

# Adolescents at Serious Psychosocial Risk: What Is the Role of Additional Exposure to Violence in the Home?

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## Abstract

Research into the effects of interpartner violence on the psychosocial development of the children of maltreated mothers is a relatively new field. This work examines the impact of exposure to interpartner violence (EIPV) on minors in middle and late adolescence, where this vicarious maltreatment is in addition to other situations of severe psychosocial risk. A group of adolescents who had suffered various types of direct maltreatment were compared with another group who, in addition to experiencing direct maltreatment, had mothers who had also been the victims of interpartner violence. There were 276 participants in total (138 adolescents and their mothers) reporting via questionnaires about their experiences related to maltreatment and about maladaptation and psychological dysfunction. The results demonstrate significant dysfunction in the adolescents, especially as indicated in the mothers' reports. In addition, the results make it clear that the adolescents are actively and directly involved in the episodes of

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interpartner violence and that the additional negative impact of vicarious maltreatment is evident in almost every aspect of their lives. Only the attitude toward teachers scored worse in the no-EIPV group. EIPV minors scored higher on personal and social maladjustment and worse on adaptive skills, and showed a more marked tendency to internalize problems. This study emphasizes the importance of considering EIPV as a form of child maltreatment and including it in programs of protection and intervention.

**Keywords**

adolescence, child abuse, children exposed to domestic violence, mental health and violence

Growing social and institutional awareness of the problem of violence that women suffer at the hands of their male partners has given rise not only to the recent appearance of protection and prevention policies but also to productive lines of research. There are fewer systematic studies, however, on the impact of violence on minors living in these homes, despite the unfortunately frequent overlap between violence against women and violence against children. Recent increased concern about the co-occurrence of violence against women and violence against children has revealed that these are not separate issues, but rather that they share factors of risk and protection, and that the presence of one increases the likelihood of the other (Finkelhor, Turner, Ormrod, & Hamby, 2010; Guedes, Bott, Garcia-Moreno, & Colombini, 2016; Martinez-Torteya, Bogat, von Eye, & Levendosky, 2009). This concern about the consequences for children of violence against mothers is not limited to Western societies. In recent years, there have been studies in India (Zhu & Dalal, 2010), South Africa (Koen et al., 2014), Nicaragua (Salazar, Högberg, Valladares, & Öhman, 2012), Korea (Choi, Choi, Gim, Park, & Park, 2014), Japan (Yoshihama & Horrocks, 2010), and Iran (Vamegi, Feizzadeh, Mirabzadeh, & Feizzadeh, 2010), demonstrating the global interest awakened by the first calls for attention to this topic.

It is only recently that the situation of these children has begun to be defined as a true experience of violence, despite the fact that the children of abused women are not mere witnesses, but are involved more or less directly in violent scenes and subsequent events, such as police intervention, fleeing to shelters, and so forth (Cater, Miller, Howell, & Graham-Bermann, 2015; Edleson, 2006; Kitzmann, Gaylord, Holt, & Kenny, 2003).

We use the term *vicarious maltreatment* for this type of exposure to violence, in which there is a complex attack on the child's own security via the threat to the mother, something that the scientific literature agrees is associated

with an increased risk of psychological, behavioral, social, and educational problems (Chan & Yeung, 2009; Evans, Davies, & Di Lillo, 2008; Sternberg, Baradaran, Abbott, Lamb, & Guterman, 2006; Vu, Jouriles, McDonald, & Rosenfield, 2016).

These children's increased risks derive not only from the insertion of the aggressor's beliefs and values into their daily lives (Bancroft & Silverman, 2002) but also particularly from the feelings of vulnerability generated by the danger facing the mother. This includes both the threat of loss, temporary or permanent, of an important attachment figure and the expectation of being on the receiving end of similar damage to the mother in difficult-to-predict circumstances. Added to this already complex situation is the risk of intervening to try and prevent violence against the mother, which could be damaging to the child (Jouriles, Rosenfield, McDonald, & Mueller, 2014).

Despite recognition of the stress children experience in situations of violence against their mothers, there is no current consensus on the inclusion of *exposure to interpartner violence* (EIPV), or vicarious maltreatment, in categories of child maltreatment (Kimball, 2016; Olaya, 2009), nor is there unanimity about the conceptualization of EIPV. Most researchers consider it a homogeneous phenomenon (A. Gonzalez, MacMillan, Tanaka, Jack, & Tonmyr, 2014); others, however, consider vicarious maltreatment to be an intrinsically complex, heterogeneous situation, often in co-occurrence with other types of direct maltreatment. Almost two decades ago, Appel and Holden (1998) estimated the overlap of maltreatment of mothers and children at around 40%. Later, research gave ranges of co-occurrence of between 30% and 60% (Hamby, Finkelhor, Turner, & Omrod, 2010; Holt, Buckley, & Whelan, 2008; Kaukinen, Powers, & Meyer, 2016). Such situations have what Hughes (1988) termed the *double whammy effect*. Generally speaking, research shows that, compared with children who have suffered vicarious maltreatment alone or direct maltreatment alone, children who have been the victims of both present more serious problems, both externalizing and internalizing maladjusted behaviors, and increased risk of being victims of abuse (Choi & Oh, 2014; Iverson, Dick, McLaughlin, Adair, & Monson, 2014; Lourenço et al., 2013; Park, Smith, & Ireland, 2012; Sternberg et al., 2006). Other work supports the double whammy hypothesis, but with less evident differences (Sousa et al., 2011), or differences which become less significant when other intervening variables are considered, such as family or environment (Moylan, Herrenkohl, Sousa, Tajima, & Herrenkohl, 2010).

In adolescence, the impact of EIPV merits special consideration due to the specific risks posed to an adolescent in a hostile domestic environment. Feelings of frustration and neglect may result in antisocial behavior or in the adoption of prematurely adult positions of protecting vulnerable

family members (Sepúlveda, 2006; Sousa et al., 2011). Compared with younger children, the greater autonomy and options for response in middle and late adolescence raise the possibility of applying more varied coping resources but at the same time may extend problems beyond the family, into school, and peer relationships. The relationship between vicarious maltreatment and bullying at school or violence in dating relationships has been observed in various studies (Baldry, 2003; Guedes et al., 2016; McCloskey, 2011; Narayan, Chen, Martinez, Gold, & Klimes-Dougan, 2014; Park et al., 2012). Therefore, it is necessary to consider this stage in life a time of specific risk, bearing in mind that the number of developmental tasks that adolescents naturally face makes them particularly vulnerable to problematic development (McCloskey, 2011).

From this starting point, we aim to explore the impact of vicarious abuse on the psychological and social development of a sample of minors in middle and late adolescence who have also suffered some form of direct maltreatment, and compare that with the development of adolescent victims of direct maltreatment whose mothers were not subjected to intimate partner violence. A recent meta-analysis from Vu et al. (2016) indicates that a significant problem in showing the strength of relationship between vicarious maltreatment and the appearance of psychological dysfunction in minors is the systematic variance shared by the variables (common method variance [CMV]), owing to gathering the information from a single source (generally the minor's mother). This study aims to avoid this effect by considering information from adolescents themselves and the mothers. The starting hypothesis is that, compared with adolescents who have been directly maltreated, those who have been subject to both types of maltreatment will demonstrate higher levels of maladjustment and dysfunction and that those levels will be similar in the mothers' and the adolescents' own evaluations. The study examines which variables have greater roles as differential markers of imbalance and dysfunction in adolescents subject to double maltreatment.

## **Method**

### *Design and Participants*

A cross-sectional study was performed on a population sample of families with minors being in a situation of serious psychosocial risk after having suffered some kind of direct maltreatment. All families were receiving attention from the Principality of Asturias Social Services (Spain) as a result of this risk situation for the child. In addition to this, the inclusion criteria were for the child to be between 13 and 17 years old and not present intellectual disability (this latter also applied to the mothers). Adolescents who did not live

with their mothers were excluded from the study. Finally, those in crisis situations which would have made their participation counterproductive were also excluded.

There were 276 people who participated in this study, 138 adolescents (52.2% girls, 47.8% boys) aged between 13 and 17 ( $M = 15.02$ ;  $SD = 0.86$ ) and their mothers ( $M = 42.3$ ;  $SD = 2.56$ ). None of the children were siblings. In all, 88.4% of the families were of Spanish origin. In total, 51.4% of mothers did not complete secondary education and 60.14% did not have paid employment. The sociodemographic characteristics are shown in Table 1.

## Procedure

To include participants in the study, a preliminary interview with those professionals working with the minors and their mothers was carried out, during which the aims and research procedures were explained, along with the criteria for inclusion and exclusion of potential participants. After that meeting, the professionals asked the families for their voluntary participation and sought permission and the mothers' informed consent for their participation and that of their children. All of the mothers agreed to participate. Later, at interviews attended by the mothers and their children, questionnaires assessing the experience of maltreatment and psychological dysfunction were administered.

Codes were used in place of names to guarantee anonymity and confidentiality of information. The entire process was carried out in accordance with the principles of the Helsinki Declaration. The study had the approval of the Ethics Committee of the University of Oviedo.

## Instruments

*Instrument for evaluation of psychosocial risk (BALORA).* This is a guide for social services professionals to use in assessing the severity and type of maltreatment suffered by minors to make decisions about interventions (Gobierno Vasco, 2010). The information is obtained through a structured interview which explores different areas of maltreatment. It uses five scales of classic maltreatment typologies: Physical Abuse, Sexual Abuse, Neglect, Abandonment, and Psychological Abuse. This latter includes the subscale Exposure to Gender-Related Violence, which is what was used to split the overall sample into the two subgroups compared in this study. The instrument differentiates four levels of severity for each scale: *very high risk*, *high risk*, *moderate risk*, and *slight risk*. The main weight of the evaluation of severity is on the behavioral characteristics of the parent or guardian, and their impact on the child.

**Table 1.** Sociodemographic Characteristics of the Participants.

|                                           | <i>n</i> | %     |
|-------------------------------------------|----------|-------|
| <b>Adolescents</b>                        |          |       |
| Age ( <i>M</i> = 15.02, <i>SD</i> = 0.86) |          |       |
| 13 years                                  | 1        | 0.72  |
| 14 years                                  | 40       | 28.98 |
| 15 years                                  | 57       | 41.31 |
| 16 years                                  | 34       | 24.64 |
| 17 years                                  | 6        | 4.35  |
| Total                                     | 138      | 100%  |
| <b>Sex</b>                                |          |       |
| Women                                     | 72       | 52.2  |
| Men                                       | 66       | 47.8  |
| Total                                     | 138      | 100%  |
| <b>Mothers</b>                            |          |       |
| Age ( <i>M</i> = 42.38, <i>SD</i> = 2.56) |          |       |
| <35 years                                 | 3        | 2.17  |
| 36-40 years                               | 41       | 29.71 |
| 41-45 years                               | 74       | 52.63 |
| 46-50 years                               | 19       | 12.77 |
| 51-55 years                               | 1        | 0.72  |
| Total                                     | 138      | 100%  |
| <b>Education</b>                          |          |       |
| No schooling                              | 5        | 2.63  |
| Primary school                            | 71       | 51.45 |
| Secondary school                          | 59       | 42.75 |
| Higher education                          | 3        | 2.17  |
| Total                                     | 138      | 100%  |
| <b>Working status</b>                     |          |       |
| Paid employment                           | 55       | 39.86 |
| Unpaid work                               | 83       | 60.14 |
| Total                                     | 138      | 100%  |
| <b>Place of origin</b>                    |          |       |
| Spain                                     | 111      | 80.44 |
| Elsewhere in Europe                       | 6        | 4.34  |
| Outside Europe                            | 21       | 15.21 |
| Total                                     | 138      | 100%  |

All of the children participating in this study were in situations of high or very high psychosocial risk.

*Child Exposure to Domestic Violence Scale (CEDV-R)*. This measures the level of exposure and involvement of children aged between 10 and 17 to domestic violence (Edleson, Shin, & Johnson Armendariz, 2008). The scale is made up of 42 items with responses on a 3-point (first section) or 5-point (second section) Likert-type scale. The first section seeks information about the type and level of exposure to violence that the child has experienced, along with their level of awareness of those situations. These form the subscales Violence and Home Exposure. The second section collects information on the frequency of the child's involvement in violent incidents (reactions when violent scenes take place, preoccupation about adult behaviors). These form the subscales Exposure to Violence in the Community, Involvement in Violence, Risk Factors, and Other Victimization. In addition, there is an overall score of the amount of violence that the child is exposed to. The CEDV-R is the only self-report designed specifically to widely evaluate the level of children's exposure to domestic violence, and it has a good reputation in the scientific literature. This is why it was used in this study despite the fact that to date, there is no version which has been validated for a Spanish population (there is a version in Spanish which has been used in Latin American populations; McDonald et al., 2016). Because of that, an ad hoc translation was made, supervised by three experts at the University of Oviedo. In the validation study of the original scale (Edleson, Johnson, & Shin, 2007), the Cronbach's alpha coefficients for the subscales were between .59 and .85, and that of the total score was .86. In the current research, higher values were found (between .74 and .86, with the exception of Other Victimization with an alpha of .34). The total reliability coefficient of the scale was .87.

*Behavior Assessment System for Children (BASC)*. The version for adolescents between 11 and 18 was used (Reynolds & Kamphaus, 1992), adapted, and validated for a Spanish population by J. González, Fernández, Pérez, and Santamaría (2004). It consists of 185 statements which are evaluated as true or false. It collects information on aspects of behavior and personality, including both positive (adaptive) and negative (clinical) domains. It evaluates various contexts of interaction: family, school, and peer group. There is a self-report version for the adolescents (BASC-S), made up of 10 clinical and four adaptive scales, organized into four composite scales: School Problems, Clinical Maladjustment, Personal Adjustment, and Emotional Symptoms Index. A version was also used in which the parents, in this case, the mothers, do the reporting of their own child (BASC-P). It has 11 clinical and adaptive scales which give four composite scales: Externalizing Problems, Internalizing Problems, Adaptive Skills, and Behavioral Symptoms Index. The general criteria for evaluation proposed by J. González et al. (2004) were used, which

indicate scoring ranges corresponding to an appropriate level and those which indicate the presence of problems requiring attention. The internal consistency of the instrument is high, with Cronbach's alphas between .70 and .90, in both P and S versions (J. González et al., 2004). In the current research, similar values to the original were found: between .70 and .80 for the scale used by the mothers and between .71 and .80 for the self-report.

### **Data Analysis**

The supposition of normality was checked using the Kolgomorov–Smirnov test. Following that, mean comparison tests (Student's *t* test for independent samples) and multiple ANOVA were performed. The effect size was measured using the eta-squared statistic ( $\eta_p^2$ ), the values of which are considered high when above 0.14, moderate between 0.03 and 0.14, and low below 0.02 (Richardson, 2011). Comparisons of subscale scores were done using MANOVAs. Binary logistical regression was used to eliminate redundant variables with the forward stepwise regression method. The bilateral level of significance established prior to all the tests was .05. The statistical analyses were carried out using SPSS (v20.0).

### **Results**

The BALORA questionnaire provided data on the maltreatment suffered by the minors, the reason why they were being attended to by social services. The most frequent type of maltreatment was emotional neglect (57.2%), followed by abandonment (54.34%), psychological abuse (46.37%), and physical abuse (23.91%), and 2.89% were victims of sexual abuse. The sample was divided into two groups for the subsequent analysis: one group made up of those adolescents who had suffered direct maltreatment and had also been exposed to vicarious maltreatment via their mothers ( $n = 172$ ; 86 adolescents and 86 mothers; EIPV group), and the other made up of maltreated minors with no history of vicarious maltreatment ( $n = 104$ ; 52 adolescents and 52 mothers; no-EIPV group).

The first step was to explore the adolescents' levels of awareness and involvement in situations of conflict and violence using the CEDV. Table 2 shows the direct scores of the EIPV group, which confirm that the adolescents were aware of the violent situations their mothers were experiencing and that they had obtained this information directly, rather than by inference or by being told by others. This awareness of violent incidents was linked to a high level of participation in those incidents, using individual strategies without involving others (such as calling a third person to help). In addition,

**Table 2.** Responses to the Home Exposure and Involvement in Violence Subscales (CEDV) of Adolescents of the EIPV Group (Frequencies and Percentages,  $N = 85$ ).

| Home Exposure                                                            | The Situation Does Not Happen<br><i>n</i> (%) | I Found Out After It Was Happening<br><i>n</i> (%) | I Found Out While It Was Happening<br><i>n</i> (%) |                               |
|--------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------|----------------------------------------------------|-------------------------------|
| Fights and arguments among adults in the family.                         | 0                                             | 29 (34.1)                                          | 56 (65.9)                                          |                               |
| Your mother and her partner argue about you.                             | 68 (80)                                       | 12 (18.6)                                          | 2 (82.4)                                           |                               |
| Your mother's partner hurt her feelings by yelling/ threatening. . .     | 1 (1.2)                                       | 27 (31.8)                                          | 57 (67.1)                                          |                               |
| stopped her from doing something she wanted to do.                       | 49 (57.6)                                     | 10 (11.8)                                          | 26 (30.6)                                          |                               |
| stopped her from eating or sleeping.                                     | 74 (87.1)                                     | 3 (3.5)                                            | 8 (9.5)                                            |                               |
| tried to hurt a pet at home on purpose.                                  | 68 (81)                                       | 14 (15.7)                                          | 2 (2.3)                                            |                               |
| broke/destroyed something on purpose.                                    | 4 (4.4)                                       | 1 (1.2)                                            | 80 (94.1)                                          |                               |
| hurt her by hitting/kicking her.                                         | 68 (80.0)                                     | 5 (5.9)                                            | 12 (14.1)                                          |                               |
| threatened to use a knife/gun to hurt her.                               | 2 (2.2)                                       | 6 (7.1)                                            | 77 (90.6)                                          |                               |
|                                                                          |                                               |                                                    |                                                    |                               |
| Involvement in Violence                                                  | Never<br><i>n</i> (%)                         | Sometimes<br><i>n</i> (%)                          | Often<br><i>n</i> (%)                              | Almost Always<br><i>n</i> (%) |
| Reactions when your mother's partner hurts her                           |                                               |                                                    |                                                    |                               |
| Yelling at them from a different room                                    | 12 (14.1)                                     | 35 (41.2)                                          | 7 (8.2)                                            | 31 (36.5)                     |
| Yelling at them in the same room                                         | 15 (17.6)                                     | 22 (25.9)                                          | 15 (17.6)                                          | 33 (38.8)                     |
| Calling someone else for help.                                           | 50 (58.8)                                     | 32 (37.6)                                          | 3 (3.5)                                            | 0                             |
| Getting physically involved to stop them.                                | 42 (49.4)                                     | 26 (30.6)                                          | 17 (20.0)                                          | 0                             |
| Trying to get away.                                                      | 32 (37.6)                                     | 21 (24.7)                                          | 18 (21.2)                                          | 14 (16.5)                     |
| Your mother's partner did/told something to you to scare/ hurt her.      | 12 (14.1)                                     | 40 (47.1)                                          | 29 (34.1)                                          | 3 (3.5)                       |
| Your mother's partner asked you to tell what she has being doing/saying. | 12 (14.1)                                     | 59 (69.4)                                          | 11 (12.9)                                          | 2 (2.4)                       |
| You worry about drugs/ alcohol consumption by your mother's partner.     | 31 (36.5)                                     | 23 (27.1)                                          | 6 (7.1)                                            | 25 (29.4)                     |
| You worry about drugs/alcohol consumption by your mother.                | 47 (55.3)                                     | 25 (29.4)                                          | 4 (4.7)                                            | 9 (10.6)                      |
| Your mother seems sad/upset/ worried                                     | 0                                             | 3 (3.5)                                            | 42 (49.4)                                          | 40 (47.1)                     |
| It seems like you have had big changes in life.                          | 1 (1.2)                                       | 19 (22.4)                                          | 59 (69.4)                                          | 6 (7.1)                       |

Note. CEDV = Child Exposure to Domestic Violence Scale; EIPV = Exposed to Interpartner Violence.

**Table 3.** Comparison of the EIPV and No-EIPV Groups in the Total Score of (CEDV).

|                      | EIPV        |        |      |              |        |      | df     | t        |
|----------------------|-------------|--------|------|--------------|--------|------|--------|----------|
|                      | No (n = 52) |        |      | Yes (n = 75) |        |      |        |          |
|                      | M           | (SD)   | SE   | M            | (SD)   | SE   |        |          |
| Violence total score | 0.60        | (0.18) | 0.02 | 1.12         | (0.24) | 0.03 | 124.45 | -14.32** |

Note. EIPV = Exposed to Interpartner Violence; CEDV = Child Exposure to Domestic Violence Scale.

\*\* $p < .001$ .

**Table 4.** Results of MANOVA for the CEDV Scales in the EIPV and No-EIPV Groups.

|                                          | EIPV        |        |              |        | df | F        | $\eta_p^2$ |
|------------------------------------------|-------------|--------|--------------|--------|----|----------|------------|
|                                          | No (n = 52) |        | Yes (n = 75) |        |    |          |            |
|                                          | M           | (SD)   | M            | (SD)   |    |          |            |
| Violence                                 | 0.37        | (0.21) | 1.03         | (0.28) | 1  | 205.49** | .62        |
| Exposure to violence<br>in the community | 1.34        | (0.39) | 1.22         | (0.38) | 1  | 0.58     | —          |
| Involvement in<br>violence               | 0.10        | (0.22) | 0.92         | (0.27) | 1  | 328.64** | .72        |
| Risk factors                             | 0.62        | (0.47) | 1.64         | (0.62) | 1  | 10.21**  | .45        |

Note. CEDV = Child Exposure to Domestic Violence Scale; EIPV = Exposed to Interpartner Violence.

\*\* $p < .001$ .

the majority of the children expressed a lot of worry about what was happening around these scenes of violence, such as parents' alcohol or drug consumption and their mother's safety or mood.

After testing the assumption of normality, the total score on the CEDV for both groups was compared using the Student's  $t$  test, which found significant differences (Table 3). The MANOVA (Table 4) also found significant differences with large effect sizes, Wilks's  $\lambda = .41$ ;  $F(14,11) = 11.79$ ;  $p < .001$ ;  $\eta_p^2 = .59$ . As expected, EIPV children scored significantly higher on *violence*, *involvement in violence*, and *risk factors* (parent's alcohol or drug consumption, life changes, etc.), with very high effect sizes, while levels of *exposure to violence in the community* did not appear to differ between the two groups.

**Table 5.** Percentage of Participants in Each Scoring Range of the BASC-S (Self-Report) and BASC-P (Mother's Report) Composite Scales.

|                           | Very Low<br>(%) | Low<br>(%) | Average<br>(%) | High<br>(%) | Very High<br>(%) |
|---------------------------|-----------------|------------|----------------|-------------|------------------|
| Composite scale BASC-S    |                 |            |                |             |                  |
| Personal adjustment       | 13              | 40         | 44             | 3           | 0                |
| Clinical maladjustment    | 0               | 7          | 70             | 21          | 2                |
| School problems           | 0               | 8          | 74             | 13          | 4                |
| Emotional symptoms index  | 0               | 3          | 79             | 12          | 7                |
| Composite scale BASC-P    |                 |            |                |             |                  |
| Externalizing problems    | 0               | 0          | 23             | 28          | 49               |
| Internalizing problems    | 0               | 6          | 20             | 49          | 24               |
| Adaptive skills           | 34              | 56         | 10             | 0           | 0                |
| Behavioral symptoms index | 0               | 0          | 14             | 14          | 72               |

Note. BASC = Behavioral Assessment System for Children.

The next step was to assess the level of psychological dysfunction and maladaptation in the children in the entire sample using the BASC. Table 5 shows the percentage of subjects who scored on each of the ranges. First, it is clear that the mothers' assessments (BASC-P) indicate worse results than the BASC-S; in other words, the children report less psychopathology than their mothers. In the case of the children's self-reports, the general *personal adjustment* domain (coping strategies and family and social support) is the one on which most subjects scored in the dysfunction range (none scored very high, whereas 53% had low or very low personal adjustment). In *clinical maladjustment* (problems of anxiety, atypicality, or somatization), *school problems*, and *emotional symptoms index* (sense of inadequacy, social stress, anxiety, depression), none of the participants had very low scores; a significant percentage of the sample (around 20%) scored within the range of dysfunction, although the majority of subjects were in the mid-range. In the domains of the BASC-P, *adaptive skills* reported by mothers (prosocial abilities which help maintain good relationships with others) gave very low scores: only 10% scored in the intermediate range, and the other 90% were either low or very low. The *behavioral symptoms index* (aggressiveness, hyperactivity, atypicality) is the domain with scores most indicative of impairment: 86% noted high or very high levels. Internalization and exteriorization of problems followed a similar pattern, albeit not so marked.

The next step was to detect possible differences between the EIPV and no-EIPV groups. In line with expectations, the results for the clinical and adaptive BASC-S subscales are significantly different between the two

groups, with a very large effect size, Wilks's  $\lambda = .55$ ;  $F(14.12) = 7.02$ ;  $p < .001$ ;  $\eta_p^2 = .45$ . As can be seen in Table 6, with the exception of the Attitude to Teachers subscale, the scores indicate a higher level of maladjustment in the doubly maltreated group. The differences are particularly large regarding *social stress* ( $\eta_p^2 = .27$ ), *depression* ( $\eta_p^2 = .20$ ), and *self-esteem* ( $\eta_p^2 = .15$ ). In terms of composite scales, the best adapted group was the no-EIPV group, Wilks's  $\lambda = .75$ ;  $F(4.13) = 1.90$ ;  $p < .001$ ;  $\eta_p^2 = .25$ . The differences were statistically significant in the case of *personal adjustment* ( $\eta_p^2 = .18$ ), *clinical maladjustment* ( $\eta_p^2 = .08$ ), and *emotional symptoms* ( $\eta_p^2 = .13$ ). No significant differences were seen in *school problems*.

With regard to the information provided by the mothers (BASC-P), significant differences were also observed between the groups, with very high effect sizes, both for the clinical and adaptive scales, Wilks's  $\lambda = .48$ ;  $F(11.11) = 11.63$ ;  $p < .001$ ;  $\eta_p^2 = .52$ , as well as for the composite scales, Wilks's  $\lambda = .66$ ;  $F(4.12) = 15.91$ ;  $p < .001$ ;  $\eta_p^2 = .34$ . The direct scores are higher for the clinical variables and lower for the adaptive variables in the EIPV group. In more than half the subscales, these differences are statistically significant, with high effect sizes in Depression ( $\eta_p^2 = .25$ ) and in Social Skills ( $\eta_p^2 = .24$ ). For the composite scales, effect sizes are moderate for Behavioral Symptoms Index ( $\eta_p^2 = .12$ ) but high for Internalizing Problems ( $\eta_p^2 = .16$ ) and Adaptive Skills ( $\eta_p^2 = .20$ ).

Finally, the eight clinical and adaptive scales from the BASC-S that had a significant relationship at .05% to the criterion variable (exposure or nonexposure to interpartner violence) in the MANOVAs were added as independent variables in the regression analysis. The process found an equation that correctly identified 82.2% of cases, using a cutoff value of 0.5. In Table 7, it can be seen that the four variables extracted by the process explain 56% of the variance (Nagelkerke's  $R^2 = .561$ ). In comparison with the no-EIPV group, those in the doubly maltreated group demonstrated higher levels of *social stress* and *depression* (BASC-S), while their scores were lower in *attitude to teachers* and *relations with parents*. The same analysis was then performed on the six clinical and adaptive scales from the BASC-P which had been found to be significant. The model explained 54% of the variance and correctly identified 79.8% of the subjects, picking up their lower scores on *atypicality* and *social skills* and higher scores on *depression*. In the third step, the seven variables retained in the previous two steps were added. The result is an equation that identified 86.8% of the subjects and explains 68% of the variance (Nagelkerke's  $R^2 = .681$ ) in terms of the higher scores on *social stress* and reduced scores on *social skills* and *negative attitude toward teachers*.

The same process was used with the BASC-S and BASC-P composite scales. Of the three significant variables from the BASC-S which differentiate

**Table 6.** Results of MANOVA for the BASC-S (Self-Report) and BASC-P Scales (Mother's Report) in the EIPV and No-EIPV Groups.

|                           | EIPV        |         |              |         |    |         |            |
|---------------------------|-------------|---------|--------------|---------|----|---------|------------|
|                           | No (n = 52) |         | Yes (n = 85) |         |    |         |            |
| Adolescent's Self-Report  | M           | (SD)    | M            | (SD)    | df | F       | $\eta_p^2$ |
| Attitude to school        | 57.88       | (11.00) | 54.69        | (12.02) | 1  | 2.42    | —          |
| Attitude to teachers      | 54.81       | (1.35)  | 49.39        | (7.68)  | 1  | 12.28** | .08        |
| Sensation seeking         | 41.08       | (6.16)  | 40.18        | (7.92)  | 1  | 0.48    | —          |
| Atypicality               | 52.06       | (8.50)  | 58.75        | (7.86)  | 1  | 17.75** | .12        |
| Locus of control          | 53.00       | (9.99)  | 58.32        | (7.33)  | 1  | 12.81** | .09        |
| Somatization              | 49.04       | (8.70)  | 49.81        | (8.33)  | 1  | 0.27    | —          |
| Social stress             | 46.42       | (5.95)  | 54.32        | (7.53)  | 1  | 49.51** | .27        |
| Anxiety                   | 51.10       | (6.55)  | 53.04        | (7.36)  | 1  | 2.43    | —          |
| Depression                | 45.40       | (6.82)  | 54.60        | (1.16)  | 1  | 33.34** | .20        |
| Sense of inadequacy       | 58.08       | (8.83)  | 58.75        | (7.85)  | 1  | 0.22    | —          |
| Interpersonal relations   | 49.87       | (9.01)  | 49.49        | (1.74)  | 1  | 0.11    | —          |
| Relations with parents    | 37.71       | (18.75) | 24.29        | (15.26) | 1  | 20.92** | .13        |
| Self-esteem               | 49.75       | (9.70)  | 40.51        | (11.69) | 1  | 22.87** | .15        |
| Self-reliance             | 49.54       | (8.25)  | 45.60        | (8.68)  | 1  | 6.89*   | .05        |
| Composite scales          |             |         |              |         |    |         |            |
| Personal Adjustment       | 44.94       | (9.57)  | 35.71        | (8.82)  | 1  | 33.17** | .18        |
| Clinical Maladjustment    | 51.90       | (9.22)  | 56.24        | (6.12)  | 1  | 10.91** | .08        |
| School Problems           | 51.88       | (9.64)  | 48.78        | (9.68)  | 1  | 3.33    | —          |
| Emotional Symptoms Index  | 50.04       | (7.24)  | 56.54        | (8.94)  | 1  | 19.61** | .13        |
| Mother's report           | No (n = 49) |         | Yes (n = 80) |         |    |         |            |
| Aggression                | 58.53       | (17.45) | 65.96        | (1.02)  | 1  | 9.44**  | .07        |
| Hyperactivity             | 60.16       | (9.57)  | 59.93        | (8.96)  | 1  | 0.02    | —          |
| Conduct problems          | 74.47       | (24.09) | 76.13        | (16.07) | 1  | 0.21    | —          |
| Attention problems        | 63.16       | (9.08)  | 65.23        | (5.02)  | 1  | 2.75    | —          |
| Atypicality               | 60.78       | (15.99) | 70.06        | (14.78) | 1  | 11.26** | .09        |
| Depression                | 62.98       | (15.30) | 77.44        | (12.25) | 1  | 34.92** | .25        |
| Anxiety                   | 55.59       | (11.65) | 60.99        | (11.18) | 1  | 6.85*   | .05        |
| Withdrawal                | 50.59       | (8.00)  | 51.63        | (9.72)  | 1  | 0.39    | —          |
| Somatization              | 48.71       | (11.61) | 54.30        | (6.50)  | 1  | 12.27** | .09        |
| Social skills             | 38.71       | (7.35)  | 32.04        | (4.72)  | 1  | 39.49** | .24        |
| Leadership                | 39.02       | (5.11)  | 38.19        | (5.55)  | 1  | 0.72    | —          |
| Composite scales          |             |         |              |         |    |         |            |
| Externalizing Problems    | 67.63       | (18.00) | 72.83        | (12.48) | 1  | 3.73    | —          |
| Internalizing Problems    | 57.67       | (14.92) | 68.58        | (1.29)  | 1  | 24.06** | .16        |
| Adaptive skills           | 37.65       | (5.31)  | 32.45        | (4.94)  | 1  | 31.82** | .20        |
| Behavioral Symptoms Index | 64.92       | (15.72) | 74.20        | (9.83)  | 1  | 17.03** | .12        |

Note. BASC = Behavioral Assessment System for Children; EIPV = Exposed to Interpartner Violence.

\* $p < .50$ . \*\* $p < .001$ .

between the two groups, only one, *personal adjustment*, was retained, as it was lower in the EIPV group. The percentage of correct identifications is

**Table 7.** Results of the Binary Logistic Regression Model to Differentiate EIPV and No-EIPV Groups According to the Scales of the BASC-S (Self-Report) and BASC-P (Mother's Report;  $n = 129$ ).

|                                 |            | 95% CI |       |         |
|---------------------------------|------------|--------|-------|---------|
|                                 | Odds Ratio | Lower  | Upper | p Value |
| Clinical and adaptive scales    |            |        |       |         |
| BASC-S                          |            |        |       |         |
| Attitude to teachers            | 0.906      | 0.850  | 0.966 | .002    |
| Social stress                   | 1.150      | 1.033  | 1.279 | .010    |
| Depression                      | 1.106      | 1.006  | 1.215 | .037    |
| Relations with parents          | 0.957      | 0.922  | 0.993 | .020    |
| Constant                        | 0.007      |        |       | .304    |
| $R^2 = .561$                    |            |        |       |         |
| BASC-P                          |            |        |       |         |
| Atypicality                     | 0.914      | 0.863  | 0.969 | .003    |
| Depression                      | 1.167      | 1.091  | 1.248 | .000    |
| Social skills                   | 0.798      | 0.724  | 0.880 | .000    |
| Constant                        | 25.217     |        |       | .141    |
| $R^2 = .536$                    |            |        |       |         |
| BASC-S and BASC-P               |            |        |       |         |
| Social skills (BASC-P)          | 0.741      | 0.654  | 0.841 | .000    |
| Attitude to teachers (BASC-S)   | 0.835      | 0.774  | 0.902 | .000    |
| Social stress (BASC-S)          | 1.218      | 1.103  | 1.345 | .000    |
| Constant                        | 43,852.457 |        |       | .006    |
| $R^2 = .681$                    |            |        |       |         |
| Composite scales                |            |        |       |         |
| BASC-S                          |            |        |       |         |
| Personal adjustment             | 0.887      | 0.842  | 0.936 | .000    |
| Constant                        | 192.991    |        |       | .000    |
| $R^2 = .267$                    |            |        |       |         |
| BASC-P                          |            |        |       |         |
| Internalizing problems          | 1.075      | 1.034  | 1.118 | .000    |
| Adaptive skills                 | 0.817      | 0.746  | 0.895 | .000    |
| $R^2 = .415$                    |            |        |       |         |
| BASC-S and BASC-P               |            |        |       |         |
| Personal adjustment (BASC-S)    | 0.923      | 0.869  | 0.980 | .009    |
| Internalizing problems (BASC-P) | 1.071      | 1.027  | 1.116 | .001    |
| Adaptive skills (BASC-P)        | 0.846      | 0.766  | 0.933 | .001    |
| Constant                        | 164.489    |        |       | .022    |
| $R^2 = .473$                    |            |        |       |         |

Note. EIPV = Exposed to Interpartner Violence; BASC = Behavioral Assessment System for Children; CI = confidence interval.

59.7% and Nagelkerke's  $R^2$  is .267. Of the three significant variables from the BASC-P, those selected by the analysis were *internalizing problems* and *adaptive skills* with higher scores on the former and lower scores on the latter in subjects that had been doubly maltreated. In all, 79.1% of subjects were correctly identified and 41.5% of the variance was explained. Upon introducing the two selected variables from the BASC-P and the one from the BASC-S, and retaining those three variables in the regression equation, the explained variance reaches 47% (Nagelkerke's  $R^2 = .473$ ) and the percentage of correct identifications remains the same, at 79.1%.

## Discussion

The analysis of the impact of intimate partner violence on children is the fruit of the intersection of two fields of research, gender-related violence and child maltreatment, although its appearance as a field of research in its own right is much more recent. This study aims to broaden our knowledge of the effects of exposure to interpersonal violence in middle and late adolescence. It starts with a nonhomogeneous idea of the experience of abuse; in other words, one must bear in mind that many minors suffer other types of abuse and violence at the same time. The effects of double maltreatment were evaluated in a sample of boys and girls aged between 13 and 17 that social services were attending due to their having been subject to severe mistreatment and having mothers who had also been the victims of gender-related violence. The comparison with a sample of adolescents who had similarly been subjected to direct maltreatment but without exposure to interpersonal violence makes it clear that those "exposed" adolescents demonstrate significantly more serious problems in almost all parts of their lives. This research confirms Hughes's (1988) hypothesis of the double whammy effect in every way.

From an epidemiological perspective, the co-occurrence of child maltreatment and maltreatment in general in the home was 62.3% in this study sample, a very similar incidence rate to that found by other authors (e.g., Hamby et al., 2010; Hazen et al., 2007; Holt et al., 2008). According to a recent official report (Ministerio de Sanidad, Servicios Sociales e Igualdad, 2015), 2.6% of minors in Spain live in households in which the mother has experienced physical violence in the previous 12 months, and around 11.8% in households in which the mother has experienced psychological violence. That means something like 234,000 children are potentially exposed to physical violence and more than a million are exposed to emotional or psychological violence. These are not intermittent cases; the experience of vicarious maltreatment could be described as an ongoing phenomenon in homes where

adolescents live at psychosocial risk. If we add the empirical evidence of the psychological damage and maladaptation that these adolescents suffer to the epidemiological data, we can only conclude that double maltreatment should be considered a priority in child care and protection programs.

The results of this research have the added value of coming from two sources: the mothers, who usually do the reporting in psychological evaluations of their children in studies of child maltreatment, both generally and in specific studies of EIPV, and the adolescents themselves. We chose this dual source not only to avoid the possible effect of shared variance (Vu et al., 2016) but also to gather the experiences from the people involved. There are, in fact, differences between the two sources of information. Although there was a tendency toward the ranges of dysfunction, the adolescents tended to score within normal levels on the clinical scales, whereas the mothers reported higher incidences of clinical and maladaptive problems in their children. Nevertheless, the majority of these adolescents feel that they lack good strategies to cope with life and do not have the social support available that they need. The fact that their self-image reflected in their answers is less dysfunctional than that described by their mothers may be related to the bias that has been described in some studies, which indicates that mothers with depression or similar problems tend to see more psychopathology and behavioral problems in their children, probably due to the lower levels of tolerance to stress that they themselves have (Hennigan, O'Keefe, Noether, Rinehart, & Russell, 2006).

With respect to the main hypothesis of this research, the analysis of the differences between adolescents exposed and not exposed to intimate partner violence produced clear results: the EIPV group demonstrates much more worrying psychopathological indicators. The biggest contrast compared with the no-EIPV group is in the area of relationships with others and their states of mind.

Looking at the data provided by the mothers, there are particularly significant differences in *depression* and in *social skills*, although the children who experience double maltreatment also somatize their problems more and are more aggressive, and their mothers note that they have more unusual feelings and thoughts. The increased aggressiveness in EIPV children has been found in other studies and may be related to the extent of aggressive practices that they see in their surroundings and relationships (Choi & Oh, 2014; Iverson et al., 2014; McCloskey, 2011; Park et al., 2012). Despite the increased aggression reported by the mothers, an important part of the EIPV children tend to internalize their problems, and this is one of the characteristics which most distinguishes them from the other group. This confirms the findings of the meta-analysis done by Sternberg et al. (2006), which concluded that

children exposed to child abuse and domestic violence are more likely to internalize their problems than victims of child abuse alone. On this point, it might be useful to remember that both groups have notably high scores on both internalizing behavior and externalizing behavior; the results indicate that double maltreatment coincides especially with an increase in the tendency to internalize problems. It is reasonable to imagine that in a setting in which the integrity of the main attachment figure (generally the mother) is threatened, the children adopt a less visible way to cope with difficulties so that, through excessive self-control, they minimize the risk of triggering violence around them.

According to the adolescent's own descriptions, the EIPV group has more difficulties in all of the areas being evaluated (apart from *attitude to teachers*, which is higher in the no-EIPV group). In line with the mothers' reports, the biggest differences between groups found in self-reporting are also *depression* and *social stress* (problems managing interactions with others). The EIPV group also scored significantly worse on the feeling of being in control of their lives (*locus of control*) and on the levels of worry, and unusual behavior and thoughts (*atypicality*, thinking that you will never have friends, or thinking that the whole world is against you, commonly related with severe forms of dysfunction). Their interpersonal relationships are more fragile, as is their clinical state. The high score on the Clinical Maladjustment scale, combined with a low score on Adaptive Skills, indicates a lack of both coping strategies and seeking support, and indicates an increased probability of more severe dysfunction. The higher risk of little self-reliance or self-esteem and the poor interpersonal relationships (*personal adjustment*) are particularly worrying at a critical time in personal development. Our results generally coincide with research to date: The dysfunctional strategies that these adolescents put in place to face the distress caused by EIPV bring with them depression, worse peer relationships, increased risk of violence in a dating relationship, drug consumption, involvement in gangs, running away from home, and worse family relationships (Jouriles, McDonald, Mueller, & Grych, 2012; Narayan et al., 2014).

The combination of two sources of information is what allows us to more accurately predict the group that an adolescent belongs to. The regression analysis shows that doubly maltreated adolescents can be distinguished by being those who report greater social stress and less negative attitudes toward teachers, and by having lower social skills in their mother's evaluations.

Attitude to Teachers is the only scale in the BASC on which the no-EIPV group scored worse; in addition, School Problems is the only general scale in the BASC-S that did not significantly differ between the two groups. What is more, regression analysis shows that *attitude to teachers*, higher in no-EIPV

adolescents, is a determinant to differentiate between the two groups. These results may be interpreted as a consequence of the tendency of EIPV adolescents to internalize their problems, which might contribute to less disruptive behavior in school and improve relationships with teaching staff. It is also possible that in a situation of threat toward the main attachment figure, teachers somehow represent adults that the adolescents need to trust. In the literature review, we did not find any data that could help us understand this unexpected result, which merits consideration in future research, as less negative attitudes toward teachers can be a point of support in dealing with adolescents.

A particularly illuminating and alarming result is the children's levels of involvement in and exposure to violence in their homes. The results clearly show that they are completely aware of and understand the violence, the threats, and the coercion that their mothers are subjected to. Often, they are involved in such situations, not only indirectly, directly, and emotionally but also behaviorally to protect themselves or their mothers (Jouriles et al., 2014; McDonald et al., 2016). These results support arguments in favor of considering these minors not only as observers or external witnesses but rather as true victims of abuse, which is both direct and intense. Moreover, the occurrence of domestic violence may be at the root of posttraumatic symptomatology. Not only experiencing a highly stressful situation but witnessing it or even having knowledge of its occurrence to a loved one can trigger posttraumatic stress disorder (American Psychiatric Association, 2013). Authors like Graham-Bermann, Castor, Miller, and Howell (2012) or Levendosky, Bogat, and Martinez-Torteya (2013) have highlighted such an effect by reporting an increase in posttraumatic symptoms in the minors after exposure to family violence.

One of the main weaknesses of this research is its cross-sectional nature, which does not allow us to see changes in the children at different times in their lives or in terms of the progression of their particular situation of maltreatment. In addition, one of the scales in the CEDV (Other Victimizations) gives a low internal consistency. The importance of the other scales in the instrument together with the fact that most of the significant research used this scale (Miller, Cater, Howell, & Graham-Bermann, 2014; Naughton, O'Donnell, & Muldoon, 2015) led us to the decision to use the instrument despite that flaw, and not to draw any conclusions related to that scale (which, incidentally, was not significant in the MANOVA).

In our work as Social Services and Mental Health professionals, we have often seen failures in coordination between the institutions responsible for dealing with women and children who are victims of violence. In the literature, we have found pleas arguing for stronger ties between the two fields (an

excellent review of this may be found in Guedes et al., 2016). In the context of a growing concern over the implementation of child protection measures concerning exposure to violence against their mothers (Together for Girls, 2015; United Nations, 2015), our work aims to provide useful information to plan more effective practices. Consideration of EIPV as a form of child maltreatment, while protecting mothers as victims, would, in our opinion, be a first step in improving those practices. Following this research, we have no doubt of the risk that double exposure to direct maltreatment and vicarious maltreatment poses to adolescents' mental health and psychosocial development. Middle and late adolescence is a sensitive time in which the ability to seek help effectively, self-acceptance and self-satisfaction, and appropriate management of emotions are all crucial to overcome the normal challenges of developing an identity and transitioning to adulthood, especially in burgeoning dating relationships. Vicarious maltreatment puts adolescents in dangerous and insecure situations on multiple levels, first due to fear for the mother's safety but also because a threatened mother has fewer resources to give to help the adolescent effectively face the challenges that growing up presents. In addition, adolescents are capable of intervening and trying to counter violent episodes, something that may end up affecting them badly (Jouriles et al., 2014). In this regard, we agree with Rossman (2000) about the accumulation of multiple aspects and factors that can fail successively in the lives of young people exposed to violence, what has been called a "package of adversity." Vicarious abuse should be defined more accurately as a type of child abuse in the strict sense. Doing that in this very visible way would enable the detection of very damaging situations and help remove some of the obstacles in the rocky path to adulthood.

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### **References**

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Appel, A. E., & Holden, G. W. (1998). The co-occurrence of spouse and physical child abuse: A review and appraisal. *Journal of Family Psychology*, 12, 578-599.

- Baldry, A. C. (2003). Animal abuse and exposure to interparental violence in Italy: Assessing the cycle of violence in youngsters. *Journal of Interpersonal Violence, 18*, 258-281. doi:10.1177/0886260502250081
- Bancroft, L., & Silverman, J. G. (2002). Power parenting: The batterer's style with children. In L. Bancroft & J. G. Silverman (Eds.), *The batterer as parent: Addressing the impact of domestic violence on family dynamics* (pp. 29-53). Thousand Oaks, CA: Sage.
- Cater, Å. K., Miller, L. E., Howell, K. H., & Graham-Bermann, S. A. (2015). Childhood exposure to intimate partner violence and adult mental health problems: Relationships with gender and age of exposure. *Journal of Family Violence, 30*, 875-886. doi:10.1007/s10896-015-9703-0
- Chan, C., & Yeung, J. W. (2009). Children living with violence within the family and its sequel: A meta-analysis from 1995-2006. *Aggression and Violent Behavior, 14*, 313-322. doi:10.1016/j.avb.2009.04.001
- Choi, J. Y., Choi, Y. M., Gim, M. S., Park, J. H., & Park, S. H. (2014). The effects of childhood abuse on symptom complexity in a clinical sample: Mediating effects of emotion regulation difficulties. *Child Abuse & Neglect, 38*, 1313-1319. doi:10.1016/j.chiabu.2014.04.016
- Choi, J. Y., & Oh, K. J. (2014). Cumulative childhood trauma and psychological maladjustment of sexually abused children in Korea: Mediating effects of emotion regulation. *Child Abuse & Neglect, 38*, 296-303. doi:10.1016/j.chiabu.2013.09.009
- Edleson, J. L. (2006). A response system for children exposed to domestic violence: Public policy in support of best practices. In M. Feerick & G. B. Silverman (Eds.), *Children exposed to violence* (pp.191-211). Baltimore, MD: Brookes.
- Edleson, J. L., Johnson, K. K., & Shin, N. (2007). Children exposure to domestic violence scale user manual. *Minnesota Center Against Domestic Violence, University of Minnesota*. Retrieved from <http://www.mincava.umn.edu/cedv>
- Edleson, J. L., Shin, N., & Johnson Armendariz, K. K. (2008). Measuring children's exposure to domestic violence: The development and testing of the Child Exposure to Domestic Violence (CEDV) Scale. *Children and Youth Services Review, 30*, 502-521. doi:10.1016/j.childyouth.2007.11.006
- Evans, S. E., Davies, C. A., & Di Lillo, D. K. (2008). Exposure to domestic violence: A meta-analysis of child and adolescent outcomes. *Aggression and Violent Behavior, 13*, 131-140. doi:10.1016/j.avb.2008.02.005
- Finkelhor, D., Turner, H. A., Ormrod, R. K., & Hamby, S. L. (2010). Trends in childhood violence and abuse exposure: Evidence from two national surveys. *Archives of Pediatrics & Adolescent Medicine, 164*, 238-242. doi:10.1001/archpediatrics.2009.283
- Gobierno Vasco. (2010). *Guía instrumento BALORA, para la valoración de la gravedad de las situaciones de riesgo y desamparo en los servicios sociales municipales y territoriales de atención a la infancia y adolescencia en la Comunidad Autónoma Vasca* [Instrument BALORA, guide for the assessment of the seriousness of risk and abandonment situations at the municipal and territorial social

- services of attention to children and adolescents in the Basque Autonomous Community]. Retrieved from [http://www.gizartelan.ejgv.euskadi.eus/contenidos/informacion/balora/es\\_doc/adjuntos/Balora%20C.PDF](http://www.gizartelan.ejgv.euskadi.eus/contenidos/informacion/balora/es_doc/adjuntos/Balora%20C.PDF)
- Gonzalez, A., MacMillan, H., Tanaka, M., Jack, S. M., & Tonmyr, L. (2014). Subtypes of exposure to intimate partner violence within a Canadian child welfare sample: Associated risks and child maladjustment. *Child Abuse & Neglect*, 38, 1934-1944. doi:10.1016/j.chiabu.2014.10.007
- González, J., Fernández, S., Pérez, E., & Santamaría, P. (2004). *BASC. Sistema de evaluación de la conducta de niños y adolescentes* [BASC. Behavioral assessment system for children and adolescents]. Madrid, Spain: TEA Ediciones.
- Graham-Bermann, S. A., Castor, L. E., Miller, L. E., & Howell, K. H. (2012). The impact of intimate partner violence and additional traumatic events on trauma symptoms and PTSD in preschool-aged children. *Journal of Traumatic Stress*, 25, 393-400. doi:10.1002/jts.21724
- Guedes, A., Bott, S., Garcia-Moreno, C., & Colombini, M. (2016). Bridging the gaps: A global review of intersections of violence against women and violence against children. *Global Health Action*, 9. Retrieved from <http://www.globalhealthaction.net/index.php/gha/article/view/31516>
- Hamby, S., Finkelhor, D., Turner, H., & Omrod, R. (2010). The overlap of witnessing partner violence with child maltreatment and other victimizations in a nationally representative survey of youth. *Child Abuse & Neglect*, 34, 734-741. doi:10.1016/j.chiabu.2010.03.001
- Hazen, A. L., Connelly, C. D., Edleson, J. L., Kelleher, K. J., Landsverk, J. A., Coben, J. H., . . . Wegener, M. A. (2007). Assessment of intimate partner violence by child welfare services. *Children and Youth Services Review*, 29, 490-500. doi:10.1016/j.childyouth.2006.10.004
- Hennigan, K. M., O'Keefe, M., Noether, C. D., Rinehart, D. J., & Russell, L. A. (2006). Though a mother's eyes: Sources of bias when mothers with co-occurring disorders assess their children. *The Journal of Behavioral Health Services & Research*, 33, 87-104. doi:10.1007/s11414-005-9005-z
- Holt, S., Buckley, H., & Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse & Neglect*, 32, 797-810. doi:10.1016/j.chiabu.2008.02.004
- Hughes, H. M. (1988). Psychological and behavioral correlates of family violence in child witness and victims. *American Journal of Orthopsychiatry*, 58, 77-90. doi:10.1111/j.1939-0025.1988.tb01568.x
- Iverson, K. M., Dick, A., McLaughlin, K. A., Adair, K. C., & Monson, C. M. (2014). Anger related dysregulation as a factor linking childhood physical abuse and witnessing interparental violence to intimate partner violence victimization. *Violence and Victims*, 29, 564-578. doi:10.1891/0886-6708.VV-D-12-00125
- Jouriles, E. N., McDonald, R., Mueller, V., & Grych, J. H. (2012). Youth experiences of family violence and teen dating violence perpetration: Cognitive and emotional mediators. *Clinical Child and Family Psychology Review*, 15, 58-68. doi:10.1007/s10567-011-0102-7

- Jouriles, E. N., Rosenfield, D., McDonald, R., & Mueller, V. (2014). Child involvement in interparental conflict and child adjustment problems: A longitudinal study of violent families. *Journal of Abnormal Child Psychology*, 42, 693-704. doi:10.1007/s10802-013-9821-1
- Kaukinen, C., Powers, R. A., & Meyer, S. (2016). Estimating Canadian childhood exposure to intimate partner violence and other risky parental behaviors. *Journal of Child Custody*, 13, 199-218. doi:10.1080/15379418.2016.1204581
- Kimball, E. (2016). Edleson revisited: Reviewing children's witnessing of domestic violence 15 years later. *Journal of Family Violence*, 31, 625-637. doi:10.1007/s10896-015-9786-7
- Kitzmann, K. M., Gaylord, N. K., Holt, A. R., & Kenny, E. D. (2003). Child witnesses to domestic violence: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 71, 339-352. doi:10.1037/0022-006X.71.2.339
- Koen, N., Wyatt, G. E., Williams, J. K., Zhang, M., Myer, L., Zar, H. J., & Stein, D. J. (2014). Intimate partner violence: Associations with low infant birthweight in a South African birth cohort. *Metabolic Brain Disease Journal*, 29, 281-299. doi:10.1007/s11011-014-9525-4
- Levendosky, A. A., Bogat, G. A., & Martinez-Torteya, C. (2013). PTSD symptoms in young children exposed to intimate partner violence. *Violence Against Women*, 19, 187-201. doi:10.1177/1077801213476458
- Lourenço, L. M., Baptista, M. N., Senra, L. X., Almeida, A., Basilio, C., & Bhona, F. M. C. (2013). Consequences of exposure to domestic violence for children: A systematic review of the literature. *Paidéia (Ribeirão Preto)*, 23(55), 263-271. doi:10.1590/1982-43272355201314
- Martinez-Torteya, C., Bogat, A., von Eye, A., & Levendosky, A. A. (2009). Resilience among children exposed to domestic violence: The role of risk and protective factors. *Child Development*, 80, 562-577. doi:10.1111/j.1467-8624.2009.01279.x
- McCloskey, L. (2011). The impact of intimate partner violence on adolescents. In S. A. Graham-Bermann & A. Levendosky (Eds.), *How intimate partner violence affects children: Developmental research, case studies, and evidence-based intervention* (pp. 225-246). Washington, DC: American Psychological Association.
- McDonald, S. E., Shin, S., Corona, R., Maternick, A., Graham-Bermann, S. A., Ascione, F. R., & Williams, J. H. (2016). Children exposed to intimate partner violence: Identifying differential effects of family environment on children's trauma and psychopathology symptoms through regression mixture models. *Child Abuse & Neglect*, 58, 1-11. doi:10.1016/j.chiabu.2016.06.010
- Miller, L. E., Cater, Å. K., Howell, K. H., & Graham-Bermann, S. A. (2014). Perpetration patterns and environmental contexts of IPV in Sweden: Relationships with adult mental health. *Child Abuse & Neglect*, 38, 147-158. doi:10.1016/j.chiabu.2013.10.023
- Ministerio de Sanidad, Servicios Sociales e Igualdad. (2015). *Macroencuesta de violencia contra la mujer 2015* [Large-scale survey on violence against women 2015]. Madrid, Spain: Author.

- Moylan, C. A., Herrenkohl, T. I., Sousa, C., Tajima, E. A., & Herrenkohl, R. C. (2010). The effects of child abuse and exposure to domestic violence on adolescent internalizing and externalizing behavior problems. *Journal of Family Violence*, 25, 53-63. doi:10.1007/s10896-009-9269-9
- Narayan, A. J., Chen, M., Martinez, P. P., Gold, P. W., & Klimes-Dougan, B. (2014). Interparental violence and maternal mood disorders as predictors of adolescent physical aggression within the family. *Aggressive Behavior*, 41, 253-256. doi:10.1002/AB.21569
- Naughton, C. M., O'Donnell, A. T., & Muldoon, O. T. (2015). Family identification: A beneficial process for young adults who grow up in homes affected by parental intimate partner violence. *Frontiers in Psychology*, 6. doi:10.3389/fpsyg.2015.01249
- Olaya, B. (2009). *Children exposed to domestic violence: Assessment and psychopathology* (Unpublished doctoral dissertation). Universidad Autónoma de Barcelona, Barcelona, Spain. Retrieved from <http://www.tesisenred.net/handle/10803/5469>
- Park, A., Smith, C. A., & Ireland, T. O. I. (2012). Equivalent harm? The relative roles of maltreatment and domestic violence exposure in young adult outcomes. *Children and Youth Services Review*, 34, 962-972. doi:10.1016/j.childyouth.2012.01.029
- Reynolds, C., & Kamphaus, R. W. (1992). *Behavior assessment system for children-BASC*. Circle Pines, MN: American Guidance Service.
- Richardson, J. T. (2011). Eta squared and partial eta squared as measures of effect size in educational research. *Educational Research Review*, 6, 135-147. doi:10.1016/j.edurev.2010.12.001
- Rossmann, B. B. R. (2000). Time heals all: How much and for whom? *Journal of Emotional Abuse*, 2, 31-50. doi:10.1300/J135v02n01\_04
- Salazar, M., Högberg, U., Valladares, E., & Öhman, A. (2012). The supportive process for ending intimate partner violence after pregnancy the experience of Nicaraguan women. *Violence against Women*, 18, 1257-1278. doi:10.1177/1077801212470549
- Sepúlveda, A. (2006). La violencia de género como causa de maltrato infantil [Gender violence as a cause of child abuse]. *Cuadernos De Medicina Forense*, 12, 149-164.
- Sousa, C., Herrenkohl, T. I., Moylan, C. A., Tajima, E. A., Klika, J. B., Herrenkohl, R. C., & Russo, M. J. (2011). Longitudinal study on the effects of child abuse and children's exposure to domestic violence, parent-child attachments, and anti-social behavior in adolescence. *Journal of Interpersonal Violence*, 26, 111-136. doi:10.1177/0886260510362883
- Sternberg, K., Baradaran, L. P., Abbott, C. B., Lamb, M. E., & Guterman, E. (2006). Type of violence, age, and gender differences in the effects of family violence on children's behavior problems: A mega-analysis. *Developmental Review*, 26, 89-112. doi:10.1016/j.dr.2005.12.001
- Together for Girls. (2015). *Priorities for research, monitoring and evaluation: Building the new agenda for violence against children* (Meeting Report). Washington, DC: Together for Girls (TfG) Partnership. Retrieved from <http://www.togetherforgirls.org/wp-content/uploads/Summary-Report-for-October-2015-Together-for-Girls-Experts-Meeting.pdf>

- United Nations. (2015). *Transforming our world: The 2030 agenda for sustainable development*. Retrieved from <https://sustainabledevelopment.un.org/post2015/transformingourworld>
- Vamegi, M., Feizzadeh, A., Mirabzadeh, A., & Feizzadeh, G. (2010). Exposure to domestic violence between parents: A perspective from Tehran, Iran. *Journal of Interpersonal Violence*, 25, 1006-1021. doi:10.1177/0886260509340532
- Vu, N. L., Jouriles, E. N., McDonald, R., & Rosenfield, D. (2016). Children's exposure to intimate partner violence: A meta-analysis of longitudinal associations with child adjustment problems. *Clinical Psychology Review*, 46, 25-33. doi:10.1016/j.cpr.2016.04.003
- Yoshihama, M., & Horrocks, J. (2010). Risk of intimate partner violence: Role of childhood sexual abuse and sexual initiation in women in Japan. *Children and Youth Services Review*, 32, 28-37. doi:10.1016/j.childyouth.2009.06.013
- Zhu, Y., & Dalal, K. (2010). Childhood exposure to domestic violence and attitude towards wife beating in adult life: A study of men in India. *Journal of Biosocial Science*, 42, 255-269. doi:10.1017/S0021932009990423

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