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Family Violence against Children and Adolescents in Brazil and Relations with Identity Development

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Abstract

This work is based on the investigation of a juvenile population in Brazil with a focus on identity development of adolescents, which have experienced severe violence in their families. Intra familial violence against children and adolescents results from the interaction of socio-economic, cultural and psychological factors of the people involved. Intra familial violence against a child or an adolescent represents a risk factor to the developmental process, which may lead to disturbances of personality and social adaptation. The focus of the present study is to present data about the impact of intra familial violence on adolescents and to discuss the consequences in adolescents, between 12 and 18 years, victims of intra familial violence the instruments used were: Assessment of Identity Development in Adolescence (AIDA), Defense Style Questionnaire (DSQ-40) and Strengths and Difficulties Questionnaire (SDQ). The results were compared with data from adolescents from school population, without intra familial violence experience. The results were found: the victims of violence show more difficulties and weaknesses in the SDQ and more immature defenses in DSQ-40. They need help for developing more positive defenses, and strong models of identification. They feel a lack of affect and they reveal more identity diffusion (AIDA) when compared to the control group. It's possible to get in touch with this difficult reality, the presence of domestic intra familial violence against children and adolescents. The suffering and consequences to development, in general, and in the formation of identity, in particular, are shown. Clinical researchers have to give voice especially to disadvantaged adolescents who deserve caring to develop a healthy identity and a better quality of life.

Keywords: Adolescents; Identity development; Intra-familial violence; Intra-familial child abuse

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Introduction

Childhood sexual abuse has been widely discussed worldwide and is a public health issue [1, 2]. It appears similarly throughout the world in that it is not related to a specific race or socio-economic group [3, 4], most of the victims are females, and there is a prevalence of intra-familial cases [5-7].

Literature worldwide supports that all kinds of abuse, in special, sexual, are important risk factors for the development of psychopathologies [4, 8]. Several studies report a large variety of disorders identified in victims of abuse. The main symptoms in sexual abuse observed are related to post-traumatic stress disorder, behavior, decreased school performance, generalized anxiety, and depression [9, 10]. Abuse of alcohol and other drugs by victims is also common as are sleeping disturbances and memory difficulties.

The psychological effects of abuse and violence can vary significantly by its duration and intensity and depend on many factors, including frequency of the abuse, the victim's relationship with the offender and the child's history of psychopathology. The consequences can also be manifested during adult life, even if

no symptom appears right after its occurrence [11]. Each isolated symptom can have various causes. However, the presence of several of these symptoms warrants a more comprehensive assessment, since behavior is a child's primary form of communication when something is wrong [11].

Whereas the international literature reports several instruments to measure the impact of abuse on a child´s mental health [12, 13], in Brazil there is a lack of tools with this purpose [14]. This lack has motivated the study of the Phrase Inventory of Intra-familial Child Abuse (PIICA) as a practical instrument to clinicians and health or social professionals to identify victimized children and adolescents. The PIICA was first developed in Argentina [15] and is comprised of 57 phrases that correspond to a child's perception of his/her daily life (e.g., "I have fear at night," "I can't hold my pee," or "I'm afraid people might hurt me."). Five types of symptoms related to several psychological disorders are evaluated [16]: Physical (somatic complaints and enuresis); behavioral (introversion, aggression, lying, hyperactivity, and impulsivity); emotional (feelings of guilt, fear or shame, lack of trust, hyper-vigilance, sleeping disorders, and depression); cognitive (low self-esteem, lower school performance, memory, attention, and concentration flaws); and social (social retraction, lack of social skills, and stigmatization).

The results presented in Tardivo & Pinto Junior´s study [14] corroborate the specialized literature regarding the consequences of abuse [2, 5-8, 12, 15]. Several symptoms of affective, cognitive, behavioral, and social disorders identified by other authors [8, 11, 16, 17-21] were also identified in the victims of this study, and problems with identity., and fear ; symptoms of post-traumatic stress disorder; anxiety; memory and concentration loss; depression; lower school performance; fear; and social retraction [10, 22, 23].

It is important to consider psychological and social factors when trying to understand adolescence [24]. The relationship between personality and socialization is essential.

It is considered that human behavior occurs in three instances (mind, body and environment), like in the model proposed by Pichon Rivière [25] and presented by Bleger [26]. Furthermore, to understand adolescence it is necessary to consider the drives and defenses, the blocks and identification processes that lead the search for identity, main theme of this research [27].

The search for an adult identity (sexual, cognitive and social) disrupts the balance of the relationship between the ego and the superego, creating extensive area of conflict. Adolescence is often described as a contradictory period, very confusing, ambivalent, painful, and full of conflict between the adolescent and his surrounding environment. It may be the most vulnerable step of the whole human development. And possibly, this vulnerability can be more intense according to the environment in which the adolescent is inserted [24].

"Identity" can be understood as the condition to be itself, or as that which remains in each. The "identity in adolescence" itself implies a contradiction; since this phase starts from sudden changes that occur in one's life. When speaking of identity in Psychology, the idea of persistence of the essential character as a human being is generally embedded, and at the same time. That is, the awareness that everyone has this peculiarity of their own, and peculiar awareness of the difference of another human being, while resembling to him. The teenager has to deal with deep contradictions: seek to be himself, a process of change, and in relation to the second, that it is similar and different. An intense and arduous task [28, 29].

In the process of searching for identity, the teenager uses uniformity with their peers as defensive behavior, which provides security and personal esteem. Interestingly, the phenomenon creates a massive identification process among teenagers. Erikson [29] defines identity as "subjective feeling of an invigorating uniformity and continuity". He explains that the formation of identity, task of adolescence, is a problem of generations. Kimmel and Weiner [30] set out the importance of the sense of identity, that is, the more the individual values the way that he is similar or different from others, the more able he is in recognizing their limitations and abilities; which is crucial when dealing with the clinic. The less developed is the identity, the more the individual needs support from others to evaluate, and less able he is in understanding and dealing with people as different [31].

Objective

The focus of the present study is to present data about the impact of intra familial violence on adolescents and to discuss the consequences, in a sample of 100 adolescents from the city of São Paulo, with the condition: They suffered intra-familial violence, and they lived in a shelter.

Method

The sample was composed by 100 adolescents, in a clinical group, victims of intra-familial violence, attended in specialized institutions–The majority suffered physical violence (60%) and 40% suffered sexual base. And a control group composed by 100 adolescents of a school population, with ages between 12 and 18 years all adolescents were from the city of São Paulo (Brazil).

The instruments used were

Assessment of identity development in adolescence (AIDA)

Assessment of identity development and identity diffusion in adolescence-theoretical basis and psychometric properties of the self-report questionnaire AIDA-Child and Adolescent Psychiatry and Mental Health [32].

Disturbed identity development from the fields of psychiatry, psychology and sociology [28, 33-36]. The aim was to distinguish between healthy identity development, adolescent identity crisis, and pathological identity diffusion in adolescence in a dimensional way on a joint Likert scale varying from "healthy" to "disturbed".

Identity development is viewed as a central issue concerning the onset of personality disorders in adolescence [37, 38]. As a part

of research in this field, the questionnaire AIDA was developed to analyses the impact of an integrated and stable identity in detail. With AIDA, discrimination between a common identity crisis in adolescence and clinically relevant identity diffusion should be possible and may consolidate diagnostic as well as therapeutic decisions. Additionally, it may serve as a valuable basis for evaluating therapy efficiency.

AIDA is a self-report questionnaire to apply in adolescents aged 12-18 years, depending on the adolescents´ capacity to master written tasks. In addition to the classical items, AIDA contains two blocks with each three semi-open questions about hobbies, peer-groups and typical attributes. With this, the subjects are asked to describe themselves and their best friend to challenge the probands productivity and simulate an interview-like situation with the possibility to produce an expert rated evaluation of identity related attributes.

Tardivo et al. [39] presented as study with AIDA development of identity in victims of violence and offenders adolescents from Brazil. The results showed that the victims presented more signals of identity diffusion than the offenders.

Defense style questionnaire (DSQ-40)

The Defense Style Questionnaire (DSQ) is s self-report item instrument is designed to measure conscious manifestations of defense mechanisms. The DSQ seeks to measure 4 clusters of defenses, called defense styles, specifically: maladaptive defenses. The authors found an evidence for the reliability and validity of the 4 defense styles in two validation studies were 264 psychiatric patients and 111 non-patients, ages 16–73 [40].

The Defense Style Questionnaire has proven of interest as the first questionnaire to reliably describe defense styles. Initially with a 72-item DSM-IIIR-labeled Defense Style Questionnaire was administered to 388 controls and 324 patients. Eight statistical and two a priori criteria were used in choosing two items to represent each of the 20 defenses.

The form with 40-item Defense Style Questionnaire was used in this study. Blaya et al. [41] describe the process of translation and adaptation to DSQ in Brazil. They evaluated the content validity of the instrument. The final version was retranslated and presented to the original author who accepted this version of the DSQ-40. In this article they describe the adjustments needed in the vocabulary of nine issues and changes in the language in four issues, resulting in the final version. The average correlation of "experts" to each defense was 89% and the factors mature, neurotic and immature was 100%. Thus the adaptation of the DSQ-40 by different individuals with different levels of education and the group of experts enabled the adjustment to the Brazilian sociocultural reality.

Strengths and difficulties questionnaire (SDQ)

SDQ is a questionnaire that screens child mental health problems, comprising a total of 25 items divided in five subscales: emotional problems, hyperactivity, relationship, conduct and pro-social behavior, with five items in each subscale. The Strengths and Difficulties Questionnaire (SDQ) is an instrument for the investigation of children and adolescents´ mental health. This questionnaire was developed by Robert Goodman in 1997 [42-44]. In Brazil was studied by Cury and Golfeto [45].

Tardivo et al. [46] presented a study with Brazilian adolescents about strengths and weaknesses in vulnerable adolescents. They found that adolescents with support have more strength than the adolescents in vulnerable groups, like victims of intra-familial violence.

Results

The Victims of violence show more Difficulties and Weaknesses in the SDQ and more immature defenses in DSQ-40. They need help with developing more positive defenses, and strong models of identification.

For this article the data of AIDA were selected and presented in the following **Table 1**.

The most important result was: the identity diffusion in the clinical group is much higher than the control group. All the items that comprise the data of identity diffusion are also higher in the clinical group.

Those data show that adolescents who suffered intra-familial violence have more difficulty in the development of identity. It is known that the diffusion of identity is the basis for the development of pathologies [33]. The adolescents of clinical group tell that they don´t feel well in the shelter, which is not their home. They felt insecurity and brought more difficulties in their relationships inside the institution. Those adolescents from clinical group tell that they don't know who they are and who they want to be in the future.

It is necessary to developed supporting prevention and intervention programs, indispensable in this area. Furthermore, the clinical researchers have a moral and ethical obligation to give voice to those adolescents. That need a support and attention, and it´s necessary them to develop a healthier identity and a better quality of life.

Table 1 Data for group of children victims.

Clinical Group Average		Standard deviation	Control Group Average	Standard deviation
Diffusion	88,19	28,72	12,46	6,48
Discontin	37,97	12,62	3,46	1,36
Discontin_ att	13,13	5,04	3,28	1.28
Discontin_ emot	12,03	5,30	4,36	2,36
Discontin_ rel	12,81	5,95	3,28	1.26
Incoher	50,23	18,40	2,38	0,88
Incoher_ consist	15,19	8,07	1,36	0,56
Incoher_ auton	21,71	8,54	3,38	0.88

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