status to women and children.

Lack of economic resources underlies women's vulnerability to domestic violence and explains their inability to leave such a relationship. The relationship between domestic violence and lack of resources is circular. On the one hand, the threat and fear of violence leads women to look for jobs and compel them to accept low-paid jobs or at domicile of the employer, which can exploit them. On the other hand, lack of economic independence does not give a woman the power to escape from such a relationship.

However, reciprocal of this circular relationship is also available. In some countries, economic independence of women and their involvement in even more activities are seen as a threat which can lead to male violence. This applies, in particular when the husband does not work, and in this way he feels his power or authority being undermined (Schuler, Hashemi, Riley, and Akhter, 1996).

Studies have linked increasing violence to the economic destabilization of society. Macro-economic policies, reorganizations, globalization and inequalities were associated with an increasing number of violence acts in various regions, such as Latin America, Africa and Asia. The period of transition in Central, Eastern Europe and the former Soviet Union has resulted in an increasing of the poverty level, unequal incomes, unemployment, alcohol abuse, stress, which in turn led to increasing violence in general and, implicit, violence against women. These factors also act indirectly, increasing the vulnerability of women, and "encouraging them" to take risks, to abuse alcohol and drugs, and causing them to become economically dependent on their partners.

Cultural ideologies - both in industrialized and developing countries - encourage the "legitimacy" of violence against women in certain circumstances. Women's sexuality is also related to the concept of family honor in many societies. In some societies, traditional rules allow killing of daughters, sisters and wives suspected of profanation of family honor through forbidden sexual relations or marriage and divorce, without family consent.

Isolation of women in their families and communities contributes to increased violence, especially, where these women have sporadic encounters with their families or limited access to social security organizations. On the other hand, women's participation in social networks was noted as an important factor in order to reduce their vulnerability to violence and their

ability to solve domestic violence. These social networks can be informal (family, neighbors) or formal (women's organizations, political groups, etc.) (Sen, 1999).

Lack of legal protection, especially within the family home, is an important factor that allows the perpetuation of domestic violence. In many countries, violence against women is exacerbated by legislation where judicial systems do not recognize domestic violence as an offence.

To summarize, there are a number of predisposing factors leading to violence against women: cultural, economic, legal and political factors.

Cultural factors:

- Specifying gender roles
- Belief in the superiority of men
- Values that offer men the right to “ownership” of women
- Defining family as a setting where man has control
- Traditions relating to marriage
- The perception of violence as a method of solving conflicts

Economic factors:

- The economic dependence of women
- Limited access to credit offices
- Discrimination regarding division of properties
- Limited access to labor market
- Limited access to education and medical system

Legal factors:

- Laws that do not support women's rights
- Laws on divorce and child custody

Political factors:

- Violence against women is rarely debated
- Family has a private character, and the state cannot interfere
- Female political organizations have not similar power as male political organizations.

TYPES OF VIOLENCE

Physical Abuse

A growing number of studies confirm the prevalence of physical violence in all parts of the globe. Estimates show that in each country, between 20% and 50% of women have

experienced domestic violence (World Health Organization, 1996). The statistics are somber, regardless the country. The following table shows existing statistics in developed countries and those in transition, but it should be specified that the data refers only to physical violence. There are few statistics on psychological violence, sexual abuse and murders of women by intimate partners or by other family members. As already mentioned, physical violence is usually accompanied by psychological abuse and, in many cases, of sexual assault.

Statistics of Physical Abuse against Women

Country	Statistics
Canada	29% of a representative sample of 12,300 women reported that they had been physically abused by a current partner or a former partner, since the age of 16.
Japan	In 1993, 59% of 796 women reported being physically abused by their partner.
New Zealand	20% of 315 women reported being physically abused by their partner.
Great Britain	In 1997, 25% of 1,500 women reported having been physically abused by their partner.
United States	28% of a representative sample of women mentioned at least one episode of physical abuse by their partner.
Cambogia	16% of a representative sample of women mentioned that they had been physically abused by their husband, and 8% of them were injured.
India	In 1996, over 45% of a sample of 6,902 men admitted that they had physically abused their wives.
Korea	38% of a representative sample of women mentioned that they had been physically abused by their husband.
Thailand	20% of a sample of 619 men admitted that their wives were at least once physically abused during their marriage.
Egypt	35% of a representative sample of women mentioned that they had been physically abused by their husband.
Estonia	In 1994, in a survey of 2,315 women, 29% of those aged between 18 and 24 years are afraid of domestic violence, and this increases with age, affecting 52% of women aged over 65 years.
Poland	In a survey in 1993, 60% of divorced women mentioned that they had been physically abused by their husbands, and 25% of them reported repeated violence.
Russia	According to a survey of 174 boys and 172 girls aged between 14 and 17 years, 25% of girls and 11% of boys mentioned that they had been subjected to unwanted sexual contact.

In 2003, Center "Partnership for Equality" performed the first scientific research of this phenomenon in Romania – "National research on violence within family and at workplace." Data collected represent alarming signals about the size of violence within family and at workplace:

- approximately 800,000 women affirmed they often suffered domestic violence in various forms;

- more than 340,000 children (0-14 years) affirmed they frequently witnessed scenes of physical violence between parents;
- more than 370,000 children (0-14 years) affirmed they have witnessed frequent insults between parents or between adults in the household;
- compared with existing data in the European Union, the population of Romania is significantly more tolerant towards domestic violence in all its forms;
- high tolerance, and circulation clichés about violence leads to consideration of violent behavior as normal behavior;
- violent behavior disguised as normality is transmitted from one generation to another.

Sexual Abuse and Rape

In most countries, sexual abuse and rape from the husband are not considered malpractices. Also, in many societies, women do not consider forced sexual relations with their partner as a rape. It starts from the assumption that, once the marriage it is completed, the husband has the right to unlimited sex with his wife. Surveys in many countries show that between 10% and 15% of women reported that their husbands forced them to have sexual relations (Heise, Pitanguy, and Germaine, 1994). In some countries (Spain, USA, Austria, France, etc.), laws against marital rape began to develop.

Emotional and Psychological Abuse

Psychological violence is more difficult to express in quantitative studies, making difficult a detailed analysis of the hidden faces of emotional abuse. People who have suffered emotional and psychological abuse or have lived under terror stated that such abuse is much harder to bear than the physical one. Psychological abuse leads to stress and even suicide attempts. It was found a strong correlation between emotional and psychological abuse and suicide attempts in studies conducted in the United States. A woman who is emotionally abused shows a 12 times higher probability to commit suicide than a woman who is not subjected to such abuse (United Nations, 1989). In the United States, about 35% - 40% of women were subjected to abuse, had suicide attempts (Back, Post and D'Arcy, 1982). In Sri Lanka, the number of girls and women aged between 15 and 24 who have committed suicide is 55 times higher than the number of those who died from pregnancy or childbirth (World Health Organization, 1996).

Homicide

The killing of women by those who mistreat them is another phenomenon to be analyzed when discussing domestic violence. Research from Australia, Bangladesh, Canada, Kenya, Thailand and the United States analyzed the incidence of murder in the domestic sphere (United Nations ECOSOC, 1996). In 1991, a comparative analysis of women killed by their husbands showed that women in Russia have a 2.5 times higher probability of being killed, than in the

USA. In turn, women in the USA show a 2 times higher probability, than in Western Europe (UNICEF, 1999).

Forced Prostitution

Forced prostitution and other exploitation ways by male partners or parents are other form of violence against women and children, reported worldwide. Needy families are unable to support their children; they often sell their children, which can then be forced into prostitution. Frequently, the young girl is sent to work as housekeeper, in which case she can be physically and sexually exploited by her employer. In South Africa, child prostitution is increasing and has become an activity more and more organized. In poor rural areas of Thailand, poverty has given rise to the phenomenon of servitude for debts. It is believed that it is the daughter's duty to sacrifice for the welfare of her family. Traffickers buy the "labor" of girls and young women in exchange for money. High incidence of AIDS in this country has been attributed to the trafficking of young girls. In the Northern of Ghana and some areas of Togo, girls are "donated" to the priests and are forced to live as "wives," sexually obeying in exchange for the protection provided to family (World Health Organization, 1996).

Selective Abortion, Infanticide of Girls and Differentiated Access to Food and Medical Care

In societies where a greater value is given to sons, discrimination against female children can take extreme forms, such as selective abortions and female infanticide. In India, a recent study has reported 10,000 cases annually of infanticide female children. The statistics do not include cases where abortion is reached in order not to born a girl. In many countries, discrimination leading to neglect of girls is the largest cause of illness and deaths among girls aged between two and five years. Girls in developing countries are receiving less food than boys, and they are more susceptible to suffer a mental or physical disability or even to die, as a result of poor nutrition. Less access to health services also exacerbates a higher mortality rate among girls.

Selective abortion, female infanticide and differentiated access to food and medical care led to the phenomenon known as the "missing millions" of women and girls. It is estimated that about 60 million women simply missing from population statistics. In other words, there are about 60 million fewer women alive, than would be expected based on general demographic trends (UNICEF, 1999).

TRADITIONS AND CULTURAL PRACTICES AFFECTING THE LIFE OF WOMEN

Around the world, women and girls suffer and are in danger due to traditional and cultural practices, which continue under the mask of cultural and social conformism and religious beliefs.

Genital Mutilation of Girls

It is estimated that about 130 million women worldwide have undergone genital mutilation, and about 2 million women are subjected to such practices annually. Female genital mutilation is practiced in about 28 African countries and in some areas of Asia and the Middle East. They can lead to death and infertility, also causing long-term psychological trauma associated with physical sufferings.

Acid Attacks

Sulfuric acid has appeared as a cheap and easily accessible weapon to disfigure, and sometimes to kill women and girls, for reasons such as family quarrels, inability to satisfy the dowry requirements and rejecting marriage proposals. It is estimated that in Bangladesh over 200 acid attacks per year take place.

Honor Killing

In many countries in the world, such as Bangladesh, Egypt, Jordan, Lebanon, Pakistan, Turkey, women are killed to support the "honor" of the family. A supposed adultery, premarital relationships (with or without sexual relations), rape, love relationship with a person wherewith the family does not agree, represent enough reasons for a male family member to kill that woman. In 1997, only in one region of Pakistan, more than 300 people were killed "in the name of honor." In Jordan, the percentage is growing, and in reality, the rate is much higher because many of these crimes are recorded as suicides or accidents.

Early Marriage

Early marriage, with or without the girl's consent, is a form of violence because it undermines the health and autonomy of millions of young girls. The minimum legal age for marriage is usually lower for women, than for men. In more than 50 countries, marriages with the consent of parents take place, on girls younger than 16 years (Benninger-Budel and Lacroix, 1999). Early marriage leads to pregnancy and may expose girls to infections with AIDS and other sexually transmitted diseases. Also, early marriage is associated with adverse effects on children, such as low birth weight. Moreover, there are negative effects on future education and girls and on their professional future.

CHILD MALTREATMENT: ABUSE AND NEGLECT

Child maltreatment is a serious social problem, threatening the welfare and normal development of children. The phenomenon of maltreatment, through various forms of abuse and neglect, takes on painful, traumatic connotations, when the victims are children. Traumas

that occur in the first 3 years of the child will have extremely serious effects on the subsequent evolution on the child, due to the "sensitivity" of the period and the rapid changes that occur in the child's psychological architecture during this period.

Whatever the manifestation, child maltreatment may be an isolated incident or a chronic pattern, heavily influenced by historical, social, cultural, religious, ideological factors.

Since ancient times, many societies practiced infanticide; children had no right to life until this right was not provided by the father, who had full rights over the child, but if the father withdrew this right, children were abandoned. According to Roman Rule, children with deformities were killed, even if the parents were not agreed and wanted them. In Ancient Greece, in some environments, it was socially acceptable for the father to allow other men to sexually use their own sons. In The Middle Ages, children had the right to life, but due to advanced poverty, they were maltreated by their parents, up to mutilation, to bring family incomes. Protestant religious movement in the sixteenth century considered children fragile creatures of God, who should be protected. All were born marked by original sin, and therefore required a strict education, with severe discipline and physical penalties (Golu, 2015). The Enlightenment argued that the child needed a modeling process, through education, J.J. Rousseau stating that children must be allowed to grow up without too many constraints. The nineteenth century, marked by the Industrial Revolution, returned to a period of abuse of poor children who were forced to work from a very young age, in poor conditions, in factories, coal mines, workshops (Golu, 2015). In the late 1800s began to impose laws for child protection, and in 1911, the US Supreme Court issued The Fair Labor Standards Act. Currently, in the United States, children are protected by law: they are not allowed to work under the age of 14 years. (LeCoy and Keen, 2010).

Although, at present, worldwide, many children are subjected and unclosed to abuse and neglect, it can be seen a significant progress regarding child protection, compared to previous time periods.

The first scientific document about the negative effects of child abuse appeared in 1962 in the Journal of the American Medical Association, in an article by Kemple et. al., entitled "The Battered Child Syndrome," where appeared the first references concerning the children who are subjected to severe physical abuse from adults (Kashani, 1998).

Children maltreatment occurs either through abuse, as *committed act* on child, or through neglect, as an *omitted act* regarding the child.

There are various types of abuse, manifested in distinct, separate forms, but also concomitant: physical, sexual, psychological (emotional) abuse.

Physical abuse involves voluntarily causing pain and suffering to child, in attempt to discipline him, through beatings, strikes, injuries (bruises, fractures, burns). Physical abuse generates serious effects in child, such as internalizing symptom, posttraumatic stress disorder, aggression, substance abuse at older ages, aggression, relationship problems with others, academic problems. A specific form of physical abuse is the SBS (Shaken Baby Syndrome), acknowledged for the first time in the 70s by doctors, who have observed a number of physical injuries in young children, due to violent shaken of child by his parents. The syndrome occurs in children less than 2 years, with a higher frequency in children less than 6 months, due to frustration parents feel regarding their own inability to calm the child that cries continuously (LeCoy and Keen, 2010).

Sexual abuse involves acts or attempted sexual acts between child and adult, or between two children, when one is bigger, the abuser and victim being of the opposite sex or the same

sex, for adult sexual gratification or financial benefits; it can take various forms: exhibitionism, masturbation in front of the child, genital or non-genital physical contact, exposure to pornography, the exploitation through child prostitution. Often, problems of sexual behavior are indicators of child sexual abuse: increased sexual interest, advanced knowledge on the subject, fecal soiling, chronic masturbation, child prostitution, pornographic image searching, excessive physical proximity to others, hugging of adult strangers (Kaufman, 2007).

Incest. Considering that in most countries it is a taboo subject, incest or sexual abuse of children and adolescents within the family is one of the least visible forms of violence. Since crime is committed mostly by the father, stepfather, grandfather, brother, uncle or other male relative that is in a position of trust, the rights of the child are usually sacrificed in order to protect the family name and the adult who committed the crime. However, studies have shown that approximately 40% - 60% of known sexual assaults within the family are committed against girls aged about 15 years, regardless region or culture (United Nations, 1995). Incest is defined as any form of sexual abuse of a child committed by a relative or another person in a position of trust or authority with the child. Incest can take place between father and daughter, between father and son, between mother and son, between mother and daughter, between grandparents and nephews, between uncles and aunts and nephews or their nieces. It can also be committed by persons close to the family, even if no blood relation. Acts of incest vary from voyeurism and exhibitionism to masturbation, rape or ritualized tortures. Incest can include penetration or not, can be violent or not, it may happen only once or for a very long time. It is usually held in secret, but not always.

Incest can cause to the child negative opinions about himself, depression moods, feelings of guilt, and thoughts of helplessness (Golu, 2015). Also, the child can develop self-destructive behaviors and, later, there is a risk of getting involved in relationships that can make him a victim of domestic abuse.

Incest victims learn that their role in a relationship is to offer to others without waiting to "get" something else instead. Their sexuality is used in a way that will cause in the future the fear to be touched. Many victims of incest have negative feelings toward their bodies, performing poorly in school because they cannot concentrate, entering into physical conflicts with colleagues, or having other antisocial behaviors. During adolescence, they can be socially and emotionally isolated. As well, incest victims approach sexuality from one extreme to another - either interrupting sexual life, because it causes anxiety and other painful feelings, or being extremely sexually active, because they can get affection or keep things under control.

Symptoms of a child who has been abused may be:

- Nocturnal enuresis and episodes of crying during sleep.
- Sexual knowledge, unusual behavior and language for his age.
- Isolation from others.
- Frequent genital problems or intestinal problems.
- Unexplained vomiting.
- Loss of appetite.
- Agitation, hyperactivity, irritability or aggressiveness.
- Appealing / sexual acts with other children.

Signs of incest on a preteen / teen are:

- Absences from school and poor school performance.
- Eating disorders.
- Depression, anxiety or frequent changes of mood.
- Low self-esteem.
- Desire to run away from home or fear of returning home.
- Repeated physical symptoms such as infections, stomach pains or cramps.
- Consumption of substances.
- Vomiting, severe headache.
- Self-destructive behavior or self-mutilation such as cuts, burns or suicide attempts.
- Seduction behaviors or prostitution.
- Fear of being left alone with a certain person.
- The child has money or candy that cannot justify them.
- Irritation or pain in the genital area. (Golu, 2015)

When the "protector" or the abuser is someone the child relies on, there is a risk that the child develops a fear of trusting people. Inability to rely on others becomes a serious problem for abused child.

Children who are victims of incest usually think that the abuse is the result of something they have done or believe that they deserved to be abused for a certain reason. They may also believe that all families are like theirs and that children are often abused by older members of the family, and they are forced to keep secret (Billingsley, 1995).

Mostly, it is difficult for a child to ask for help. Revealing this secret pushes the family in the face of external pressures, and the child has feelings of danger and uncertainty. Children can believe that, once disclosed the secret, nothing will happen and they will be blamed for the tension caused within the family. They can live with the hope that the abuse simply will stop. Although they are abused, children continue to love the abuser parent. Child abuser tells him that if he discloses the "secret," father goes to prison, he will be sent to a center, the mother will suffer greatly, and the whole family will suffer. Thus, the child becomes responsible, having to choose between getting rid of abuse and to keep the family together.

Some children are afraid that if they do not reveal the truth, the abuser may injure them and might abuse another child. Other children are afraid that their claims will not be believed. There are many explanations that can allow us to understand why abused children do not have the courage to reveal the reality in which they live. Generally, when a child reveals that is abused, he will do it between 3 and 7 years from the beginning of the abuse.

Abusers may come from any race, religion, income category, age group or professional category. They may have a very good reputation in society and they seem "normal" people. In reality, abusers are emotionally labile, immature and isolated. They have false or distorted ideas about sexuality, and usually think that there is nothing abnormal in their behavior (Golu, 2015).

Incest can cause strong mental and physically stress in children (Billingsley, 1995). They are forced to develop unusual methods to maintain a sense of security and control during abuse:

- The desire to separate from experience, by blocking memories or by "being distracted" during the abuse.

- By causing pain in certain areas of the body to distract themselves from the pain of abuse: biting lips or breath-holding.
- The use alcohol or drugs to numb the mental and physical pain felt during abuse.
- Trying to fall asleep, so the body will be more relaxed during the abuse.

One of the defense mechanisms of victims against sexual abuse is blocking memories of the event. For some victims, the memory of abuse is both disturbing and terrifying, their subconscious forcing them to forget that they were abused. However, blocking memories is possible for a period of time, and in adulthood trauma memories will reappear.

Most incest victims are girls, but at the same time, there are many boys who are also victims of this phenomenon. Probably, the number of male victims is higher, but sexual abuse in their case is more difficult to prove. Age of most victims of incest is between 6 and 10 years old, but there are also younger children, victims of this phenomenon.

The most common form of incest is that between father and daughter (Herman, 1981). Incest between adults and preteens and teenagers is the most severe form of sexual abuse, causing severe trauma. The trauma that has long-term effects, especially if the abuser is a parent (Courtois, 1988). The frequency of incest cases is hard to say, but research estimates that the prevalence of this phenomenon is between 10% and 15%, and the percentage of female victims is about 20% (Nemeroff and Craighead, 2001).

Research indicates that:

- 46% of children who are raped are victims of family members.
- 61% of victims of incest are under 16 years of age.
- 29% of victims are aged under 11 years old.
- about 95% of abusers are male.
- 11% of victims are abused by fathers or step fathers, and 16% are abused by other relatives (National Center for Victims of Crime and Crime Victims Research and Treatment Center, 1992).

Incest does not imply only an adult abuse on child; it may be manifested by one of the brothers or cousins. Many contacts of sexual nature, such as the game “Doctor” is not considered malicious or unusual, but when touches are directed towards obtaining sexual stimulation, we can discuss about a form of sexual abuse. As well as incest between an adult and a minor, sibling incest is rarely reported as frequently. The most common form of this abuse is exercised by an older brother on a little brother or little sister (Turner, 1996).

According to a study, about 10-15% of the investigated students reported having sexual experiences with siblings during childhood. The most common types of experiences were based on touching genitals, not sexual contact itself. From these, 25% of subjects said they had been coerced, and coercion is closely related to negative experiences (Martinson, 1994).

A study conducted in 2006 showed that most adults who were abused by one of the brothers have distorted and disturbing beliefs about their experiences and about sexual abuse in general (Bonn, 2006). An observational study conducted in 1999 revealed that 16% of the 930 surveyed women reported that they were sexually abused by a sibling before the age of 18 years (Rudd and Herzberger, 1999).

Incest between siblings is common in families where one or both parents are not present and emotionally not available. Abuser brother uses his incest as a way to show his power over a weaker brother. This is a way of expressing anger and pain (Rudd and Herzberger, 1999). In particular, father's absence is the centerpiece of abuse of girls by their brothers. The effects of this form of incest can be seen on both minors and are similar to those of incest between father and daughter. They involve substance use, depression, eating disorder, suicidal desire, etc.

A lot of "survivors" of incest can overcome these difficult moments, in order to live a satisfying life, but this process can be a long and difficult one. Psychotherapy is a solution for these problems. They can learn to be aware of their body, while developing a sense of valuing it and control over it. They can learn to distinguish between touches that intend to cherish and care for the body and touches that want to take advantage of it.

Psychological abuse involves several behaviors from parents who harm the mental health of the child: screaming, threatening him with punishment, withdrawal of love and support, abandonment, vulgar speaking, consistently labeling him as stupid, useless, unwanted, unloved, isolating the child, not supporting and not encouraging him to socialize, even prohibiting it, making a series of attributions and negative non attributions, which will be later internalized by the child, using their own children for personal purposes (e.g., the child used in divorce lawsuits) (Kaufman, 2007).

Neglect is the most common form of child maltreatment. Unfortunately, neglect is not reported and it is not recognized and described as an abuse against children. Even trained professionals provide less attention to neglect cases compared to those of abuse. In some respects, it is understandable why it is given less attention to neglect than to violence against children. Violence has visible effects, identifiable physical consequences and takes the form of specific incidents, while neglect has less visible effects, constituting a chronic experience with cumulative consequences.

Neglect, including failure to supervise the child and to ensure the basic needs, represents the majority of cases investigated by Child Protection in the United States. In 2009, 67% of deaths due to maltreatment of children occurred due to neglect (US Department of Health and Human Services Administration for Children and Families Administration on Children, Youth and Families Children's Bureau, 2010). Although the percentage of cases of sexual and physical abuse between 1990 and 2003 has decreased from 47% to 36%, the rate of child neglect cases has decreased by only 7%, over the same period (Jones, Finkelhor, and Halter, 2006). Therefore, neglect is a difficult problem to investigate and confute, especially because of the consequences it can cause and the difficulties in the identification of cases.

Babies and young children have a higher probability to be victims of neglect compared to older children. Statistics nationwide indicate that, among maltreated children, 80% are victims of neglect, and aged less than 5 years old, compared to other forms of abuse (e.g., physical abuse) (DeVooght, McCoy-Roth, and Freudlich, 2011). Children who have been neglected have a high probability of developing a wide variety of health problems or behavioral problems, such as an increased risk of obesity (Whitaker, Phillips, Orzol, and Burdette, 2007).

Chronic neglect of children is one of the most persistent and difficult to solve challenges for the national child protection system. During 2006, 64.1% of abused children experienced neglect, 16% were physically abused, 8.8% were sexually abused, 6.6% were psychologically abused and 2.2% were medical neglected (U.S. Department of Health and Human Services, 2008). This means that most efforts of professionals dealing with child protection are focused on families struggling to meet basic needs of their children. This burden is exacerbated by the

fact that some families which are reported for maltreatment of minors end up being denounced again for such behaviors (Fluke, 2008). Iterative reported cases of families maltreating children highlight the weaknesses of the child protection system.

In Romania, in 2010, the frequency of child abuse and neglect was as follows: physical abuse - 11.5%, emotional abuse - 10.5%, sexual abuse - 6.2%, neglect - 66.7% labor exploitation - 4%, sexual exploitation - 0.4%, exploitation with criminal purpose - 0.6% (Muntean and Munteanu, 2011).

Unfortunately, in Romania, most parents physically abuse their children through the disciplinary practices they use, and in rural areas, the exploitation phenomenon is very common. By "parenting" the children, they become over responsible, being assigned roles and tasks that belong to adults: older siblings caring for their little ones, dealing with housework from an early age, etc. The statistics of the National Authority for Child Protection and Adoption reported 10207 cases of child abuse and neglect in Romania in 2015, 9482 cases being committed within families, with an almost equal gender distribution and the highest incidence in the age range 10-13 years.

Neglect generally refers to deprivation of the child from his main needs, blocking his physical and emotional development, lacking protection from a parent or caretaker. In other words, neglect reflects the adult's inability or refusal to satisfy child's basic needs and to assure his harmonious development. Neglect is manifested in various forms:

- **Pre and postnatal neglect** (fetal and newborn exposure to alcohol, tobacco, medication, harmful environmental factors during pregnancy and lactation).
- **Physical neglect** (inability to satisfy child's minimum physical needs: food, shelter, clothing, protection from danger and injurious factors; examples: chronic starvation and poor diet, precarious personal hygiene, inadequate or dirty clothing, unsafe housing, lack of child supervision).
- **Medical neglect** (lack of an adequate healthcare, failure to provide an appropriate medical treatment to child; for example, parents with certain religious convictions who refuse or fail to take into account medical prescriptions - blood transfusions, transplants - thus endangering the child's health and life).
- **Neglect concerning the child's mental health** (failure to provide to the child the psychiatric or psychological treatment recommended by doctors, school psychologists, counselors, in particular due to the parents' mentality that this is unthinkable).
- **Emotional neglect** (failure to satisfy child's emotional needs, the inability of parents to establish emotional contact, to give attention, emotional support and care, non-availability, emotional non-responsiveness, child's exposure to family conflicts or domestic violence).
- **Educational neglect** (inability of parents to meet the legal requirements regarding the child's participation in school activities: they do not enroll the child at school, they allow the child to be absent, they do not give importance to special needs of education or skills and talents of children, they are inconsistent in using the system of rewards and punishments, not pursuing child's school progress, not stimulating and motivating him). (LeCoy and Keen, 2010)
- **Leaving the child / abandonment** - is one of the most severe form of neglect and abuse, with disastrous consequences in terms of child development.

Although the exact number of children affected by neglect is unknown, research clearly indicates that these children often experience long-term adverse effects on cognitive, physical and emotional development. These side effects include language deficiencies, academic problems, reduced social relationships, low self-esteem, physical problems, neurological deficits, chronic illness, delayed development, weak attachment and oppositional behavior (DePanfilis and Zuravin, 1999).

The definitions provided to child neglect are different from country to country, from region to region and depending on the child protection systems. Lack of clarity in defining characteristics of neglect limited coherent understanding of the problem and its underlying causes. Inability to work with families accused of neglect and to positively influence the welfare of these children generates gaps in the child protection system. It is considered that it would be better to work with these families if a rehabilitation of the parent - child relationship is possible (May-Cahal and Cawson, 2005).

Psychologically, child neglect generates anxiety, panic disorder, attachment disorders, withdrawal and trends of self-isolation associated with depressive manifestations, lack of confidence in themselves and others, anger outbursts and aggressive and auto-aggressive behaviors, difficulties in terms of acquisitions and school performance (Golu, 2015).

Studies show that there is a high predisposition of neglected children for antisocial behaviors, personality disorders and violent behavior (Biji, 2011). In addition, over empowerment of children, by assigning parental tasks, like taking care of a younger brother, impedes them to participate in activities appropriate to their age, to play, to have friends, to live their childhood.

MUNCHAUSEN SYNDROME BY PROXY

A rare form of maltreatment is the *MSP - Munchausen Syndrome by Proxy.* The term was introduced in 1977 by Meadow, describing two cases, one of systematic and deliberate poisoning of a child with salt, and the case of a mother that keeps her child inder intensive medical investigations, over time (Bentovim, 2001). The caretaker, usually the mother, simulates, exaggerates, induces symptoms of illness or psychological problems to children, imagines symptoms that the child does not have, trying to convince doctors of the existence of symptoms, in order to victimize, to get attention, compassion, acceptance, liking from those around (LeCoy and Keen, 2010). Mother attributes the child a disease state that he does not have (describing nonexistent symptoms by falsifying physiological evidences), induces a state of disease (through administration of harmful substances), keeps the child ill (by omitting the treatment or by inducing an unappropriate treatment). Thus, the child is victimized and becomes subject for repeated and intrusive medical examinations (Bentovim, 2001). Unfortunately, this is not just the result of ignorance or misunderstanding of the child, it is a *deliberate act.* In a proportion of 76%, abusers are mothers, grandmothers or nannies of the child, with personal history of abuse. The victims are newborn babies or very young children, usually boys, with an older brother or sister who died. The child is seen as an object wherewith you can do anything, because it belongs to the mother. He is also seen as a fragile and vulnerable person who needs care, which justifies painful or dangerous actions (Bentovim, 2001).

Thereby, the mother gets attention, by playing the role of a mother of a sick child, of a martyr mother, who renounces herself and sacrifices to devote to the child. This is gratifying for her. The mother is addicted of her child, she needs a dependency relationship with the child, and she wants to keep him as long as she can beside her. Also, she doesn't take him to school, doesn't let him interact with colleagues or friends. She is so attached, that she cannot tolerate the idea of separation. So, she encourages the child himself to invent symptoms, thus contributing to the perpetuation of the vicious circle. It is a search of aid "by proxy," through the child, the mother actually seeking help for herself.

RISK FACTORS FOR MALTREATMENT

Poverty

Although many poor families do not mistreat their children, poverty is still a risk factor for abuse and neglect. There is a close association between poverty rate of families and child neglect. USA studies showed that a child who comes from a family whose income is less than $15,000 annually, has a 44 times higher probability to be maltreated, than a child who comes from a family with an annual income of $ 30,000 (Sedlak and Broadhurst, 1996). While there can be many clues, it still cannot be provided a clear explanation of how poverty affects the proper functioning of the family. Financial difficulties, food insecurity, an unstable home, poor hygiene, inadequate medical care, home in a deprived area, poorly paid and physically demanding jobs, social exclusion and inadequate transport – these all can determine the emotional degradation of the individual, especially when poor conditions persist in time (Wilson, 2007). Low socioeconomic status is a strong indicator of living in a stressful environment. Families with low incomes cannot give children the necessary nutrition, clothing and education. They live in poor economic and social areas, where there is a high level of crime (Adler, Marmot, McEwen, and Stewart, 1999). Long poverty and living in an environment full of stressors adversely affect the behavior of parents; they became agitated, depressed and severe.

Substance Abuse

While substance use is associated with all kinds of child maltreatment, however, it was observed that in most cases, parents who abuse substances neglect their children greater than abusing them physically or sexually (Herskowitz, Seck, and Fogg, 1989). Children involved in the child protection system, whose parents have substance abuse problems, are more likely to be victims of chronic and serious neglect, alongside children from families with many other problems (U.S. Department of Health and Human Services, 1999). The amount of consumed substances can influence the incidence of child neglect.

Genetic Factors

Caspi, Moffitt and et. al., (1984) were the first to have investigated the role of genetic factors in increasing the risk of maltreatment. Realizing a comprehensive study on a sample of 1037 male subjects, investigated from birth to adulthood, the authors identified a structural polymorphism in the genes that encode the Monoamine Oxidase A Enzyme (MAOA), which connects the maltreatment and sociopathic behavior later. On the other hand, for those with a genotype with a high level of MAOA, it is less likely to develop anti-social behaviors (Kaufman, 2007).

Mental Disorders and Parental Pathologies

In case of mental disorders, child neglect arises from the fact that the parent neglects himself, which also affects the child (Morton and Salovitz, 2001). Nelson, Saunders and Landsman (1993) found that children coming from families with long-term self-neglecting parents, are more likely to suffer from mental disorders. Parents reporting self-neglect present a higher probability to develop depression than parents who care themselves properly (Chaffin, Kelleher, and Hollenberg, 1996). Child maltreatment is a nonspecific risk factor for many forms of psychopathology: depression, reactive attachment disorder, dissociative symptoms, self-distructing behaviors, inappropriate sexual behaviors, eating disorders (Kaufman, 2007). Parents have distorted images on their children, developing a series of internal attributions on children's behavior (Kashani, 1998, as cited in Lareance and Twentyman, 1983): the child's behavior is intentional, the child is malicious, and hence he must be punished (Gracia and Herrero, 2008).

Family Dynamics and Parenting Styles

In abusive families, relationships are maladaptive, conflictual, disorganized. Hence, children are shadow witnesses of inter-parental conflicts. Parents are less loving and warm, less supportive, with a low marital satisfaction, having weak relationship skills. Abusive parents are less satisfied with their children, using authoritarian disciplinary techniques, physical punishment and threats. They do not encourage the development of the child's autonomy; they isolate him, having unrealistic expectations and being intrusive (Cicchetti and Valentino, 2006).

Inter and Trans-Generational Transmission of Abuse and Neglect

The personal history of maltreatment of parents increases the risk of maltreatment of their own children. 80-90% of abusive parents had a personal history of maltreatment when they were children. Adults who were abused in childhood have a higher risk of abusing or neglecting to their own children (Paulson, 2003). Also, personal history of maltreatment is associated with a low adaptive level, during lifetime: attachment disorder in early childhood, delays in acquiring autonomy, low frustration tolerance, identity problems, school problems (Kaufman,

2007). As teenagers or adults, victims will engage in a relationship with an aggressive partner, they will become early parents, finding it difficult to raise and educate their children. According to Herzberger (1983), transmission of abusive behaviors is a product of socialization and social learning, which occurs due to development of maladaptive representational patterns, which parents develop from their own experiences. Later, they will internalize and integrate them into the structure of self, determining certain parental behaviors (Cicchetti and Valentino, 2006). Among the factors that facilitate this transmission there have been identified: living with an aggressive adult, becoming a parent before the age of 21, having a personal history of depression, having unrealistic perceptions on their children. But some adults will be able to integrate traumatic experiences; protective factors, such as the existence of a supportive partner, a constant social support, personal balance, an integrated personality, have an important role, which will allow "breaking" the cycle of abuse (Cicchetti and Valentino, 2006).

Studies identified a number of *general risk factors* that increase the risk of child maltreatment:

- Parents who have been themselves neglected or abused.
- Parents with low self-esteem, low impulse control, anxiety or depression.
- Parents who do not have enough information about child's development.
- Parents who feel overwhelmed by responsibilities and experience negative feelings at any request from the child. Such parents are immature and not fully assuming the parental role, being more concerned with their own needs.
- Disorganized and socially isolated families, which are not involved in the community, who often change residence (Biji, 2011).
- Domestic violence.
- Large families with many children; the risk of maltreatment increases if children have small ages (because they are dependent) or have disabilities (LeCoy and Keen, 2010).
- Parents with poor parenting skills, lacking warmth and empathy.
- Very busy or focused on career parents, who have no time for their child.
- Nannies raising the child.
- Disorganized or reconstituted families (Paulsen, 2003).

Trying to explain the phenomenon of maltreatment, Cicchetti and Rizley (1981) formulated a *transactional model*, based on mutual interactions of the environment, caregivers and children, which determines child development. The model distinguishes between potential risk factors (increasing the risk of maltreatment) and compensatory factors (decreasing this risk). It was also added a temporal dimension that distinguishes between transient risk factors and long lasting factors, thus resulting four classes of determinants:

1. long lasting vulnerabilities
2. transient potential factors
3. long lasting protective factors
4. transient mitigating factors (Cicchetti and Valentino, 2006).

The risk of maltreatment has a probabilistic character; it is determined by the balance between risk and protective factors. Through dynamic transactions, compensatory and potential factors will determine the severity of the risk of maltreatment (Cicchetti and Valentino, 2006).

Belski (1980) stated that child abuse is a psychosocial phenomenon that should not be interpreted separately from cultural and community influences, proposing a *systemic model*, with four levels of analysis:

1. Macro system (cultural beliefs, values)
2. Exo system (various aspects of the community)
3. Micro system (family factors)
4. Ontogenetic development (determinant factors of the perpetual character) (Cicchetti and Valentino, 2006).

Macro system includes cultural values and beliefs reflected in the community services of society, influencing family and individual styles. High frequency of delinquent behaviors can exert a powerful negative influence, because children are not simply passive recipients of the environment and education, but they are active agents who assimilate and reinterpret experiences in a unique manner.

Exo system refers to the social structures of the context where individual and family function: neighborhood and interaction networks (school, peer group, workplace); availability of social services; socio-economic climate; unemployment problem.

Micro system includes environmental context (home, school, workplace) and family context (family dynamics, patterns of development, parenting styles, psychological resources). The micro system of an abused child is stressful, chaotic, uncontrollable, caused by the very maltreatment experience.

Ontogenetic Development

Ecological transactional perspective conceives the child's development as a progressive sequence of tasks, ages and stages. Their successfully resolve and achieve coordinates with the environment. Here are some examples of development tasks: emotional regulation, formation of attachment relationships, autonomous self-development, symbolic development, moral development, social development, school adaptation, personality organization (Golu, 2015). These tasks are hierarchically organized, each new dimension being conditioned by the development of the previous one. Failure in their achievement obstructs the adaptation process and leads to general disfunctioning (Cicchetti and Valentino, 2006).

Lack of parental responsiveness prevents attachment development. Children will develop an insecure attachment or a disorganized attachment. Using the “Strange Situation” technique, in 1991, Cicchetti and Barnett revealed inconsistent strategies to manage separation and reunion with adult, for insecure attached children. Also, children with disorganized attachment showed bizarre behaviors, paused expressions and movements, frozen posture. Authors also noticed a persistent sensation of fear in children, because they cannot attach to a figure who does not inspire them trust and confidence (Cicchetti and Valentino, 2006).

Regarding the autonomous self-development, around the age of 2, children's abilities to recognize themselves in the mirror are marked by experiences of maltreatment. They had

negative feelings at the well-known "lipstick" test (Schneider-Rosen and Cicchetti, 1984, 1991). Children showed inhibition, even emotional suppression and low self-esteem. Hence, they will develop negative self-representations, which will generate difficulties in self-differentiating from others and in social relationships.

It was found that maltreatment also produces delays within the sphere of language development, especially regarding reception and expressiveness (Cicchetti and Valentino, 2006, as cited in Allen and Oliver, 1982). Maltreatment is associated with family environments where parents do not provide sufficient social and language exchanges or family environments which do not constitute a solid basis for attachment. This is because secure attachment is a protective element in language development. It is well known that children's play is the key in understanding him; also, play is an important indicator of development delays. The play of maltreated children is rather imitative, with few initiatives, few interactions, less cognitively and socially mature; it is a limited, sensory-motor, simple and solitary play (Cicchetti and Valentino, 2006, as cited in Valentino et. al., 2005).

The moral development of children is established by the internalization of moral standards in relationships with parents; they should have parental behaviors based on providing support and autonomy. Under the influence of maltreatment experiences, children have difficulties regarding internalizing rules and moral standards, difficulties in identifying with a parental model worth to follow, difficulties in their own self-regulation.

Also, maltreated children, especially those physically abused, tend to be more aggressive in social reactions and more hostile (Cicchetti and Valentino, 2006, as cited in Dodge et. al., 1997), having a low social efficiency. They engage in social interactions having maladaptive representational models: they have few interactions, dysfunctional interaction patterns, extremely low, even nonexistent pro-social behaviors (Cicchetti and Valentino, 2006, as cited in Haskett and Kistner, 1991). Problems also arise in connection with self-esteem. Children seem to be disliked by others, being rejected and having few positive mutual interactions. They manifest withdrawal behaviors and may become victims of bullying and victimization behaviors (Cicchetti and Valentino, 2006, as cited in Shields and Cicchetti, 2001). Rejection experience turns children against the group, and lead to outsourcing the problems, social rejection being a strong social stressor which increases the tendency to react aggressively, ending with the emergence of antisocial behaviors (Cicchetti and Valentino, 2006, as cited in Dodge et. al., 2003).

Maltreatment also determines the increasing of maladjustment risk and school failure. Studies indicate that these children receive more disciplinary sanctions than no maltreated ones (Cicchetti and Valentino, 2006, as cited in Eckenrode and Laird, 1991). They have low scores on standardized tests, and they risk grade repetition. Having a low level of internal availability to learn (Cicchetti and Valentino, 2006, as cited in Aber and Allen, 1987), teachers perceive them as having a disruptive or potentially disruptive role into the social dynamics of the school class (Cicchetti and Valentino, 2006, as cited in Cicchetti and Rogosch, 1994).

Organization of maltreated children's personality is dysfunctional. Cicchetti and Rogosch (1994), using the five factors model (extraversion, agreeableness, awareness, neuroticism, openness to experience), developed by McCrae and John, in 1992, revealed that in maltreated children, there is a low level of extraversion, agreeableness, awareness, openness to experience and a high level of neuroticism (Cicchetti and Valentino, 2006, as cited in Rogosch and Cicchetti, 1994).

CHILDREN WITNESSING DOMESTIC VIOLENCE

Violent parents are predisposed to be also violent and aggressive with their children (Kashani, 1998, as cited in McCloskey et. al., 1995). By the transmission of abuse pattern, children become shadow victims, parents making them responsible for family problems. Thus, we are witnessing either to externalization mechanisms (child runs away from home, is angry and aggressive, particularly boys) or internalization mechanisms (child becomes anxious and depressed, blames self, develops suicidal thoughts) (Kashani, 1998, as cited in Carlson, 1990). According to Muntean and Munteanu (2011), if the child is a witness of domestic violence, trauma can sometimes stronger than the direct abuse; this phenomenon is a form of psychological violence, most often inducing posttraumatic stress syndrome in children.

Children are often *witnesses of elderly abuse*, by their material, physical and psychological rights violations, by neglect, by considering them as helpless, dependent or selfish (Golu, 2010). Adult who takes care of his dependent parent develops the "caregiver stress" (Kashani, 1998, as cited in Kosberg, 1988), due to financial pressures, lack of time or living space. Intergenerational transmission mechanism shows that if an individual has been abused by parents in childhood, he may become an abuser of his own parents (Kashani, 1998, as cited in Griffin and Williams, 1992). There is a major impact on children; children will live in confusion, due to their belief system overturn: as people get older, they will be treated with warmth and respect (Kashani, 1998, as cited in Kashani et. al., 1992).

Another phenomenon of extreme gravity the child can witness is *family homicide.* In the United States, about 1,800 people annually die due to domestic violence situations (Adams, 2007). Canadian statistics showed that, in 2007, there were 132 cases of murder arising from domestic violence (Statistics Canada, 2009). There are no studies to estimate the number of children left without parents due to domestic violence. However, some research estimates that about 3,300 children lose their parents due to domestic crimes (Lewandowski, McFarlane, Campbell, Gary, and Barenski, 2004).

Domestic crimes have devastating effects on children. In this case, the child's drama is total, as he loses both parents: one through death, the other by incarceration, hospitalization or even suicide (Kashani, 1998, as cited in Black et. al., 1992). Taken from home and placed in a center or to relatives, the child develops posttraumatic stress disorder, intrusive thinking, nightmares, detachment (Kashani, 1998, as cited in APA, 1994). His mourning becomes pathological. with feelings of pain, sadness, but also fear and shame associated with murder, due to fear of stigmatization, leading to inhibition of pain, silence, closure, isolation, regression (Kashani, 1998, as cited in Black and Kaplan, 1988).

Eth and Pynoos (1994) stated that children exposed to domestic crime experience a traumatic pain, as they become overwhelmed by the event; they develop maladaptive behaviors and may become "frozen in misery." Beyond the trauma and memories of the act of violence, children are trapped in the battle for custody of their maternal and paternal family. Besides the fact that these children may develop mental problems or behavioral disorders, they may have difficulties in establishing a home and a school, issues that may affect their sense of stability and security (Clements and Averill, 2004).

Domestic crimes affected children do not receive the psychological help they need, because the new caretakers may not recognize the symptoms of trauma, their main concern being to

restore some routines of the child (Kaplan, Black, Hyman, and Knox, 2001). Very often, these children receive delayed necessary counseling (Black and Kaplan, 1988).

Children have a high risk of becoming, in their turn, victims of domestic crimes (Jaffe and Juodis, 2006). Although there are no studies to estimate the percentage of children who are killed in the context of domestic violence, often situations where children have been victims were placed in the general category of domestic crimes. The Research Committee of the Ontario Domestic Violence Crimes noted that 27% of the 77 domestic murders analyzed between 2003 and 2008 had a history of violence directed towards children (Ontario Domestic Violence Death Review Committee, 2008). Moreover, of the 166 cases of domestic crimes in the period from 2002 to 2007 there were a total of 230 victims, of which 23 were children (Ontario Domestic Violence Death Review Committee, 2008). The report conducted by the Arizona Coalition Against Domestic Violence showed that, of the 98 cases analyzed, 22 cases involved children, and 16 children were killed (Arizona Coalition Against Domestic Violence, 2009).

There is little research that had studied the relationship between domestic crimes and crimes against children. However, there are indications that cases where children are murdered are preceded by episodes of child abuse and domestic violence (Websdale, 1999). Websdale (1999) examined 83 cases where children have been victims of domestic crime in Florida. In about 50% of cases, children had experienced previous episodes of abuse or neglect, and in half of these cases, minors have witnessed violence between parents. These results indicate that children who live in homes where violence is present can end up tragically, although the risk of mortality may not appear obvious, in some cases, due to the absence of a history of child abuse.

Especially in childhood, witnessing experience of domestic violence leads to emotional maladaptation, the establishment of an immature behavior, somatizations, and even age regressions, similar to symptoms of posttraumatic stress disorder in adulthood. In addition, the feeling of guilt leads to externalization manifestations (aggression, delinquency) or internalization ones (isolation, anxiety). In years to come, in adolescence, there will be an increase of the level of aggressiveness and anxiety, and severe behavioral and school adjustment problems will arise. At adult ages, it may appear the phenomenon of "emotional constriction," expressed by "immunity" in front of pain and suffering, associated with the development of a philosophy of life focused on violence or aggression, as modalities of being and interaction (Golu, 2010, 2015).

LONG-TERM CONSEQUENCES

Formerly, child abuse and domestic violence were considered distinct subjects, dealt with separately. It is important to consider the risks that children face in families where domestic violence events occur. Recent studies showed that the percentage of families with concurrent cases of child abuse and domestic violence varies between 30% and 60% (Edleson, 1999). A study indicates that in the United States, approximately 8775000 children are victims of abuse, and 2190000 witness domestic violence (Finkelhor, Ormrod, Turner, and Hamby, 2005). Statistics Canada Center (2009) indicates that the rate of abused children and young people within the family is 206 to 100,000. Child's exposure to domestic violence situations has strong effects on emotional development, social skills, acquisitions and school performances,

cognitive development, psychic state and mental health (Alpert, Cohen and Sege, 1997). In addition to exposure, perpetrators of domestic violence have a high probability of being also aggressive with their children and applying severe methods of education.

Abuse in childhood has been linked with a wide range of negative effects that might occur in women over the years, including social isolation, abuse and substance dependence, risk of AIDS infection and willingness to run away from home and living on the streets (Bolger and Patterson, 2001). However, the mechanisms that lead to such long term effects are not well enough understood.

Miller (1999) developed a theoretical model explaining the association between childhood abuse and risk of AIDS infection. He stated that negative experiences in childhood may require the individual to socially isolate himself, to have personality disorders, post-traumatic stress, hence wishing to find strategies to overcome these problems. These risk factors increase the chances that the person to become a member in deviant groups, and thus, to be exposed to AIDS infection due to drug use or lack of sexual education.

Childhood abuse may cause intra and interpersonal problems throughout life, including difficulties in assuming the role of parent. Child maltreatment, as abuse or neglect, is a risk factor in the emotional development and in establishing interpersonal relations. Problems can be seen as mistrust and suspicion, avoiding intimate relationships, errors in interpreting social relations (Cicchetti and Valentino, 2006). It is considered that such difficulties affect parents' ability to support the psychological development of children and to establish a functional and mutually beneficial parent-child relationship (DeOliveira, Bailey, Moran and Pederson, 2004).

Researchers have identified an association between childhood abuse and a series of poor performance achieved in parent "profession," including low parenting skills, aggressive management of conflict resolution, parental stress, reversing roles and the use of less effective parenting styles (Alexander, Teti, and Anderson, 2000).

Childhood sexual abuse is an important predictor for the development of physical or mental problems. Recent research indicates that childhood sexual abuse is increasingly frequently reported by lesbians than heterosexual women (Austin et al., 2008). Among the possible causes of this phenomenon it could be the fact that the person may develop a fear of establishing intimate relationships with opposite gender partners, and therefore establishes contacts with people of the same gender (Ryan, Huebner, Diaz, and Sanchez, 2009). Other research support the idea that women with this sexual orientation had a stronger sexual abuse than heterosexual ones (Austin et al., 2008).

Existing studies on the relationship between child abuse and violence against the spouse, usually aim the prediction of childhood abuse on domestic violence in adult life (Bank and Burraston, 2001). A series of longitudinal studies found a causal relationship between childhood maltreatment and violence against partner during adult life (English, Marshall, and Stewart, 2003). More recent studies have analyzed the relationship between the two types of abuse and noted that there is an overlap between 19% and 60% (Casanueva, Kotch, and Zolotor, 2007). Children living in families with episodes of domestic violence have an increased risk of becoming themselves physically and emotionally abusive.

More and more research attempted to explain the mechanisms of violence against partner affecting child abuse and neglect. Previous research showed that violence against pregnant women is associated with precarious mental health (Huth-Bocks, Levendosky, and Bogat, 2002), negative representations on child during prenatal period, mother's unsecured attachment of child and other negative reactions of mother related to the child. These reactions are

associated with a desire to control the child and hostile parent behaviors towards him (Huth-Bocks et al., 2002).

The relationship between violence during pregnancy and child abuse and neglect can be analyzed from other points of view. Victims of violence, in comparison with other mothers, may be more concerned with their abusive situation, being less capable to satisfy child's needs this leading to neglect (McKay, 1994). For example, research showed that abused mothers during pregnancy are less able to bring the child to regular medical examinations, and therefore, the child will have a less developed immune system (Bair-Merritt et al., 2008).

Maltreatment has strong negative effects on cognitive and social development of children. Neuroscience research on brain development indicates that children with the most severe problems are those who have not benefited from good nutrition before and after birth, those whose mothers had consumed alcohol during pregnancy or who are constantly neglected by caregivers (Shonkoff and Phillips, 2000). If basic needs are not met, the child's development is impeded. A brutalized child lives in a state of continuous tension, which cannot allow him to learn and develop logical reasoning. An unloved child cannot develop a sense of confidence in his own cognitive abilities (Garbarino and Kostelny, 1996). Deprived of affection and not stimulated children can lose their ability to establish mutual trust based social relations (Perry, 1999).

Unfortunately, only identified children are studied. This is carried out, most often, through retrospective designs, because not all maltreated children are identified and they are counselled as adults (LeCoy and Keen, 2010). In terms of identifying indicators of maltreatment, clinicians often hesitate in questioning children about possible abuse, fearing not to generate false memories, but also because of the suggestible potential of children; it was observed that initially, children deny real experiences, and then they invent false experiences (Kaufman, 2007). These issues can be avoided by using the free association technique, projective tests and open answers questions.

There can be identified some indicators of abuse and / or neglect in child's daily behaviors: the child does not play, apparently losses his pleasure in play, he is not responsive, he rarely smiles, being extremely quiet and isolated). This can be done also with the help of child's drawings; we can notice distortions, regressions, a long time needed for drawing, ripping in pieces the drawing or refusing to draw). Specialists recommend play therapy, as a natural way of child's expression and a dynamic way to access the child (Golu, 2015). Play therapy allows the child to directly act towards the world. By playing with various materials and tools, under the guidance of a secure adult, child reveals his feelings, his hidden emotions, his sufferings and traumas, so these can be understood and reconfigured, in a warm, friendly and non-punitive atmosphere.

Children are less prepared to deal with pain, suffering and trauma. Their cognitive experience being reduced, children have a poor ability to give meaning to experiences, to justify them realistic. Then, they feel powerless in relation to adults, they do not have the same control over circumstances, and they depend on adults. On the other hand, adults think children are not capable of understanding what happens, sometimes minimizing their suffering or not admitting it. Not knowing what to do with a pain that no one recognizes, the child denies it, not mourns it and thus deepens the inability to resolve it. (Golu, 2015).

RESILIENCE

In a greater or lesser extent, each child holds a certain potential for positive change. Therefore, the objective of interventions should be focused on facilitating the development, by training the resilience. Resilience, as conceptualized by J. Bowlby, is a permanent construction, an evolutional process, not necessarily a feature (Muntean and Munteanu, 2011). It is a process of human repositioning, after confrontation with adverse life events. Among the constitutive factors of resilience on children, we mention:

- the existence of supportive parents with good parenting skills
- the presence of secure attachment figures
- family cohesion (consensus, connection, devotion)
- conferring a sense of self-confidence and personal value
- socio-economic security
- a positive and appreciative school environment
- the existence of pro-social behavior models
- developing child's skills and talents
- stimulating the child's social skills - empathy, sociability, responsibility (Johnson and Wiechelt, 2004, as cited in Muntean and Munteanu, 2011)

Social support is important both in terms of identifying maltreatment and in terms of preventing and stopping these events, facilitating the establishment of a positive attitude and long term relationship between parent and child.

The intervention plan will aim several objectives: listening to the needs and concerns of the child, securing him, the child being "in contact" with himself, strengthen the self of the child, expressing emotions in an open, genuine, non-limiting way, "feeding" the self of the child. These objectives can be obtained by training the resilient resources of the child and by stimulation of his emotional intelligence, by child's emotional validation, by restoration of existential anchors, by optimization of resolutive skills, by valuing the child's efforts.

This requires a multidisciplinary team, consisting in social workers, doctors, psychologists, psychiatrists, caretakers, who can provide a real support to affected children and families: parental management training sessions, daily phones to monitor the child's behavior, support sessions with specialists and other parents, home visits, permanent emergency support. Due to numerous predisposing factors of the maltreatment phenomenon, interventions will be multidimensional performed, aiming the child, the parents, the family, and the educational and social environment.

CONCLUSION

Family violence, with its multiple forms and manifestations, constitutes an issue of major concern, with implications not only in the personal sphere, of personal development and maturation, but also in the social and community area.

Women and children are often in great danger in the place where they should feel safe: within the family. For many, "home" implies a regime of terror and violence from someone

who should be close, they should trust. Thus, people who are abused suffer not only physically, but also mentally. They are unable to make their own decisions, to express their opinions, and to protect both themselves and their children, for fear of further repercussions. Their rights are denied and their lives are trapped in the permanent threat of violence.

Thereby, violence against women expresses male control and coercion, manifested through physical, verbal and / or psychological violence, resulting in deprivation of liberty, developing a sense of insecurity, negative self-image and subordination, which finally becomes a threat to physical and mental integrity of victim. According to the studies (Elbow, 1977, as cited in Muntean and Munteanu, 2011), violence is generated by emotional relations of partners: the need to be in control, to maintain control over the partner, the need for self-protection, the need to confirm his own value, strength and power, the need to incorporate the other into the relationship, as a way to feel validated. Validity and reliability of the available data are critical in determining the magnitude of the problem, and in identifying priority areas for intervention. On the other hand, shame, fear of adverse effects, lack of information on legal rights, lack of confidence or fear of the legal system, and the legal costs involved, make women hesitate in reporting incidents of domestic violence.

The effects of domestic violence on children refer to deviations in expressing emotions, in their understanding, in their communication and recognition, also exhibiting a low level of emotional reactivity. Children subjected to various practices of maltreatment have physical, motor, language and social skills delayed development, also attachment disorders. Preschoolers may have a deficiency of self-confidence, gaze, high anxiety, low frustration tolerance, obedience to adult. Schoolchildren may feel guilty for the problems within the family, having a low self-esteem and poor academic performances. Teenagers may experience masked depression, rebel attitudes, aggression, school absenteeism and anti-social behaviors.

Complex interventions, such as counseling or psychotherapy are needed, initiated as early as possible, to bring back maltreated children their anchors and emotional stability, to facilitate integration of painful experiences, to reduce feelings of ambivalence, guilt, shame and inner conflicts, and to restore children's existential meaning.

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Chapter 4

CHILD EXPOSURE TO DOMESTIC VIOLENCE: THE RISK OF DRUG ABUSE AND DATING VIOLENCE

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ABSTRACT

This chapter focuses on the issue of domestic violence, emphasizing the victimization experience (direct and indirect) of children in the family context. The co-occurrence of various situations of violence in the same context has been investigated, and those studies have concluded that there is a strong association between victimization in childhood and adolescent involvement in deviant and violent behaviors (e.g., drug abuse and dating violence). Based on a scientific literature review of the exposure of children to domestic violence, we start by characterizing the dynamics and factors that mediate the impact of the phenomenon on the development of children and adolescents. We then discuss the consequences of child victimization, exploring the risk for later problematic behaviors such as drug abuse. Obviously, in situations where drug abuse/addiction occurs, there will also be a tendency for affected adolescents to have violent behaviors that are often found in the early relations of intimacy. This triangle of factors/behaviors, including children's exposure to violence, the risk of drug abuse, and the subsequent tendency toward violent relationships, can be interconnected, and it will be theoretically explored and analyzed from a practical point of view. Then, we will discuss and present suggestions about the importance of prevention.

Keywords: domestic violence, child, adolescent, drug abuse, dating violence

INTRODUCTION

The term "domestic violence" is a very broad term used mostly to refer to an intimate context in which one partner is abused by another. The phenomenon occurs more often among

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adult intimate partners. In this chapter, despite all the characteristics that may be associated with this concept, we will use the term "domestic violence" to refer to interparental violence. We will discuss the violence between intimate adult partners directly and indirectly experienced by children in the family context.

In the past three decades, the interest in the study of the consequences of children's exposure to domestic violence has grown in the international scientific community (e.g., Jaffe, Wolfe, and Wilson, 1990; Holden, 1998, 2003; Rossman, Hughes, and Rosenberg, 1999; Horn and Lieberman, 2011). The first signs of interest in this issue emerged in the late 80s and early 90s as a result of the first studies about the prevalence and impact of this violence on its youngest victims. Other studies and explanatory theories about the mediators and moderators of this impact (e.g., Cummings and Davies, 1994; Grych and Fincham, 1990) were constructed, and their contribution was very significant to the later emergence of papers and contributions related to interventions with these children exposed to domestic violence (e.g., Graham-Bermann and Hughes, 2003; Peled and Davis, 1995).

In this chapter, we aim to discuss the close association between children's exposure to domestic violence and the risk of involvement in problematic drug consumption, as well as the propensity for aggressive interpersonal relationships, specifically in dating relations. Thus, we will present these three elements by highlighting a sequential connection, with the following order: First, we examine the link between exposure to domestic violence and later drug abuse. Second, we study the connection between drug abuse and the possible consequence of violence in intimate relationships. Finally, because the literature has demonstrated that experiencing direct or indirect domestic violence is one of the most consistent risk factors for dating violence, we analyze and discuss how child exposure to domestic violence has been linked to dating violence victimization and perpetration. We also analyze the mixed support in terms of gender differences in the relationship between exposure to violence during childhood and intimate violence.

1. Child Exposure to Domestic Violence: Development Dynamics, Mediating Factors and Impact

The literature review reveals that children and adolescents exposed to domestic violence between parents face a great risk of direct violence. In fact, several studies (e.g., Bourassa, Lavergne, Damant, Lessard, and Turcotte, 2006; English et al., 2009; Jobe-Shields, Moreland, Hanson, Amstadter, Saunders, and Kilpatrick, 2015; Jouriles McDonald, Slep, Heyman, and Garrido, 2008) indicate that domestic violence and child abuse often coexist in the same household. Jouriles and collaborators (2008) conducted a review of the literature on the co-occurrence of physical child abuse in families identified as experiencing domestic violence between intimate partners. The most striking feature they found was that the estimated calculation of the values was between 18% and 67%. However, it is difficult to estimate this prevalence because there are different concepts and methodological gaps that may interfere with the knowledge of this problem (Holden, 2003; Holt, Buckley, and Whelan, 2008).

Because of the potential negative effects of exposure to domestic violence on the adjustment of children and adolescents, certain authors (e.g., Cunningham and Baker, 2007; Iwaniec, 2006) consider that the experience is itself a type of abuse, specifically emotional and

psychological abuse. Children and adolescents exposed to domestic violence experience negative effects on their development, such as emotional and behavioral problems, and increased exposure to other adversities in their lives (Holt et al., 2008). Research also shows that children who are simultaneously abused and exposed to domestic violence between their parents are significantly more affected in their functioning than children from nonviolent families or those who face only one of these problems (Bourassa et al., 2006).

The effects of violence may be influenced by the nature of the events and by other moderating or mediating factors (e.g., characteristics of individual children, such as age, sex, and coping strategies; of their parents, such as attachment and parenting practices; and of their networks, such as social support and community resources). These factors may act as a potential vulnerability or as a protective variable that may increase or decrease the risk of violence exposure (Rossman et al., 1999). The consequences of exposure to domestic violence may manifest differently in children of diverse developmental stages. Younger children may be more affected than adolescents (e.g., report more threats, self-blame, or fear), perhaps dependent on children's capacities to appraise and understand violence (McDonald and Grych, 2006). Several studies suggest that exposure to domestic violence may have effects that differ by sex, and externalizing symptoms was significantly more prevalent among boys than girls (Evans et al., 2008). Several others factors can moderate children's responses, such as the characteristics of their parents, the affective attachment to their parents, and the way the caregiver interacts with the child. Thus, the impact may also depend on protective factors, such as a strong relationship and a robust attachment to the caregiver, usually the mother (Holt et al., 2008).

The impact or outcomes of exposure to domestic violence on the adjustment are not similarly predictable for all children and adolescents, but it is possible to identify some influences on children's development. Exposure to interparental violence is associated with the presence of internalized symptoms (e.g., feelings of sadness, blame, worry, somatic complaints, sleep problems, anxiety, depression) and externalized symptoms (e.g., impulsivity, aggression, rule-breaking, drug abuse) in children and adolescents (Evans, Davies, and DiLillo, 2008; Galiano and Duarte, 2011; Jaffe and Schub, 2015; Jouriles, Rosenfield, McDonald, and Mueller, 2014; Mayorga Muñoz, Godoy Bello, Riquelme Sandoval, Ketterer Romero, and Gálvez Nieto, 2016; Sternberg et al., 1993).

This exposure to domestic violence may lead to trauma symptoms (e.g., intrusive re-experiencing of the events in dreams or flashbacks, hyperarousal or an exaggerated startle response and emotional withdrawal). Those can be the reasons why children may score higher on posttraumatic stress disorder (PTSD) scales (Margolin and Vickerman, 2007; Rossman et al., 1999). These children also appear to have higher levels of general behavior problems and to be more prone to physical aggression and deviant conduct (Galiano and Duarte, 2011). Some studies have also shown that witnessing violence between parents is a risk factor for involvement in violent relationships in the future (Black, Sussman, and Unger, 2010; Mandal and Hindin, 2015; Moretti, Bartolo, Craig, Slaney, and Odgers, 2014), increasing the possibility of using a confrontational style in problem solving in future romantic relationships (Simon and Furman, 2010). Those individuals are also much more likely to participate in intimate partner violence, either as a perpetrator or a victim (Jaffe and Schub, 2015).

2. Domestic Violence, Drugs Abuse and Dating Violence – the Possible Connections

As we noted earlier, this chapter focuses the issue of domestic violence directly and indirectly experienced by children, relating to the involvement in deviant and aggressive behaviors, such as drug abuse and dating violence. This connection that we try to explore seems to indicate a triangle of exposure to domestic violence, the development of later drug abuse, and the consequent violent conduct against intimate partners in dating relationships. It seems to be a vicious circle that can be difficult to break, causing severe problems for the affected individuals and for those who live with them.

2.1. From Domestic Violence to Drug Abuse

The family environment has been identified as a context that is a very important source of multiple risk factors for drug abuse in adolescents and young adults. A considerable number of studies have reached this conclusion (e.g., Erwing, Osilla, Pedersen, Hunter, Miles, and D'Amico, 2015; Hawkins, Catalano, and Miller, 1992; Stone, Becker, Huber, and Catalano, 2012).

Parents and guardians affect the development of adolescents in many ways, such as providing a family structure that is responsible for value formation, behavior regulation, and the choice of how to spend free time in adolescence and early adulthood (Substance Abuse and Mental Health Services Administration, 2012). According to the same organization, drug abuse is often related to various problems with peers, the law, and school and in the family context (Substance Abuse and Mental Health Services Administration, 2014). There are findings that indicate that exposure to violence in many domains, such as the family context, has strong effects on problematic youth behavior, such as drug abuse (Wright, Fagan, and Pinchevskyc, 2013). It is also well known that exposure to violence increases substance use (Fagan, 2003).

Stated another way, these findings have received empirical support from analyses developed by several authors (Mrug and Windle, 2009). There is theoretical support for the effects of violence exposure and direct victimization that can lead to drug abuse and to increased substance consumption, especially if those drugs are used to cope with adverse experiences of victimization. Some theories, such as general strain theory (Agnew, 2001), state that exposure to violence and victimization situations is strongly related to the adoption of later antisocial behaviors and, particularly, to drug use. It can also lead to deviant coping mechanisms, including illegal drugs and/or alcohol consumption, to alleviate negative feelings (e.g., fear, anxiety, anger) caused by victimization experiences.

As we can see, two of the triangle vertices that we have to analyze here seem undeniably linked. Thus, it appears that exposure to violence, especially in the family context and in situations of domestic violence, has a strong connection to the possibility of drug abuse. Now, we will try to explore the linkage between two other vertices: drug abuse and possible dating violence.

2.2. From Drug Abuse to Dating Violence

As we have emphasized, there is evidence that exposure to violence in domestic contexts can lead to substance use and contributes to the increase in drug use. However, there is also evidence that drug consumption is linked to many situations of violence within intimate relationships, in a repetitive and unbroken cycle.

In fact, the relationship between violence in dating relationships and substance abuse has been widely documented in scientific research (O'Keefe, 1997; Shorey, Stuart, and Cornelius, 2011). Studies show a link between the consumption of alcohol/illegal drugs and intimate abuse (O'Keefe, Brockopp, and Chew, 1986). Nevertheless, it is important to note that most studies eventually attend to the analysis of alcohol consumption and not so much illegal drugs. Nonetheless, the research on illicit drugs involved in situations of violence in intimate relationships is sufficient to show the presence of an association. According to Chalub and Telles (2006), there are many criminal occurrences in which it is possible to identify the presence of substances in the victim and/or the perpetrator, detected by blood analysis. According to Bennett and Bland (2008) and other authors, such as Hines, Armstrong, Reed and Cameron (2012), drug abuse is a factor that is undoubtedly involved in violence in an intimate relational context. These conclusions lead us to the different theoretical models that try, in some way, to explain the link between drug use and violent behaviors in intimate relationships. Those are i) the Chronic Effects Model; ii) the Indirect Effects Model; iii) the False Effects Model; iv) and the Proximal Effects Model (Shorey et al., 2011).

The first model, named Chronic Effects, suggests that individuals who depend on drugs have a chronic pattern of consumption, undergo neuropsychological changes, and develop pathological conditions that contribute to the adoption of violent actions (Rothman, Reyes, Johnson, and LaValley, 2012). The Indirect Effects Model, as explained by Shorey and collaborators (2011), considers that substance use has a "corrosive" and highly damaging effect on relationships, with consequent problems that can leads to a climate of conflict within the couple. The False Effects Model involves the action of drugs on aggressive behavior in intimate relationships as a problem that is intermediated by other variables that end up being related to both behaviors: substance use and violent behavior. Examples of these variables or dimensions include certain personality characteristics (e.g., impulsivity, hostility) and distorted beliefs about the relationship (e.g., asymmetry of power). Nevertheless, according to Klosterman and Fals-Stewart (2006), substance use has the power to affect the use of violence in intimate relationships, even after other variables are carefully controlled for.

Finally, the Proximal Effects Model, also called the Acute Effects Model (Rothman et al., 2012), identifies the psychopharmacological effects of substances as factors that are linked to a reduction in cognitive functioning capacity and an increased impulsivity, which tends to mediate the aggressive behavior (Shorey et al., 2011). Thus, under the toxic effects of substances, a consumer undergoes a clear impairment of his trial capabilities, appropriate responses and maintenance of attention due to various conditions (Bennett and Bland, 2008), which may easily transform into aggressive actions.

Based on any of these models, it seems clear that there is empirical and theoretical support for the connection between drugs abuse and violence in a relational context. It is also well known that there is a very significant likelihood of abusing substances after experiencing violence in a domestic context. Thus, what has been said closes up the triangle we presented.

2.3. From Domestic Violence to Dating Violence

Exposure to domestic violence is associated with dating violence (Malik, Sorenson, and Aneshensel, 1997). The recent literature in this field (e.g., Morris, Mrug, and Windl, 2015) has shown that the main risk factors for dating violence stem from different levels of adolescents' social ecologies, including the family, individual, and peer domains. Other studies (e.g., Dahlberg, 1998; O'Keefe, 1998) have demonstrated that exposure to or experiences of direct or indirect domestic violence is one of the most consistent risk factors for the occurrence of dating violence. Thus, intimate violence has been repeatedly associated with early experiences of violence in the family context, particularly the severity of parental discipline (e.g., Jouriles, Mueller, Rosenfield, McDonald, and Dodson, 2012), experiences of parental violence (e.g., Wolfe, Wekerle, Scott, Straatman, and Grasley, 2004) or even exposure to interparental conflict (e.g., Kaura and Allen, 2003; O' Keefe, 1998; Tschann, Pasch, Flores, Marin, Baisch, and Wibbelsman, 2009). However, the developmental mechanisms through which family violence leads to dating violence are still not clear.

It has been argued that children with abusive family backgrounds are affected in their socialization process. Specifically, these children will not develop certain interpersonal relationship and conflict-resolution skills that are critical to the development of healthy relationships (cf. Laporte, Jiang, Pepler, and Chamberland, 2011). Thus, exposure to family conflict could significantly to affect the dating relationships of young people.

Research on intergenerational violence has found mixed and sometimes contradictory results. Some studies (e.g., Laporte et al., 2011) have found that exposure to severe interparental discipline may have different associations with the victimization and perpetration of intimate violence. Research has also identified risk factors (e.g., exposure to interparental conflict, experience of parental violence) associated with the victimization and perpetration of dating violence (Gover, Kaukinen, and Fox, 2008). Similarly, other risk factors have been specifically associated with victimization (e.g., hope in changing behavior) and perpetration (e.g., attitudes of legitimization of violence) (cf. Jouriles et al., 2012). Finally, other studies (e.g., Stets and Pirog-Good, 1987) found no statistically significant relationship between observed interparental violence and intimate abuse or even between direct violence experiencing in the family and dating violence. Some studies (e.g., Riggs and O'Leary, 1996) found this relationship only in the case of girls; others (e.g., Simons, Lin, and Gordon, 1998) showed no relationship (direct or indirect) between exposure to interparental conflict and perpetration of dating violence in boys.

Furthermore, differences according to gender have been found. Thus, there is no consensus about the relationship between exposure to family violence and the occurrence of dating violence in girls and/or boys (cf. Gover et al., 2008; Jouriles et al., 2012). Some studies (e.g., Foo and Margolin, 1998; O'Keefe, 1997) have found a strong association between exposure to interparental violence and aggression and victimization in male intimacy.

Laporte et al. (2011) investigated the relationship between the experience of violence in the family context and dating violence, comparing 471 adolescents aged 12 to 19 in the care of a youth protection agency and from a community sample. Globally, the results show that adolescents carry negative childhood experiences of family violence into their dating relationships in different ways, depending on their gender and level of risk. More specifically, the authors found the following: i) Male and female violence toward dating partners was mostly predicted by the amount of victimization they experienced in their dating relationships,

followed by the extent of aggression toward their parents; this was especially true for females. ii) No gender differences were revealed in the association between adolescents' reports of victimization by their parents and victimization by their dating partners. However, in the high-risk group, girls reported a high level of victimization across relationship contexts. iii) High-risk boys who admitted childhood victimization had a greater likelihood of being aggressive with their girlfriends; this was particularly true when they were harshly disciplined by their father. iv) Finally, female adolescents who reported harsh discipline from both parents presented increased risk for perpetration in their dating relationships.

More recently, Morris et al. (2015) developed a study to test a comprehensive theoretical model to explain how family violence leads to dating violence. The results revealed strong support for the "general violence" pathway as a developmental mechanism through which harsh childhood discipline promotes the perpetration of dating violence in late adolescence. Specifically, the relationship between exposure to harsh discipline and dating violence perpetration was mediated by beliefs in favor of violence, general peer aggression, and deviant peer affiliations in early adolescence. However, in this study, exposure to interparental violence did not predict beliefs in favor of dating violence.

In the Portuguese context, the scientific investment in this area is sparse. Nevertheless, it is possible to find some studies in this area. In a study developed by Oliveira, Sani and Magalhães (2012), which involved a sample of 283 high school students, 16.3% of participants reported having witnessed violence within their family. A positive correlation was revealed between exposure to violence in the family context and dating abuse, in terms of both aggression and victimization.

Faias, Caridade and Cardoso (in press) developed another study with a sample of 505 young people. The results showed that young people who had experienced or witnessed emotional abuse, control and enforcement in the family of origin admitted to having used violence in their dating relationships, including psychological and physical abuse without sequelae. Participants who reported having been exposed to and/or witnessing violence in the family context (emotional abuse, coercion, control and physical abuse) reported having suffered physical abuse without sequelae, sexual coercion and physical abuse with sequelae within their romantic relationships.

In conclusion, given the evidence/empirical support that exposure to family conflict could significantly affect the dating relationships of young people, it is necessary to increase the attention to this subject. More specifically, it is urgent to identify such situations early and to implement prevention strategies to apply to contexts in which adolescents experience violence (cf. Caridade and Sani, 2016; Lila, Herrero, and Garcia, 2008). These approaches could break this cycle of violence.

CONCLUSION

The experience of direct or indirect violence between intimate adult partners in the family context is not a recent phenomenon. Several studies and theoretical frameworks have demonstrated the high risk that innumerous children and adolescents face in their family context. The scientific literature also indicates that adult domestic violence and child abuse often coexist in the same household. The potential negatives effects on children and/or

adolescents of the exposure to violence has been presented in many empirical studies, which show that direct and indirect victims of violence in families could be significantly more affected in their development than children or adolescents in nonviolent families are.

However, the impact of direct and/or indirect victimization is not linear for all children and adolescents because of mediating factors that may increase or decrease the risk transmitted by exposure to domestic violence. The consequences may be manifested differently as internalization and/or externalization behaviors that can persist for the short, medium or long term, affecting physical, emotional, behavioral, and cognitive areas of development. In the analyses of the impact, we may confront not only the risk factors but also the protective factors.

The links among exposure to violence in intimate relationships, drug abuse and dating violence is a phenomenon that we can identify in different ways. In this chapter, we have analyzed the possible connections between the persistent violence in children's lives and the possibility of those children to become adults involved in violent relationships, as victims or as perpetrators. Because of the evidence of prolonged transmission over generations, we considered the importance of prevention. In the middle of these two points, we also considered the link with drugs abuse as something that can be connected to both situations: domestic violence exposure and participation in violent relationships in the dating context.

Given such evidence, intervention proposals are required that can focus on the different contexts in which children and adolescents experience violence. In the case of the family, early interventions are urgent due to the great influence of this context on the socialization process. Familial contexts are relevant in terms of expressing a conflict or even violence, shaping attitudes and promoting behaviors that seek alternative forms of interaction. In terms of this context, strong support for parents in improving their interpersonal skills may be needed. This support could include identifying and developing skills in critical areas, enabling them to manage the identified problems, and encouraging them to adhere to the changes viewed as desirable and useful.

Schools also have an important role in the socialization process of young people in the reproduction of values and in promoting the development of personal and social skills, which are essential for interacting with others. Many interventional strategies may target alternative thinking, life skills and a range of skills associated with the management of behavioral and emotional difficulties. It will certainly be expected that there is a connection with the family and the community.

Given the evidence of the child victimization phenomenon, it is very important to respond to situations that reveal some risk (secondary prevention) or may already be installed (tertiary prevention). This can occur through the construction and implementation among children and adolescents of intervention programs that have reported victimization. Collaboration and coordination between the different services and child and youth protection institutions are equally important because in complex cases, they may compete with the state to ensure the safety and welfare of these victims.

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Chapter 5

CHILDREN'S EXPOSURE TO DOMESTIC VIOLENCE SCALE IN BRAZIL

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ABSTRACT

The study presents data of the Children's Exposure to Domestic Violence Scale (CEDVS) applied in Brazil. The Children's Exposure to Domestic Violence Scale is an instrument created in the North American context. It is self-applied and consists of 42 items that assess the level of exposure of children and adolescents between the ages of 10-16 to domestic violence. The following were performed: translation, back- translation, semantic equivalence and tool analysis by professionals in the field and evaluation through target population sampling. As for the construct validation, the instrument was applied to 203 children and adolescents of both sexes, aged 10-16 and divided into two groups (victims of domestic violence group and another without suspicion of victimization). The analysis was performed though the categorization of responses by the Student's t-test, Pearson Correlation test (r) and calculation of Cronbach's alpha. The results of this study indicate the viability of using the instrument in the Brazilian context. However, further studies with larger sampling and external validation are still needed.

Keywords: domestic violence, psychological assessment, scales, validation studies

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INTRODUCTION

Violence is not a registered trademark of our contemporary society. It is inscribed in human existence since its inception. At different times, it manifests itself in different ways and contexts. However, its growth today appears as a representative and problematic aspect of social life organization, responsible for countless biopsychosocial consequences at individual and collective level (Dahlberg and Krug, 2006).

The violence phenomenon, in its complexity and multiple causes, has also reached children and adolescents, especially in the domestic environment. According to Patias, Bossi and Dell'Aglio (2014), intrafamily violence of parents against their children can manifest itself directly, through physical, psychological, sexual violence or neglect, or indirectly, through domestic violence witnessed by children.

Edleson, Ellerton, Seagren, Schmid, Kirchberg, and Ambrose (2007) state that the studies on witnessed violence adopt different definitions, and many are partial and/or inaccurate. One of the most used is cited by Jouriles, McDonald, Norwood and Ezell (2001) who consider violence as witnessing any violence that occurs between adult partners in the context of an intimate heterosexual relationship, legally married or not. According to the authors, a child exposed to domestic violence is one that has seen or heard a mother during an assault incident, seen its result or experienced its effects when interacting with their parents.

Though the definition and characterization of this phenomenon are very broad, due to the current changes in family settings, and the possibility of violence being committed also by the woman towards her partner (Patias et al., 2014), it is considered more appropriate to adopt the following concept for witnessed domestic violence "all violence that occurs between adult partners in the context of an intimate relationship, legally married or not. A child does not need to observe the violence to be affected by it. A child exposed to witnessed violence is one that has seen or heard an assault incident towards one of the spouses, seen its result or experienced its effect when interacting with their parents or guardians."

Although extremely relevant to the establishment of public policies for service, it is difficult to precisely define what an incident of the domestic violence is, especially the one witnessed by children and adolescents (Belated and Pinto Junior, 2010). However, much international investigations have pointed out the seriousness of this phenomenon in terms of incidence and/or prevalence in children and adolescents. Finkelhor, Hamby, Omrod, and Turner (2009) conducted a study in order to obtain exposure estimates of children and adolescents to domestic violence in the United States, through a cross-sectional survey involving a sample of 4,549 children aged 0 to 17.

The results showed that the vast majority (60.6%) of children and adolescents suffered at least one episode of direct victimization or witnessed domestic violence from their parents.

Edleson et al., (2007), based on US research, indicate that between 10% to 20% of American children are exposed to domestic violence from their parents. Also Thompson, Saltzman and Johnson (2003) showed in a multicenter study that about 30% of women victims of domestic violence in Canada and 40% in the United States confirmed that their children witnessed episodes of domestic violence at home.

The difficulty in measuring witnessed domestic violence is due to the fact that most research refers to rough estimates of the number of children exposed to domestic violence and many are used for indirect measurement. Moreover, not all studies using different instruments

(such as standardized tests, questionnaires, interviews and/or observations), do not investigate various forms of violence (physical, sexual and psychological) that spouses and children were exposed to, in which physical attacks prevail. Similarly, there are few studies that assess and discuss the impact of this type of victimization in the development of children (Edleson et al., 2007; Patias et al., 2014.). Literature in the area describes risks entailed by exposure of a child or an adolescent to domestic violence from their parents or guardians to the behavioral, emotional, social, physical and cognitive development of victims. Various studies present diverse behavioral problems, both internalized and externalized, as consequences. For example: aggression towards the parents or friends, conduct disorders, nocturnal enuresis, sleeping problems, inhibition and running away from home, school and learning difficulties (Brancalhone, Fire, & Williams, 2004; Durand, Schraiber, France, & Barros, 2011; Harding, Morelen, Thomassin., Bradbury, & Shaffer, 2013; Giform et al., 2014).

Considering the serious consequences that the experience of exposure to domestic violence causes in several areas of victims' development, it is fundamental to develop strategies for early identification of potential victims aimed mainly at the prevention of trauma from this experience and the planning of psychosocial interventions. However, according to Tardivo and Pinto Junior (2010), it is necessary to apprehend the experience of victimization in its totality to proceed in the early identification and/or psychological assessment of victimized children or those who witnessed domestic violence between their parents, basing it on instruments that facilitate the unveiling of abusive situations. Anastasi and Urbina (2000), also warn that to carry out a psychological evaluation it is important not only to choose a suitable instrument, but also to ensure reliability of inferences made from the application of the instrument, which must have psychometric properties, such as accuracy and validity.

In this perspective, Friedrich (2006) affirms that the assessment of mental health of a child or adolescent exposed to domestic violence can be more relevant and valid through an inclusion of specific measurements. However, Edleson et al., (2007a.) indicate that there are not many instruments that measure and assess a child's exposure to this type of violence and that have been submitted to psychometric analysis studies.

Scrutinizing scientific literature in the area, there are few studies that research measurements that try to objectify children's exposure to domestic violence. Among them, *The Things I have Seen and Heard* (Richters& Martinez, 1990) seeks to measure types of violence witnessed or experienced by children, using a five-point scale asking an examinee to indicate how frequently and in what form each of the several types of violence has occurred.

Another scale is *The Victimization Scale* (Nadell victimization, Spellman, Alvarez-Canino, Lausell-Bryant, & Landsberg, 1996) that investigates different forms of exposure to violence and victimization, including violence at school, in the neighborhood, at home, and "outside the school." In the section regarding incidents of violence at home, the measurement evaluates the range of violence suffered or witnessed, such as kicks and threats with weapons, verbal and/or emotional and physical abuse.

Another instrument in this area is *The Violence Exposure Scale for Children* (Fox & Leavitt, 1996), which analyzes exposure of children to a wide range of violent acts inside and outside their home, as well as victimization of children from these acts. It is a composite instrument that asks both the child and the guardians how many times the child has been victimized or exposed to specific violent acts.

The Victimization Questionnaire (JVQ JDRF) (Finkelhor, Hamby, Omrod, & Turner, 2005) is a very comprehensive measure, covering different forms of structural and

community victimization, such as exposure or witnessing a war and other traumas. It thus makes a great effort to include a wide variety of forms of victimization and to trace the interrelationship of many of these incidents.

Edleson et al., (2007a) present *The Children's Exposure to Domestic Violence Scale,* which is the object of this study. This instrument can be self-administered, it is composed of 42 items and it assesses the level of exposure to domestic violence of children and adolescents in the age range of 10 to 16. The results of the research indicated that the instrument is sensitive to assess what it intended, presenting positive correlation to exposure to domestic violence.

More recently, *The Computer Assisted Maltreatment Inventory* (CAMI) was submitted by DiLillo et al., (2010). This instrument is a child's self-report measure of the history of experiencing maltreatment, including sexual and physical abuse, exposure to interparental violence, psychological abuse and negligence.

If in the international context there are few instruments that aim to assess the exposure of children and adolescents to domestic violence, in our midst this type of research is even more rare. Reichenheim and Moraes (2003) present a validation and cross-cultural adaptation study of *Revised Conflict Tactics Scales* (CTS2) instrument used for identifying violence between couples.

Oliveira, Stein and Pezzi (2006) performed a study with *The Childhood Trauma Questionnaire,* which is a self-applicable instrument for adolescents and adults who investigate, in addition to other traumatic experiences, a history of abuse and neglection during childhood. The Brazilian version, with 28 items, was shown to be easy in comprehension and obtained an appropriate semantic validation. However, according to the authors, there is still a lack of studies that assess other psychometric qualities. This instrument was studied, subsequently, by Brodski, Zanon and Hutz (2010) with the objective of adapting and validating it to evaluate memories of various abuse forms (especially emotional) in a non-clinical sample of 293 university students of Porto Alegre (RS). In this study, the authors conclude that the instrument is valid and it can be useful to assist in the detection of emotional abuse cases of children and adolescents.

Tardivo and Pinto Junior (2010) discuss a validation research of a scale to precisely evaluate exposure of children and adolescents to domestic violence, i.e., *The Inventory of Phrases* of Argentinian origin (Agosta, Balarini, & Colombo, 2005). The final version, after the translation and adaptation to the Brazilian context, was presented as *Inventory Phrases Domestic Violence* (IFVD) and is composed of 57 simple sentences that are related to disorders caused by domestic violence, i.e., the emotional, cognitive, behavioral, social and physical.

The present study aimed to present the Children's Exposure to Domestic Violence Scale (CEDVS) in Brazil and the possibility of employment of this auxiliary instrument in identifying violence suffered by children and adolescents, in particular witnessed violence. The study also aims to present evidence about the effects of this experience in the victims' mental health and may offer parameters of intervention and prevention of this phenomenon.

METHOD

The present study compares children and adolescent victims of domestic violence with those without suspected victimization, controlling different variables such as gender, age and

socioeconomic status. This is a correlational study, frequently used to understand the phenomenon of violence.

Participants

The sample was composed of 203 participants, aged 10 to 16 with the mean age being 13.15 and standard deviation of 2.16. Of the total, 122 (60.1%) were female and 81 (39.9%) male, distributed in two groups: control and clinical, representing, respectively, 49.8% and 50.2% of the sample. The latter was composed of victims of sexual violence, physical violence or both, and the first, by subjects without suspected victimization.

Instruments

The Children's Exposure to Domestic Violence Scale - CEDVS (Edleson, Johnson & Shin, 2007): as previously described, this is a self-report instrument used to measure the degree of exposure to domestic violence and the multiple factors related. This scale is composed of 42 items divided in three sections. Part I and Part II of the instrument contain six subscales which measure: exposure to domestic violence (witnessed violence); the severity of exposure; exposure to violence in a community; the involvement of children in domestic violence situations; risk factors for the exposure of witnessed violence; other types of victimization.

Each question in the first two parts is answered using a four-point Likert-type scale: "never," "sometimes," "often," and "almost always," and the highest score indicates more likelihood of exposure to violence, involvement, risks or experience of other types of victimization. Part III of CEDVS consists of nine questions to gather demographic information, including gender, age, race and ethnicity, current living situation, family composition, and it finishes with a question about favorite hobbies of the child or the adolescent.

The Inventory Phrases Domestic Violence towards children and adolescents - IFVD (Tardivo, & Pinto Junior, 2010): was adapted and validated for the Brazilian context, having been proved valid in the identification of domestic violence experience in children and adolescents. The IFVD is composed of 57 simple sentences that are related to the disorders that are caused by domestic violence (emotional, cognitive, behavioral, social and physical disorders).

Procedures

To establish validity evidence of the measurement, the following steps were performed: translation of CEDV, back-translation, semantic equivalence, tool analysis by professionals in the field and an evaluation through target population sampling. The CEDVS initial translation from English to Portuguese was done by a professional graduated in Linguistics specialized and experienced in the subject of domestic violence. Subsequently, the instrument was translated again to English (back-translation) by another professional with the same qualifications. It should be noted that authors of this study have received written authorization from the authors of the original instrument.

Subsequently, a review of the technical and semantic equivalence was made independently by two other specialists with the same qualifications as the previous ones. Based on the experts' observations, a preliminary version was elaborated. The preliminary version was then sent to a panel of three specialists (judges) with vast experience in domestic violence for a psychological evaluation, all three of them having a PhD in psychology. To minimize biases of regional character, mentioned by Cassepp-Borges, Balbinotti, and Teodoro (2010), the three judges were chosen from different states of Brazil (São Paulo, Rio Grande do Sul e Alagoas).

Each judge received a request to collaborate on the evaluation of the instrument, a copy of the measurement and an analysis form of the scale to be filled out, together with the appropriate instructions. Based on the judges' evaluation and suggestions, modifications of the instrument were done so that the final version would best meet the criteria of the adaptation to the Brazilian context. Thus, the Brazilian version consists of 39 questions divided into 5 sections: part 1 – Identification (refers to questions about demographic information of a child or an adolescent); Part 2 and 3: include 6 sub-scales about: a) Exposure to domestic violence (witnessed violence); b) Severity of Exposure; c) Exposition to Community Violence; d) Involvement in domestic (conjugal) violence situations; e) Risk Factors; f) Other types of victimization; Part 4: Questions related to the quality of a child`s or an adolescent`s life (the scoring from this part is not considered in the total score of the instrument).

After the revision and approval by the Research Ethics Committee of The School of Medicine of Fluminense Federal University (FM/UFF/HU), under the opinion nº 850.078/2014, the final version of the scale was implemented in a population sample (pilot study) to evaluate comprehension of the instrument by 57 participants (of both sexes, aged 10 to16, divided in two groups: 1- Clinical Group: children and adolescents who were victims of physical and sexual violence n= 26 – 45,6%; 2- Control Group: children and adolescents not suspected of victimization (n = 31 – 54,4%).

The clinical group as well as the control group showed a good understanding of what was requested and an ease in answering without any major difficulties. Therefore, considering that the majority of children and adolescents who participated in the pilot study perfectly understood the written and oral instructions, questions and answer options of CEDVS, it was decided to maintain the final version without any amendments.

The following stage of the study focused on establishing evidence of construct validity from the application of the instruments in participants of both groups, i.e., the clinical and control group. The data of the present study was collected individually at the institutions in which the participants were identified. After the application of the measurement, the evaluation of scores was conducted respecting the standardized guidelines.

Once that stage of measurement evaluation was concluded, a statistical treatment of results was performed. All data obtained was placed in databases for statistical analysis using Microsoft Excel 2007 e SPSS. Results of the clinical and control groups were compared in relation to both the CEDVS and the IFVD. For statistical analysis, Student's *t*-test was used in order to verify if differences in score frequency of the items proposed for the measurement evaluation would discriminate the groups according to these variables. Differences smaller or equal to 0.05 were considered significant.

In addition, analysis of construct validity and criterion of the CEDVS was established by means of the Pearson's correlation test (r) between the results obtained for each domain of the scale and the results obtained with the IFVD. Lastly, an analysis of the internal consistency of the CEDV was also performed using Cronbach's Alpha statistics.

RESULTS AND DISCUSSION

To verify the existence of statistically significant differences between the average scores of each subscale of the CEDV, for the clinical and control group, the results were compared using Student's *t*-test. The results are presented in Table 1.

The results of the clinical group showed a higher average score as well as a greater variation in all the subscales and in the total score. Student's *t*-tests showed that there is a statistical difference between the two groups in all the other dimensions, for both the average score and the variabilities. The data showed that the instrument was highly sensitive in the characterization/confirmation of cases of exposure to domestic violence in the Brazilian context, to the extent that in the group of participants who were suspected of victimization the measurement showed, statistically significant, high levels; differently from the control group in which the levels were not suggestive of experience of violence.

Table 1. Means, standard deviations, and Student's *t*-test for the CEDVS of both groups

Factors		Control N = 101	Clinical N = 102	*t*	Significance
Exposure to domestic violence (witnessed violence)	Mean	1.95	7.44	11.900**	0.000
	SD	1.91	4.24		
Severity of exposure	Mean	5.87	18.44	11.363**	0.000
	SD	5.83	9.51		
Exposure to Community Violence	Mean	6.03	8.76	5.022**	0.000
	SD	3.46	4.25		
Involvement in Domestic Violence Situations	Mean	1.24	4.60	7.429**	0.000
	SD	2.75	3.63		
Risk factors	Mean	1.8	5.16	11.701**	0.000
	SD	1.63	2.38		
Other Types of Victimization	Mean	0.84	2.76	8.489**	0.000
	SD	1.20	1.94		
Total ECAVD	Mean	11.86	28.73	12.334**	0.000
	SD	7.75	11.39		

** Significant at 0.01.

Table 2. Means, standard deviations, and Student's *t*-test for the IFVD of both groups

Disorders		Control N = 101	Clinical N = 102	*t*	Significance
Cognitive	Mean	1,.8	3.27	9.419**	s0,000
	SD	1.10	1.58		
Emotional	Mean	3.53	8.15	9.973**	0,000
	SD	2.81	3.72		
Social	Mean	1.58	2.73	7.165**	0,000
	SD	1.01	1.24		
Behavioral	Mean	3.70	6.21	8.319**	0,000
	SD	1.83	2.42		
Physcial	Mean	0.38	0.66	3.638**	0,000
	SD	0.51	0.58		
Total	Mean	10.67	21.01	11.149**	0,000
	SD	5.30	7.68		

** Significant at 0.01.

Table 3. *Pearson* (*r*) correlations and levels of significance (*p*) between IFVD and CEDVS

SCALE		IFVD					
CEDVS		Cogn.	Emot.	Social	Behav.	Physical	Total
	Domestic Violence (witnessed)	0.491**	0.605**	0.418**	0.499**	0.254**	0.614**
	Severity of exposure	0.446**	0.610**	0.374**	0.497**	0.289**	0.603**
	Exposure to Community Violence	0.350**	0.350**	0.280**	0.403**	0.255**	0.415**
	Involvement in Domestic Violence Situations	0.396**	0.446**	0.338**	0.399**	0.166*	0.472**
	Riskf actors	0.440**	0.525**	0.349**	0.468**	0.132	0.538**
	Other types of victimization	0.452**	0.523**	0.407**	0.440**	0.294**	0.551**
	Total - CEDVS	0.543**	0.623**	0.454**	0.567**	0,282**	0,660**

** Significant at 0.01 * Significant at 0.05.

Table 4. Cronbach's Alpha statistics for CEDVS and subscales

Dimension	Cronbach's Alpha
Exposure to domestic violence (witnessed violence)	0.749
Severity of exposure	0.718
Exposure to Community Violence	0.739
Involvement in Domestic Violence Situations	0.774
Risk Factors	0.601
Other types of victimizatoin	0.520
Total	0.893

The differences were also verified in the average scores of the participants of the two research groups regarding the answers to the IFVD. The results are presented in Table 2.

The results show that when comparing the results of both groups of participants, with and without suspicion of suffering domestic violence (clinical and control group, respectively), statistically significant differences were found regarding the total score in the IFVD as well as regarding scores of each of the disorders evaluated by the measurement. Furthermore, it can be observed that in all the cases the average scores of the clinical group were higher than that of the control group. Therefore, it can be confirmed that this instrument was also able to differentiate the two groups in the studied sample. It is a relevant finding as it involves one of the study's objectives as well as confirms the research data of Tardivo and Pinto Junior (2010) and of Manfre, Tardivo, and Pinto Junior (2014) using the IFVD.

Correlations between subscales and the total scores of the CEDVS and the IFVD were calculated to verify the relation between the instruments. The results are presented in Table 3.

Table 3 presents correlations between the IFVD and the CEDVS when the whole sample is considered. It can be verified that the higher value existed when Disorders form the IFVD along with the CEDVS total score were considered (with the exception of Physical Disorders where the correlation was stronger with the Other Types of Victimization scale), and they varied between 0.282 and 0.660, all statistically significant ($p < 0,01$). The exception was the

value of correlation with the Physical Disorders (0.282 considered low), all others are considered moderate in accordance with the parameters of Dancey and Reidy (2013).

The strongest correlation was seen between the total scores of both instruments (0.660). When the scales of the CEDVS are considered in isolation, the strongest correlation existed with the IFVD Emotional Disorders and the weakest with the Physical ones. This effect could be linked to the lower number of items of this symptom in the measurement (2 items).

Internal consistency of the CEDVS was evaluated using Cronbach's Alpha statistics. They were calculated for each subscale separately as well as for the "total" dimension. The reference of 0.7 was applied, which is used to suggest that at least two of the items measure the same dimension (Dancey&Reidy, 2013). The results are shown in Table 4.

The data shows that the consistency of Total dimension was considered acceptable, with a value of 0.893.

CONCLUSION

One of the objectives of this study was to compare results of the CEDVS between a group of children and adolescents who were victims of domestic violence with a control group that was not suspected of victimization. Various comparisons that were performed proved that the scale differentiates the two groups of participants in a statistically significant way.

It was possible to translate the CEDVS and apply it to Brazilian children and adolescents and it can be stated that the measurement discriminates the two groups, i.e., children and adolescents who are victims of domestic violence and those who do not present this problem in the studied sample. As the translation of the instrument was done carefully and the expert judges gave their opinions, the evidence of content validity can be identified.

It can also be claimed that the measurement proves construct validity as significant differences were obtained between performances of the domestic violence group and the group of children and adolescents without suspicion of victimization. Evidence was found to sustain this validation of each subscale as well as of the total scores. Moreover, the scale's internal consistency regarding the total score and the subscales showed Cronbach's Alpha that are considered acceptable, therefore indicating its utility in the context of children's and adolescents' exposure to domestic violence.

Results show that this instrument could function as a technical resource to help professionals who work at institutions that protect children and adolescents and to be a base for further preventive and interventional measures in the area. However, new studies should be developed; ones that would include subscales with a small number of items, increase the number of participants and apply this instrument in other representative samples to confirm structures established in this research.

At the same time the measurements showed that an experience of being a victim and being exposed to violence brings relevant consequences, such as emotional, cognitive and behavioral disorders referred to in the IFVD and Exposure to Domestic Violence (witnessed violence), Involvement in Domestic Violence Situations and the Severity of exposure, in addition to Exposure to Community Violence presented in the CEDVS. The data reveals the necessity of intervention and prevention of violent situations, both experienced and witnessed, by Brazilian children and adolescents.

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