

1-2021

Child Exposure to Intimate Partner Violence in the Latin American Region

Gabriel Alvarado
Grand Valley State University

Follow this and additional works at: https://scholarworks.gvsu.edu/mcnair_manuscripts



Part of the [Child Psychology Commons](#), and the [Criminology and Criminal Justice Commons](#)

ScholarWorks Citation

Alvarado, Gabriel, "Child Exposure to Intimate Partner Violence in the Latin American Region" (2021).
McNair Scholars Manuscripts. 9.
https://scholarworks.gvsu.edu/mcnair_manuscripts/9

This Open Access is brought to you for free and open access by the McNair Scholars at ScholarWorks@GVSU. It has been accepted for inclusion in McNair Scholars Manuscripts by an authorized administrator of ScholarWorks@GVSU. For more information, please contact scholarworks@gvsu.edu.

Child Exposure to Intimate Partner Violence in the Latin American region

McNair Scholar: Gabriel Alvarado

Advisor: Dr. Jina Lee

Department of Criminal Justice, Grand Valley State University

Introduction:

Child exposure to intimate partner violence (IPV) poses a serious human rights risk that affects the psychological development of children. According to the World Health Organization (WHO), IPV refers to any behavior within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship. Such examples include acts of physical violence, such as beating, kicking, hitting, and slapping. There is also sexual violence which includes forced sexual intercourse and other forms of sexual coercion, and emotional/psychological abuse such as insults, constant humiliation, threats of harm, and intimidation. This information shows that IPV is a multifaceted form of violence and tends to vary based on certain family or relationship dynamics. Because of this reason, it is difficult to identify what IPV is since every relationship is different according to different cultural values and beliefs.

In 2012, the WHO presented a comparative reanalysis of data on violence against women from demographic health surveys and reproductive health surveys conducted between 2003 and 2009 in 12 Latin American and Caribbean countries. This data was gathered using face-to-face interviews in the household setting. Based on their findings, large percentages of women who ever married reported experiencing physical or sexual violence by an intimate partner, ranging from 17.0% in the Dominican Republic in 2007 to 53.3% in Bolivia in 2003. The proportion of women ever married who reported emotional abuse by a partner ever ranged from 17.0% in Haiti in 2005 to 47.8% in Nicaragua in 2006. In all countries, a majority of women who experienced physical violence and who also reported emotional abuse, ranged from 61.1% in Colombia in 2005 to 92.6% in El Salvador in 2008. These findings indicate that there is substantial variation in IPV prevalence in each of these countries, but the prevalence of partner violence towards women is very high and something that should be of concern to the global community. Although

this survey has disclosed quantitative information on overall IPV prevalence in several Latin American countries, little research attention has been paid to the consequences of IPV in Latin America, particularly how it affects children who have been exposed to IPV.

The current study is a systematic literature review. It attempts to analyze the implications of IPV on a global scale, allowing for greater cultural insight. It raises awareness of IPV victimization in Latin America and the devastating consequences for children who have been exposed to IPV. This literature review also helps to facilitate more research interests and create more scientific evidence in relation to the impact of IPV on children's psychological development.

There are several reasons why this form of research is being conducted. First, it is crucial that a scientific explanation is found regarding the impact of IPV on a child's mental health in comparison to other children. After investigating other research studies that address the implications of IPV, it became clear that IPV research was scarce in Latin American regions. This was especially true in regard to how IPV affects child witnesses, who may be vulnerable to developmental issues later in life. This may be the case since current IPV research tends to focus more on how the abusive spouse affects their partner and not the child. IPV research must also focus their efforts on advocating for intervention and help-seeking in order to provide health services to IPV victims. This leads into the next research aim, which is to enforce the need for intervention or behavioral programs which will assist in the reduction of intimate partner violence amongst many domestic and international communities. This is also important because in today's society, addressing mental health and the importance of counseling or therapy is often devalued and avoided because opening up to people, especially when it's something traumatic or private, is incredibly difficult. While society has normalized these misconceptions, it is important

to address that not all mental health issues can be solved individually and can often depend on the reassurance and support of others. Therefore, the main motive is to enforce intervention and therapeutic programs that will help to reduce violence within the household and to highlight the importance of mental health development, especially amongst young children. Lastly, it's important to identify research gaps in the literature and provide suggestions for future research. Like most literature, information is always expanding and our collective knowledge of IPV continues to grow with more research. To contribute, this systematic literature review will analyze the impact of IPV on a child's mental health specifically in the Latin American region.

Methods:

A scoping review of scientific literature was conducted in order to gather relevant scholarly articles. The first step was to retrieve articles relevant to the research question. More specifically, the search parameters were constricted to topics only related to child witnesses of IPV. These sources were gathered from online archives such as JSTOR, ProQuest, and Web of Science. In order to break down numerous articles that may or may not be relevant to the subject, it was crucial to use multiple search terms such as “domestic violence”, “children”, and “psychological development”. It is also important to note that only articles and journals were retrieved to stay consistent with the research. The next step was to export and save each of these references using a software tool known as EndNote, which helps to organize and manage each of these references. More specifically, EndNote is “the industry standard software tool for publishing and managing bibliographies, citations and references on the Windows and Macintosh desktop” (Endnote, 2020).

Next, references were eliminated based on their specific title. For instance, if the title of the source was clearly unrelated to the research, then it was removed altogether. Once this step was completed, references were reviewed based on their abstract in order to limit search results. For example, an article may discuss how IPV affects children in Asian countries, but this study cannot be used as it only refers to IPV in Asia rather than in Latin America. The next step of this research is extremely important, mainly because it establishes the criteria used when searching for various sources online. First, publication dates for each chosen source were limited to the years 1990-2020, which was done in order to identify sources most relevant to current IPV research. Second, sources were further limited based on the specific sample population used in the study. To clarify, samples that were typically IPV victims such as mothers and children were often considered since this research is specifically looking at the impact of IPV on children. Further restrictions include geographical location and the chosen methodology of each study. For instance, sources that included a meta-analysis were not added in the systematic literature review. Furthermore, the geographical origin of the source must only come from Latin America and be written in English.

In order to organize and record the methodological process of this research, it was crucial to utilize a flow diagram known as Preferred Reporting Items for Systematic Reviews and Meta-Analyses or PRISMA for short. The PRISMA flow diagram is an evidence-based minimum set of items for reporting in systematic reviews. PRISMA will be used as a basis for reporting systematic reviews of other types of research. PRISMA is very useful because it serves as an evidence-based tool that allows a researcher to show their progress in regard to retrieving and sorting various articles/sources.

There are many individual parts to the PRISMA diagram that can lead to misinterpretation if not looked at closely. First, the identification portion of this chart was the first step that was recorded during the research process. After a calculated database search, the final number of records retrieved was 1,222. Furthermore, there were no additional records identified through author and reference searching and only two duplicate articles were found, which decreased the number of records down to 1,220. Next, it was time to conduct an in-depth screening of each retrieved reference in order to eliminate articles irrelevant to the research. For example, it was important to look at the titles of each source to determine whether it was eligible for further screening. After this process was completed, 1,065 records were excluded, leaving 155 records for research. The next step of this process was to further assess whether the 155 records were eligible for research. In total, 135 records were eliminated based on the following criteria. Based on the PRISMA diagram, many sources were excluded for reasons such as data unrelated to IPV and child witness, Latin American research not included, studies that conducted a meta-analysis, and IPV was not separated from other crimes. In other words, there wasn't enough information on IPV because it was overshadowed by other forms of crime that were being measured or evaluated.

Findings:

In total, there were 10 studies that were chosen to be reviewed. The publication dates of these studies ranged from 2011 to 2020, which was an ideal time frame for current IPV research. The chosen studies were all conducted in Latin America, where 4 studies were conducted in Brazil, 2 studies in Mexico, and 1 study each in Colombia, Jamaica, Chile and Uruguay. The demographics in each study were also very similar. The main sample population consisted

primarily of women and school-aged children, with 60% of the studies recruiting samples that were women, children, or both. Also, there were more women that were interviewed or surveyed than children. This might be due to interviewing children or minors requires special methodology and guidelines, such as trained interviewers or presence of social workers while children are being interviewed. Also, the sample size across all studies ranged from 9 to 41,344, which is a large contrast in size. The reason for this large difference is that some studies conducted surveys, which utilized a larger population compared to studies that only conducted a small collection of interviews. Finally, when measuring for IPV, researchers across all studies accounted for acts of physical, emotional, sexual, controlling behaviors, and verbal abuse. It would also be important to mention that most studies analyzed male-to-female IPV rather than female-to-male IPV and there were relatively few studies that interviewed or surveyed both members of the relationship dyad.

Based on the findings of these studies, IPV severely impacts the mental health of child witnesses in a number of ways that can be harmful to early development. It is important to address that many of these studies also investigated the co-occurrence of IPV in relation to other sociocultural factors such as poverty, the use of drugs, and gender. Regardless of what these studies focused on, the information that was gathered provides valuable insight for how IPV affects the mental health of children and how it can be prevented through intervention and mental health services. In the following paragraphs, the findings will be labeled as themes based on their prevalence across all studies.

Theme 1. Child Neglect

One common finding was that parents involved in an IPV relationship were more likely to neglect or abuse their children. This is often the case for mother-child dyads who are the most at-risk to IPV perpetration. More specifically, in an IPV environment, “parents may be emotionally confused, less open to dialogue, and, consequently, less available to their children” (Boeckel & Wagner, 2017, p.1129). This information is important because it demonstrates a parental issue that stems from intrapersonal violence. In other words, it can be argued that IPV is a strong predictor that a parent will show resentment or neglect towards a child. To further support this claim, Boeckel and Wagner (2017) mentions a theoretical model that analyzes the mother-child dyad in relation to IPV. This model states that “IPV involves betrayal within a relationship and negatively affects the self-representation of the victim, which can have a negative impact on the way in which the mother cares for her child” (p.1137). This information raises large concerns for children being raised in IPV households and emphasizes the importance of quality parental care and the level of attachment between a mother and child.

Based on the evidence, child neglect in a violent home can increase the risk of mental health issues within children. For example, “In violent homes, parents tend to be less supportive of their children (Kitzmann, 2000), and, consequently, the children tend to feel more insecure and unprotected, leading to higher vulnerability to posttraumatic symptoms among their children” (Boeckel & Wagner, 2017, p.1137). In other words, research has shown that child neglect as a result of IPV can lead to the later development of mental disorders such as posttraumatic stress disorder. Based on this information, it can be assumed that parents play a crucial role in the well-being of their children and the presence of IPV can stain important relationships for growth such as the mother-child dyad. Therefore, it's important to share with the

global community that poor family functioning as a result of violence and abuse can have lasting effects on a child's psychopathology.

Theme 2. IPV Behavior

Another common finding was the issue of intergenerational transfer of IPV behavior. This finding stems from a concept called social learning theory, which states that new behaviors are acquired through imitation and observation, which can be passed down from generation to generation (Bucheli & Rossi, 2017, p.3695). This information is troubling because it suggests that violent behavior, specifically IPV behavior, is invasive and can be passed down through imitation, which can be detrimental for the child's future relationships and their personal mental health. Bucheli and Rossi (2017) also share that “as individuals who experience or witness violence during childhood learn to accept violence as a way of solving conflicts, they are more likely to accept violence in intimate relationships during adulthood” (p. 3695). In other words, individuals who experience IPV at a young age are more likely to assume that violent behavior is normal in an intimate relationship. Further evidence of this intergenerational cycle states that “for both males and females, the greatest risk for perpetrating violence in marriage is both witnessing and experiencing violence in their families of origin. For husband-to-wife and wife-to-husband violence, the witnessing of interparental violence doubles one’s odds of perpetrating intimate partner violence. (Hines & Saudino, 2002, p. 213)”. This statement perfectly describes the toxicity of generational violence and how easily it can be passed down in the form of a mental disorder. It also shows that information also illustrates the commonality of intrapersonal violence in society today and the lack of publicity it has achieved.

Overall, this finding is important because it reveals how the transgenerational transmission of violence can be incredibly harmful for future generations. What is concerning about this information is that children are growing more susceptible to the development of mental disorders as violence continues to be emphasized in many family relationships. For example, Silva and Ludermir (2019) share in their report that “Children living in violent homes learn that violence is socially acceptable, and often receive punitive parenting styles, and, consequently, repeat violent behavior with their peers at school and in their intimate relationships in the future, thus consolidating the intergenerational transmission of violence” (p. 92). This violent cycle has also been linked with a higher prevalence of developing mental illnesses. More specifically, it was found in one study that “adults with a history of childhood abuse and adult IPV reported greater disruptions in their self-appraisals and greater likelihood of mental and substance abuse disorders than were adults with no IPV” (Whiting & Simmons, 2009, p.664). It’s important to mention that the link between intergenerational violence is suggestive and more research needs to be conducted in this specific area. However, this does not mean that IPV intervention methods should be avoided or forgotten. Rather, it’s important that IPV is focused on helping these vulnerable families, who are more prone to violence and abuse within the household.

Theme 3. Mental Health

It is also important that the dangers of IPV are addressed in society and how it can lead to an increased rate of mental disorders in younger children exposed to IPV. For example, in Miranda & Leon (2020), it is stated that “development failures, such as experiencing episodes of violence and abuse in childhood, increase the vulnerability of the child and the likelihood of their

being diagnosed with a psychopathology (p.20). Overall, it is crucial to understand from a developmental psychopathology perspective that IPV is often linked with the development of mental disorders, which is often passed down through generations of intrapersonal abuse. Another important finding from these collective studies is the co-occurrence of IPV and certain risk factors that can cause mental health issues in children. Poverty, for example, is a factor that typically co-occurs with IPV since research and mental health resources are typically frugal in low-income communities. To further support this claim, a longitudinal study conducted in Brazil found that “behavioral problems were more frequent among the children of mothers who were younger, with less education and lower income” and that “early childhood exposure to a violent and poverty-stricken family environment predisposes the child to having mental and physical health problems (Silva & Ludermir, 2019, p.9) In other words, if a child is living in poor conditions and also witnessing IPV, the rate of developing mental health problems rises significantly.

Theme 4. Substance Use

There is also growing evidence that early exposure to violence is linked with substance misuse in later adulthood. For example, Madruga and Laranjeira (2011) states that the “findings are consistent with previous studies carried out in developed nations showing that early adverse experiences may contribute to permanent emotional and biological changes leading to an enhanced vulnerability to psychopathology and to substance misuse in particular” (p.253). Also, there is a large body of research which supports “the cumulative risk factor hypothesis, which states that the more risk factors that are present (i.e., child maltreatment, inter-parental violence, and family disruption), the worse the mental health outcomes are for the child” (Miranda &

Leon, 2020, p. 20). The cumulative risk factor hypothesis is important because it can help researchers better identify these specific risk factors and inform the community on how these risk factors can be removed. This information also implies that risk factors coupled with IPV can have a traumatic effect on a child and lead to adverse childhood experiences.

Discussion:

The current systematic review identified a diverse range of social and psychological risks associated with child exposure to IPV. The first theme, child neglect, is an important finding because it shows that parents are more likely to neglect or abuse their children if they were involved in an IPV relationship. This finding also shows that child neglect in a violent household can contribute to later psychopathology, causing adverse life experiences. The second theme supports the idea that intergenerational transfer of IPV behavior can lead to the later development of mental disorders. This is a significant finding because it places more significance on family dynamics and history of generational abuse, which can provide insight into a family's psychiatric history. The next finding is the assumption that exposure to intrapersonal violence can lead to mental health issues. This finding is supportive of the theory that experiencing family violence at a young age can have detrimental effects on a child's psychopathology, which typically co-occurs with specific risk factors such as poverty or unstable neighborhoods. Similarly, there is evidence that early exposure to IPV can lead to substance misuse later in life. Again, research has shown that witnessing violence at a young age is linked with drug use, which is often coupled with other risk factors affecting the overall mental health of IPV victims. These themes are supported by the existing literature suggesting that IPV behavior can be transferred to younger generations, which suggests that children are vulnerable to family violence and are

influenced or shaped by the social dynamics of the household. The prevalence of IPV also tends to be higher in poor communities, where violence is more widespread. This information suggests that there is a large social crisis occurring in poverty-stricken countries, where people are more vulnerable to IPV perpetration. In general, IPV has always been considered a global health risk due to its capabilities of creating difficulties in emotional dysregulation. This can also include various psychopathologies such as PTSD and depression.

There is much that professionals and practitioners in the fields of child support and criminal justice can learn from this review. First, in order to mitigate IPV in Latin America, it is recommended that vulnerable communities practice intervention methods designed to hinder violence. Intervention methods should also be dynamic in nature. For instance, survivors of violence should be helped by utilizing a combination of strategies including “psychosocial support, advocacy and counselling, and home visitation to provide women/children with resources and support to reduce their future risk of violence” (Ellsberg & Arango, 2015, p.1157). It is also crucial that Latin American communities enforce IPV prevention and response strategies based on valid research. For example, school-based prevention programs should be considered in order to identify and educate students about the implications of IPV. This can be in the form of school counseling or peer-group interventions that are intended to support the child while they are at school. This will help to collectively educate younger adults and children about the severity of intrapersonal violence on a person's mental health. Also, it is important that violence prevention is implemented in global communities, especially in low-to-middle income countries where violence behavior is more prevalent. Since violence is often associated with other risk factors like poverty and drug use, violence prevention programs should focus on mitigating “risk factors for violence, such as poverty, women’s economic dependence on men,

low education, and inequitable norms for male and female behaviour” (Ellsberg & Arango, 2015, p. 1158). Lastly, violence prevention programs should focus on achieving change at the community level, rather than focusing on specific groups.

Despite the prevalence of IPV, the global population is still neglecting the issue of domestic violence, which can develop into other social concerns. For example, “By neglecting domestic violence, national and international development agendas thus ignore important elements in the causes and experience of poverty that hinder economic and human development, including reduced worker productivity and retention, and poor mental and physical health” (Friedemann-Sánchez, 2012, p. 663). This implies that the global community is generally unaware of how social risk factors are often linked with poor mental and physical health, causing major concerns for vulnerable communities. It is also important that public policies are modified in order to refocus public attention on children exposed to IPV. Health care providers should also be trained to identify a patient experiencing domestic violence in order to refer them for additional help. For instance, research argues that “health care systems need to develop standardized referral procedures and internal IPV staffing expertise to ensure that HCPs have specific actionable steps after screening patients and to ensure that patients are referred to appropriate services when violence is disclosed” (Evans, 2019, pp. 9-10). In short, IPV prevention and response strategies should be implemented within the public health system in order to provide convenient and affordable intervention services.

Finally, it is crucial that people working in the public health system are aware of the diverse experiences of violence that children are exposed to. This will ensure that children are cared for on a personal level, where intervention programs are individualized according to specific cultural or social backgrounds. Furthermore, “researchers have recognized the

importance of a multidisciplinary and multisystemic approach to assessing and treating traumatized children and families, with coordinated services at the individual parent and child level, in addition to the parent–child dyadic level” (Erolin, 2014, p.1011). Once sufficient research has been conducted, communities can pursue mental health resources and intervention programs that can help to mitigate mental disorders stemming from adverse experiences.

In addition to the policy implications described above, the current systematic review provides several suggestions for future research. First, there is a clear need for more IPV research with Latin America populations. Bucheli (2017) points out that “studies of domestic violence in Latin America are scarce due to a lack of conducted research in the particular region” (p.3694). This is the case because more IPV studies are conducted in higher income countries such as the United States or Great Britain. This may seem like standard procedure from the surface, but as found in the current review, the rate of IPV is much higher in Latin America, which makes one question why there is a lack of research in these more vulnerable regions. For example, many Latin American countries are experiencing a higher lifetime-prevalence of IPV compared to high-income countries (23%), low-and-middle-income countries of Europe (25.4%), and the Western Pacific (24.6%). IPV research needs to readjust their primary focus on developing countries because there appears to be a higher rate of violence in developing countries such as Brazil and Colombia.

Moreover, Latin American countries should conduct more psychological research that assesses the impact of intrapersonal violence on a person’s mental health. Erolin (2004) notes, children are at risk of PTSD when “children living in a recovery environment characterized by high levels of ongoing violence in the home and community, extreme poverty, and parental psychological distress are at elevated risk for PTSD and/or exacerbation of ongoing disorders”

(Erolin, 2014, p.1020). Also, very few studies focused specifically on child witnesses of IPV and the mental health implications often involved. Erolin (2014) broadly discusses the impact of traumatic exposure on a person's mental health in Mexico, discussing various forms of violence such as community, intrapersonal, and drug violence. This information only means that more child-specific research on trauma needs to be conducted and not ignored. More specifically, it is crucial that in future research, researchers focus on both child and adult victims of IPV in order to fully protect vulnerable populations from extreme, interpersonal violence.

Finally, conducting comparative research is important because it allows researchers to make strong comparisons and identify patterns based on how different countries are being impacted by IPV violence. More specifically, the international literature has been successful at “predominantly addressing the consequences and psychopathological problems suffered by children and adolescents who have experienced IPV, generating evidence of these children as being irremediably damaged due to their experience with IPV” (Miranda & Leon, 2020, p.2).

Limitations

Although this research helps to publicize the issue of IPV in Latin America, there are a few limitations identified within the conducted research. First, it was difficult to isolate data on co-occurrences between different forms of violence. More specifically, several studies conducted research on more than one form of violence, which made it sometimes difficult to distinguish IPV from other types of violent acts. Another limitation was the diversity of methodologies across all studies referenced. To clarify, it was often confusing trying to organize and connect different sets of data and perspectives. There is also a lack of IPV research from Latin America that specifically discusses the impact of violence on child witnesses. As previously discussed,

this is very concerning because there is clearly more violence and social disorganization in less developed countries. Therefore, this research is being conducted in order to identify a major social crisis that deserves more public attention. Without more developed research, there is little information that can support the need for intervention strategies designed to decrease IPV rates in vulnerable communities.

References

- Boeckel, M. G., Wagner, A., & Grassi-Oliveira, R. (2017). The Effects of Intimate Partner Violence Exposure on the Maternal Bond and PTSD Symptoms of Children. *Journal of Interpersonal Violence, 32*(7), 1127–1142. <https://doi.org/10.1177/0886260515587667>
- Bott S, Guedes A, Goodwin M, Mendoza JA (2012) *Violence Against Women in Latin America and the Caribbean: A comparative analysis of population-based data from 12 countries*. Washington, DC: World Health Organization.
- Bucheli, M., & Rossi, M. (2017). Attitudes Toward Partner Violence and Gender Roles in Uruguayan Women. *Journal of Interpersonal Violence, 32*(23), 3693–3705. <https://doi.org/10.1177/0886260515602897>
- Ellsberg, M., Arango, D. J., Morton, M., Gennari, F., Kiplesund, S., Contreras, M., & Watts, C. (2015). Prevention of violence against women and girls: what does the evidence say?. *Lancet (London, England), 385*(9977), 1555–1566. [https://doi.org/10.1016/S0140-6736\(14\)61703-7](https://doi.org/10.1016/S0140-6736(14)61703-7)
- EndNote. (2020, November 5). *EndNote | Clarivate Analytics*. <https://endnote.com/>
- Erolin, K. S., Wieling, E., & Parra, R. E. A. (2014). Family violence exposure and associated risk factors for child PTSD in a Mexican sample. *Child Abuse & Neglect, 38*(6), 1011–1022. <https://doi.org/10.1016/j.chiabu.2014.04.011>
- Esquivel-Santoveña, E. E., Hernández, R. R., Viveros, N. C., Orozco, F. L., & van Barneveld, H. O. (2020). Physical Intimate Partner Violence and Controlling Behavior in Mexican University Students and Their Attitudes Toward Social Limits. *Journal of Interpersonal Violence, 35*(1–2), 403–425. <https://doi.org/10.1177/0886260516681879>
- Evans, D. P., Shojaie, D. Z., Sahay, K. M., DeSousa, N. W., Hall, C. D., & Vertamatti, M. A. F.

- (2019). Intimate Partner Violence: Barriers to Action and Opportunities for Intervention Among Health Care Providers in São Paulo, Brazil. *Journal of Interpersonal Violence*.
<https://doi.org/10.1177/0886260519881004>
- Friedemann-Sanchez, G., & Lovaton, R. (2012). Intimate Partner Violence in Colombia: Who Is at Risk? *Social Forces*, *91*(2), 663–688. <https://doi.org/10.1093/sf/sos131>
- HINES, D. A., & SAUDINO, K. J. (2002). Intergenerational Transmission of Intimate Partner Violence: A Behavioral Genetic Perspective. *Trauma, Violence, & Abuse*, *3*(3), 210–225.
<https://doi.org/10.1177/15248380020033004>
- Madrugá, C. S., Laranjeira, R., Caetano, R., Ribeiro, W., Zaleski, M., Pinsky, I., & Ferri, C. P. (2011). Early life exposure to violence and substance misuse in adulthood—The first Brazilian national survey. *Addictive Behaviors*, *36*(3), 251–255.
<https://doi.org/10.1016/j.addbeh.2010.10.011>
- Miranda, J. K., León, C., & Crockett, M. A. (2020). A Qualitative Account of Children’s Perspectives and Responses to Intimate Partner Violence in Chile. *Journal of Interpersonal Violence*. <https://doi.org/10.1177/0886260520903132>
- Priestley, S. (2014). The Prevalence and Correlates of Intimate Partner Violence in Jamaica. *Social and Economic Studies*, *63*(1), 153-196,232-233,235. Retrieved from
<http://search.proquest.com.ezproxy.gvsu.edu/docview/1614082214?accountid=39473>
- Silva, E. P., Ludermir, A. B., Lima, M. C., Eickmann, S. H., & Emond, A. (2019). Mental health of children exposed to intimate partner violence against their mother: A longitudinal study from Brazil. *Child Abuse & Neglect*, *92*, 1–11.
<https://doi.org/10.1016/j.chiabu.2019.03.002>
- Whiting, J.B., Simmons, L.A., Havens, J.R. (2019). Intergenerational Transmission of

Violence: The Influence of Self-Appraisals, Mental Disorders and Substance Abuse. *J Fam Viol* 24, 639–648 (2009). <https://doi.org/10.1007/s10896-009-9262-3>

Figure 1: PRISMA Flow Diagram

