School adaptation and behavioural and emotional problems in minors exposed to gender violence Adaptación escolar y problemas comportamentales y emocionales en menores expuestos a violencia de género

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Abstract:

In recent years, as gender violence has become more visible in Spain, so sensitivity to the needs of children exposed to this violence has increased. However, interventions usually focus on psychosocial rehabilitation of women rather than their children. The aim of this work is to analyse the behavioural and emotional problems of a sample of children living in shelters with their mothers after having suffered gender violence. The Child Behaviour Check List (CBCL) was used to analyse the behavioural and emotional problems of 46 children aged between six and sixteen (M = 11.15; SD = 2.6) living in shelters. An ad hoc Likert questionnaire was also designed to gather information about these children's school adaptation. Behavioural and emotional problems were detected in most of the minors, as well

as difficulties in academic performance and school adaptation. A relationship between behavioural and emotional problems and school adjustment was also observed. These results reflect the need for greater attention to the difficulties of children exposed to gender violence and show the importance of the educational sphere for early detection and support of these difficulties.

Keywords: family violence, children, behavioural problems, school adjustment, school performance.

Resumen:

En los últimos años, debido al aumento de la visibilidad de la violencia de género en España, se está incrementando la sensibilidad

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rep 313 EV hacia los menores que han vivido situaciones de violencia. Sin embargo, es frecuente que la intervención se centre en la rehabilitación psicosocial de las mujeres y no en los menores. El objetivo de este trabajo es profundizar en la problemática comportamental y emocional y su posible relación con el ajuste y adaptación escolar de un grupo de menores que viven en centros de acogida junto con sus madres, tras haber vivido situaciones de violencia en el hogar. A través del Child Behavior Check list (CBCL) se analizaron los problemas conductuales y emocionales de 46 niños v niñas de edades comprendidas entre 6 v 16 años (M=11.15; DT=2.6) que vivían en los centros de acogida. Asimismo, se diseñó un cuestionario ad hoc, formato tipo Likert para conocer la adaptación escolar de estos menores. Se detectaron problemas conductuales y emocionales en la mayoría de los menores, así como dificultades tanto de rendimiento como en adaptación escolar. También se observó relación entre la problemática comportamental y emocional y el ajuste escolar. Estos resultados reflejan la prioridad de atender la problemática que reflejan los menores expuestos a violencia de género y de la relevancia que tiene el ámbito educativo en la detección, así como en el apoyo para superar estas dificultades.

Descriptores: violencia familiar, menores, problemas de conducta, ajuste escolar, rendimiento escolar.

1. Introduction

Over a period of several years, the phenomenon of gender violence has become a problem of major social and institutional importance, essentially because of the seriousness of its consequences and its impact (Abad i Gil, Pereda Beltran, & Guilera Ferré, 2011; Bayarri, Ezpeleta, Granero, De La Osa, & Domènech, 2011; Carrascosa, Cava, & Buelga, 2016; Mestre, Tur, & Samper, 2008; Patró & Limiñana, 2005).

Thanks to this greater awareness, different areas of society have increased intervention for victims of this violence and more resources, intervention programmes, and institutional assistance have been created to support victims of this type of violence (Anderson & Bang, 2012; Delgado-Álvarez, Sánchez, & Fernández-Dávila, 2012; Expósito, 2012; Graham-Bermann,

Howell, Lilly, & DeVoe, 2011; Sternberg, Baradaran, Abbott, Lamb, & Guterman, 2006). Nonetheless, it should not be forgotten that most of the women who suffer from this blight are also mothers and their children have to experience this violence, and it has been estimated using different approaches that around 800,000 children and adolescents are affected by this situation in Spain (Unicef, 2006). According to the large-scale survey of gender violence in Spain carried out by the Spanish Ministry of Health, Social Services, and Equality (2015), 63.6% of the women who said that they had minor children and had experienced situations of violence reported that their children had been present at one or more of these violent situations. Of these children, 92.5% were aged under eighteen and 64.2% of them had also suffered this type of violence.



In this context, recent research has focussed on the effects exposure to these situations have on children and adolescents, and which consistently effect a series of behavioural or externalising disorders (dependency, hyperactivity, aggression, antisocial behaviour and substance use) and emotional or internalising ones (anxiety, depression, low self-esteem, and somatisation) (Carracedo, Fariña, & Seijo, 2017; Devaney, 2015; Foster & Brooks-Gunn, 2009; Katz, 2015; López-Soler, Alcántara-López, Castro, Sánchez-Meca, & Fernández, 2017; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003).

Although the efforts of empirical research into the consequences of gender violence for the children of abused women have been directed towards discovering which problems directly affect the health and psychological functioning of these children and adolescents, these effects can, at the same time, lead to significant maladjustments in the school environment, the large majority of which lead to problems with academic performance, school absenteeism, lack of motivation, attention, and concentration, and antisocial behaviour from the children and adolescents who suffer from this violence (Graham-Bermann et al., 2011; Holt, Buckley, & Whelan, 2008; Huth-Bocks, Levendosky, & Semel, 2001, among others).

So, for example, the recent review by Pingley (2017) concludes that the prevalence of these cases entails a high risk of emotional and behavioural problems that will affect academic development.

Different theories have been proposed to try to explain this problem and the causes of the significant decline in academic performance of these children and adolescents (Howell et al., 2016; Perkins & Graham-Bermann, 2012). For example, according to developmental theory, children and adolescents develop inappropriate behaviour, in particular anti-social behaviour, which limits their achievements as a result of the process of adaptation deriving from growing up in violent environments (Lynam, 1996; Moffitt & Caspi, 2001).

Agnew's General strain theory (1992), however, offers a possible explanation for the influence of domestic violence on aggressive, maladaptive, and delinquent behaviour which the child or adolescent might develop based on physiological changes caused by the response to stress which affect brain development and so affect memory and the ability to concentrate (Graham-Bermann et al., 2011; Reijneveld, Crone, Verlhust, & Verloove-Vanhorick, 2003). For their part, the precursors to a systemic family focus based on the general system theory proposed by von Bertalanffy and von Taschdjian (1976), such as Rathunde (1989) or more recently Barcelata & Álvarez (2005), claim that it is the limited support provided by the parents of these children and adolescents, absorbed in their own conflict, that causes their children's poor educational achievement.

In the works published on this topic, major differences can be observed between children and adolescents brought up in homes where there has been violence when compared with those raised in homes without violence. So, in all of these works, it is concluded that being exposed to these situations of gender violence



can negatively affect the development and cognitive functioning of these children, causing different problems, such as a reduction in their ability to concentrate, more difficulties with doing their schoolwork, and a reduction in verbal and motor skills (D'andrea, Ford, Stolbach, Spinazzola, & van der Kolk, 2012; Huth-Bocks, Levendosky, & Semel, 2001; Skivenes & Stenberg, 2015).

Along the same lines, Huth-Bocks et al. (2001) found, in their results, significantly lower scores in the sample of young people who had been exposed to gender violence than in the general population for verbal, mathematical, and motor skills, and in general, on intellectual ability tests. Similarly, Fry et al. (2018) detected poor academic achievement as well as increased school absenteeism in children and adolescents exposed to gender violence.

If the research cited above is considered, it is clear that most of these studies are of populations in other countries, and studies dedicated to this problem in Spanish child and adolescent populations are very rare. Furthermore, existing works in Spain focus on analysing the problem in general, but they rarely consider whether there are particular behavioural and emotional problems relating to school adaptation and adjustment.

Therefore, in order to contribute to the study of this situation, the aim of this work is to examine in-depth behavioural and emotional problems and their possible relations with school adaptation and adjustment with a sample of children and adolescents staying in reception centres with their mothers as a result of situations of violence in their homes. The following specific objectives derive from this aim:

- Firstly, to examine whether the children and adolescents studied display more behavioural and emotional problems than the population of children and adolescents who do not suffer from this problem.
- Secondly, to evaluate the degree of school adaptation (social interaction and academic achievement) of the children and adolescents resident in these centres as a result of having been exposed to situations of violence in the home.
- Thirdly, to explore the possible association between behavioural and emotional problems and the degree of school adaptation, regarding both social interaction and academic achievement.

2. Method

2.1. Participants

A cross-sectional study was performed of the behaviour of the children and adolescents cared for along with their mothers in the specialist attention centres for victims of gender violence in the Spanish Autonomous Region of Valencia.

The residential comprehensive care services affiliated to the Valencian Network of Comprehensive Social Care for Victims of Violence against Women and their Children provide a series of centres where women who have been victims of gender violence can stay with their children. These centres act as a comprehen-



sive care resource in the following cases: a) whenever the situation requires it owing to the severity of the violence suffered; b) when there is no alternative accommodation resource and the women do not have sufficient financial means to cope with the abusive situation; and c) when their physical and/or mental well-being is in danger. In the Valencian Autonomous Region, residential comprehensive care services comprise: one emergency centre (Alicante), three comprehensive recovery centres (Alicante, Castellón, and Valencia), and eight supervised dwellings. According to the report released by the Sindic de Greuges (2017) on care and protection for women who have been victims of gender violence in the Autonomous Region of Valencia, women cared for alongside their children mainly enter with one (40.3%) or two children (25.8%). The mean is 1.69 children per user. The number of children varies between zero and nine, with most of the women having one or two.

Of a total of 117 children and adolescents accommodated in the centres between January 2017 and January 2018, 71 were excluded from the study because they were not in the centre for very long or because they did not fulfil the requirement of being aged six or over when the study was carried out, the age inclusion criterion stipulated in Spain by the instrument used, the CBCL (Child Behaviour Check List). In the end, the cases of 46 children and adolescents aged between six and sixteen were analysed (M = 11.16; SD = 3.0), 53% of whom were female and 47% male.

With regards to the mothers, 41.4% were of Spanish nationality and 58.6% were foreign nationals. A large majority of them had primary-level education (65.5%). Regarding the violence suffered by these women, 96.6% had suffered physical violence, 93.1% psychological violence, and 41.4% sexual violence. Table 1 shows the sociodemographic profile of the children and adolescents.

TABLE 1. Sociodemographic profile of the children and adolescents and the women.

		Range	Mean; SD
	Age	6-18	11.0; 2.9
Children and		n	%
adolescents	Sex Male Female	22 24	47.8 52.2
		Range	Mean; SD
	Age	28-49	36.5; 5.8
		n	%
	Nationality		
Women (n=29)	Spanish	12	41.4
	Foreign	17	58.6
	Education		
	Primary	19	65.5
	Baccalaureate/Professional training	9	31
	Higher	1	3.4

Source: Own elaboration.



2.2. Instruments

- Adhoc questionnaire designed to record the children and adolescents' sociodemographic data (age, sex, and nationality).
- The Child Behaviour Check List (CBCL) questionnaire developed by Achenbach (1991). This is a behavioural checklist often used to study the problems of the children of victims of gender violence (Alarcón Parco, Jó, & Patricia, 2015; Alcántara et al., 2013; Mohr, Noone Lutz, Fantuzzo, & Perry, 2000). As Livia-Segovia and Ortiz-Morán (2008) note.

This instrument makes it possible to establish a taxonomic system in child psychopathology which states that the behavioural problems which appear in children and adolescents can be grouped into two main categories of disorders: (a) groups of internalised or inward-directed behaviour, and (b) externalised or outward-directed behaviour. The first group includes psychological difficulties that are directed inwards when the child's disorder relates to her inner space and her basic symptoms are associated with anxiety, depression, peer rejection and isolation, as well as withdrawal problems and psychosomatic ones. The externalised or outward-directed behaviour groups are patterns of maladaptive behaviour that develop in different situations and contexts, the central factor being that they create problems for others through aggressive and disruptive behaviour.

In this sense, the CBCL evaluates eight first-order syndromes or narrow-band syndromes (aggressive behaviour, attention problems, rule-breaking behaviour, social problems, thought problems, somatic problems, withdrawal, anxiety-depression). For its part, the factorial structure, found in original studies (Achembach, 1991; Achembach & Rescorla, 2001) revealed three factors through exploratory factor analysis (identified as broad-band syndromes) that explain between 59% and 88% of the variability in different samples through variables such as age and sex: externalising behaviour (rule-breaking behaviour and aggressive behaviour), internalising behaviour (somatic problems, withdrawal, and anxiety-depression), and a mixed variable comprising social problems and attention problems. The mean of the scores obtained for the 113 items referring to behavioural problems on the questionnaire also makes it possible to obtain a total score for behavioural problems.

The fact that the same or similar syndromes have been found in different pieces of research and in different populations reflects appropriate psychometric properties. Consequently, the validity of the models obtained empirically for different populations and age ranges ranged between .59% and .88% of the explained variance. Similarly, the reliability (Achenbach & Edelbrock, 1991; Achenbach & Rescorla, 2001) for the US population in original studies is $\alpha = .78$ and $\alpha = .97$, respectively.



The Spanish scales from the Epidemiology and Diagnosis in Psychopathology of Development Research Unit of the Universitat Autònoma de Barcelona and the Applied Psychology Service of Spain's Universidad de Educación a Distancia (2013) were used in this work. The normative sample or group comprised 1,430 children and adolescents aged between six and seventeen (50% male and 50% female) from different schools representing three provinces of Spain: Barcelona, Madrid, and Reus (Tarragona). In this sense, the factorial structure of the questionnaire was confirmed through factor analysis. Similarly, the internal consistency was good, with Cronbach's Alpha values of over .80.

School adjustment questionnaire for children and adolescents: this is an ad hoc instrument designed to show the degree of social interaction and school performance of these children and adolescents in the educational context. Osterlind's criteria (1989) were followed when preparing it, using the following conditions to create the items: 1) they had to be understandable for the professionals in the centres, 2) they had to comprise closed-ended questions, and 3) the number of items was doubled to exclude the ones that were least appropriate to the aim of the questionnaire. This list was subjected to the Delphi consensus method with four professional experts, including psychologists and social workers. Subsequently, and after carrying out two consultation rounds, a list of ten items was obtained, intended to discover problems with school interaction (five items) and academic achievement (five items) among the children and adolescents cared for in these reception centres. Finally, before giving the questionnaire to the professionals, its psychometric properties were analysed (reliability and validity). To meet the validity requirements, the content validity protocol was applied, which determines the relevance or representativeness of the items in relation to the established sample (Losada & López-Feal, 2003). For this purpose, two expert evaluators answered a dichotomous questionnaire which considered the validity or otherwise of each proposed item. The binomial distribution was applied to the results obtained for each item. After this, the internal consistency was calculated and an acceptable Cronbach's Alpha coefficient was obtained $(\alpha = .70)$. Similarly, the correlations were analysed item by item to see if any of them should be eliminated. The results showed lower rates of reliability and so the ten items from the scale were kept.

2.3. Procedure

After receiving authorisation from the public body responsible for the reception centres, their directors were contacted to ask for the help of the professionals and the consent of the mothers of the children and adolescents to carry out the research. For this purpose, the confidentiality of the information received was guaranteed by encoding the files to make them anonymous.



The valuation of school adjustment was evaluated using the scale designed in the study and completed by the professionals involved in the cases in the centres and/or by the specialist staff. To analyse behavioural and emotional problems, the mothers completed the CBCL with guidance from the educators, after the objectives of the study had been explained to them and they had given their consent.

2.4. Statistical analyses

After the descriptors, frequencies, and percentages obtained in the CBCL were analysed, a comparison of means was performed with the normative population using Student's t test. To offset the effect size, the tests of statistical significance are accompanied by the corresponding calculation and interpretation of the effect size, calculated using the standardised difference between means (d) proposed by Cohen (1988).

Likewise, for the second objective, the frequencies and percentages obtained for the different items on the school interaction and adaptation scale were analysed. Before this, the answers were regrouped into three bands to facilitate the analysis: never, sometimes, and often.

Finally, to explore the possible association between the behavioural problems of the children and adolescents and their school interaction and adaptation, Spearman's correlation coefficient was used, as the sample distribution does not follow a normal distribution.

3. Results

Objective one: behavioural problems of the children and adolescents.

When examining the mean scores for the sample on the CBCL scale (Graphic 1), the analyses showed statistically significant differences between the participants in this study and the normative population (Figure 1), with higher scores observed in the study sample for different types of behaviour and for "Social Problems" (t = 2.97, p < .001, d = .87), "Attention problems" (t = 3.38, p < .001,d = .85), "Anxiety" (t = 6.65, p = .048, d = .34), "Withdrawal" (t = 2.46, p < .001, d = .86), "Somatic complaints" (t = 4.10, p = .049, d = .32), and "Aggression" (t = 4.10, p = .002, d = .59). Similarly, the differences in the broad-band syndromes were statistically significant: "Externalisation" (t = 4.42, p = .002, d = .58) and "Internalisation" (t = 4.15, p = .003, d = .57), and in the total for "Behavioural problems" (t = 4.47, p < .001, d = .65).

The criterion established by Cohen (1988) has been followed, and so the effect sizes are regarded as small when d < 0.20, medium when d is between 0.2 and 0.8, and high when d > 0.8. In this study, a magnitude of the effect size for these differences was observed which is greater in social problems, attention problems, and in withdrawal.

Objective two: social interaction and school adjustment of the children and adolescents.



46.37** **TOTAL** 29.4 Externalisation 13.87* 8.75 Internalisation 7.47 12.22* Aggression 6.10 10.04* Rule-breaking Behaviour Normative population 2.65 3.83 Attention Problems 7.57** 4.11 Thought Problems 2.14 2.87 Sample Social Problems 5.33** 2.64 Somatic Complaints 1.70 2.59* Withdrawal / depression 1.79 4.24** Anxiety / depression 3.98 5.39*

GRAPH 1. Direct mean scores for normative population and sample.

Source: Own elaboration.

In general, certain difficulties with social interaction and school problems were observed in these children and adolescents (Table 2). So, for social interaction, it was noted that 11.4% frequently displayed difficulties making friends. Similarly, these 11.4% are rejected by their peers and the majority lack friends outside the school setting (59.5%).

With regard to school problems, the participating professionals from the centres reported in their responses that the level of school adaptation was not adequate with 80% of the children and adolescents. Of them, 30.2% did not go to school willingly, 47.7% had difficulties learning, and 38.1% were not up to date with their school work.

Objective three: association between behavioural problems and degree of school adjustment.

Table 3 shows the correlations between the results from the CBCL and those obtained on the school adjustment scale in its two facets of social interaction and school problems, where the base score used for calculating the correlation is the mean obtained on the three-point scale resulting from combining the scores from the Likert scale into three values.

When examining the relationship between the social interaction scale and the behavioural syndromes of the children and adolescents, a positive relationship



Table 2. Percentages of social interaction and school performance problems in the children and adolescents.

Problem	Items	Never %	Sometimes %	Often %
	Struggles to make friends	77.3	11.4	11.4
	Tends to isolate self from others	70.5	27.3	2.3
Social interaction	Often rejected by peers	77.3	11.4	11.4
	Has friends outside school setting	59.5	19.0	21.4
	Relates well with adults	27.9	32.6	39.5
	Total social interaction scale	62.5	20.3	17.2
	Appropriate level of performance	80.00	14.00	6.00
	Goes to school willingly	47.73	25.00	27.27
School problem	Has difficulties with basic learning	38.10	33.33	28.57
Process	Has homework up to date and well organised	30.23	39.53	30.23
	Argues with classmates	79.07	13.95	6.98
	Total school problem scale	55.02	25.16	19.81

Source: Own elaboration.

was observed between the item "Struggles to make friends" and social problems (p=.018), thought problems (p=.034), and attention problems (p=.018). This was also the case with the item "Isolates him/herself from others" and isolation (p=.013), between the item "Rejected by peers" and social problems (p=.011) and attention problems (p=.001). There is also a negative relationship between the item "Has friends outside school" and attention problems (p=.035).

Finally, when considering the relationship between the school problem scale and the behavioural syndromes, a neg"school performance level" and attention problems (p=.000), disruptive behaviour (p=.035), and the total scale (p=.017). Similarly, the item "goes to school willingly" was negatively related to isolation (p=.043), social problems (p=.049), attention problems (p=.006), internalising syndromes (p=.038), and the total scale (p=.030). There was also a negative relationship between "has work up to date" and attention problems (p=.001). Finally, a positive relationship was observed between "Difficulties learning" and attention problems (p=.016) and disruptive behaviour (p=.028).

ative association was observed between



Table 3. Correlations between the CBCL and the school adjustment scale.

	IADLE	Let σ . Colletations between the CDCD and the school adjustment scare	LITTED DELY		лоси ани	THE SCHOOL	ı aujustılı	elle scale.			
	Anx	Iso	Som	Soc	Thi	Att	Disr	Agg	Int	Ext	Tot
				Social	Social behaviour						
Struggles to make friends	.250	660.	.046	.373*	.336*	.371*	990:-	.092	.163	.053	.254
Tends to isolate self	048	.388*	190	820.	065	-,159	172	141	.051	160	141
Peer rejection	.012	189	017	*868.	860.	.487**	038	.102	068	890.	.169
Has friends	216	158	070	223	072	343*	125	023	177	054	170
Relation with adults	232	230	062	128	221	274	255	269	207	283	241
				Academi	Academic behaviour	ır					
Performance level	267	229	250	402*	217	610**	339*	237	288	282	380*
Goes to school willingly	278	326*	267	318*	201	430**	224	249	333*	258	349*
Difficulty learning	.036	.028	.098	.273	.019	.380*	.348*	.202	090.	.258	.219
Work up to date	116	069	043	099	033	495**	098	168	092	159	191
Challenges teachers	.018	138	289	.031	037	.192	.013	.183	142	.146	.048
Source: Own elaboration.											

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4. Discussion

This work has attempted an in-depth examination in the aspects relating to behavioural problems and their influence on integration into the school environment as well as on academic achievements of a sample of children and adolescents who have experienced situations of gender violence. Accordingly, although ample research has been published on this topic at an international level, few studies consider a Spanish population (Alcántara et al., 2013; Bayarri et al., 2011; Sanchís, 2017; Gómez & Bobadilla, 2015; López-Soler et al., 2017; Nazar, Salvatierra, Salazar, & Solís, 2018) and there are even fewer that focus on its impact in the school environment (Sepúlveda, 2006; Rosser, Suriá, & Villegas, 2015).

The results for the first objective again reflect the presence of higher rates of emotional and behavioural problems among children and adolescents who have been exposed to gender violence compared with the population of children and adolescents in general. In fact, the results display higher mean rates for all behavioural syndromes (Alcántara et al., 2013; Fernández-Molina, Del Valle, Fuentes, Bernedo, & Bravo, 2011; Holt et al. 2008, among others), something reflected in most of the narrow-band syndromes. These results are also reflected in the broad-band syndromes, in other words the internalising or emotional ones, the externalising or behavioural ones, and behavioural problems as a whole, with a medium effect size for these differences in aggressive behaviour, as well as in internalisation, externalisation, and behavioural problems as a whole, and the effect size is high for the "Withdrawal", "Social Problems", and "Attention Problems" dimensions. These results confirm the differences with the normative population while also showing that these syndromes are primarily where the differences are detected most.

It also stands out that the problems of the children and adolescents are both externalising and internalising. This, to some extent, disagrees with what is found in other works where the presence of externalising behaviour is somewhat higher (Foster & Brooks-Gunn, 2009; Graham-Bermann et al., 2011). In this respect, it is important to note that the sample in this study is an institutionalised population, and as such, the setting of this work has greater control over externalising behaviour.

When considering the results for the second objective, the data reveal the influence of exposure to gender violence on the psychosocial development of children and adolescents and, specifically, on their school adjustment. The data show that, in over fifty per cent of cases of children and adolescents analysed, professionals report negative adjustment. In this work, the difficulties are reflected in aspects concerning social interaction, and in questions relating to educational performance, with low or relatively moderate levels of adjustment reflected in the results in most cases. Although the intensity of the correlations is medium (only exceeding 0.40 in four of the 110 correlations explored), the differences found are significant.



These results support those obtained by several authors such as Doménech and Genovés (2016) or the study by López-Soler et al. (2017), who found problems with academic performance and with establishing social relationships in children and adolescents who had been exposed to gender violence. Similarly, Westra and Martin (1981) found lower scores than the general population in tests of performance and intellectual ability tests in children aged between two and eight who had been exposed to gender violence.

Also for purposes of comparison, Fowler, Tompset, Braciszewski, Jacques Tiura, and Baltes (2009) found somewhat lower scores in the population of children and adolescents who had experienced situations of gender violence than in ones who had not experienced these situations, especially in reading and writing, language, maths, and social sciences, and also finding a high level of school absenteeism in these children and adolescents.

With the aim of explaining these difficulties, Kernic, Holt, Wolf, McKnight, Huebner, and Rivara (2002) found a higher probability of not being accepted in school owing to social or emotional problems or of school absenteeism in these children and adolescents. These results would account for the data found when examining the results from this work's third objective, as children and adolescents with more behavioural problems in general also display more performance problems and are less willing to go to school. Specifically, the correlation indexes showed

significant associations both for items referring to social interaction and for those that make up school problems, including most of the behavioural syndromes from the CBCL, especially isolation, social problems, attention problems, and disruptive behaviour.

The greater weight of behaviour problems in the school adjustment of the children and adolescents derives from the presence of attention problems. These include in the CBCL behaviour such as impulsiveness, restlessness, problems concentrating, problems sitting still, day-dreaming, all of which are behaviour patterns that affect comprehension and assimilation of content, impede regularity of work, etc.

A correlation between certain aspects of school adjustment and social problems in the CBCL can also be seen. This syndrome includes childish behaviour, disturbing or annoying others, not getting on well with classmates, being clumsy, and preferring to play with younger children. This, according to the results obtained, leads to difficulties with social interaction as it means children and adolescents are rejected by their peers and struggle to make friends, which ends up affecting their performance and school refusal.

Another element to note is disruptive behaviour, which the CBCL identifies as lying or cheating, vandalism, absenteeism, etc. The results indicate that this type of behaviour also impedes the academic performance of children and adolescents.



In contrast, internalising behaviour, which, in this study is especially reflected in isolating behaviour, is associated in the children and adolescents with school refusal.

These results support those found by numerous studies that show significant differences between children and adolescents who have been exposed to these situations of violence and those who have not (Fernández-Molina et al., 2011; Huth-Bocks, et al., 2001; López-Soler et al. 2017; Patró & Limiñana, 2005). These works conclude that exposure to this type of violence can have a negative effect on the cognitive development of children and adolescents, while also causing difficulties concentrating, antisocial behaviour, problems with school work, and a notable reduction in scores for verbal and motor skills (Huth-Bocks et al., 2001; Nazar et al., 2018; Ybarra, Wilkens, & Lieberman, 2007).

The most coherent explanations that several authors base their arguments on include one that emphasises the deterioration in self-esteem resulting from children and adolescents being exposed to these violent contexts. Similarly, this exposure involves learning inappropriate strategies when interacting with other people and for solving conflicts, which have an influence on their antisocial behaviour (Devaney, 2015; Patró & Limiñana, 2005; Perkins & Graham-Bermann, 2012).

Another no less important aspect relates to the context in which these children and adolescents are immersed. In these centres attention is guided by spe-

cialist teams which focus their intervention on the mothers' psychosocial problems, with direct intervention with the children and adolescents being more limited. Consequently, although they have more difficulties with normal adaptation and socialisation than other children (Fariña, Arce, Seijo, & Novo, 2012; Pingley, 2017; Rosser et al., 2015), they actually receive less attention. In fact, while women who have been victims of abuse have a network of support resources to help them and offer them care, protection, and social reinsertion (Mestre et al., 2008), there are still few centres that offer direct attention to children as one of their objectives (Expósito, 2012; Mestre et al., 2008) and those aiming to deliver specific intervention proposals are even rarer (Exposito, 2012; Patró & Limiñana, 2005; Sepúlveda, 2006).

In conclusion, the results of this work once again reflect the vulnerability of children and adolescents who are exposed to gender violence. This study is important because it focusses on a currently little-studied topic, namely the impact of exposure to gender violence on the victims' children as well as the behavioural and emotional problems arising from this situation and how these affect the children and adolescents' social adaptation and academic success in the school setting. This endorses the growing demand from different contexts and groups for the provision of specialised care for these children and adolescents, who are also victims of gender violence and also suffer its consequences (Anderson & Bang, 2012; Delgado-Álvarez et al., 2012; Expósito, 2012;



Graham-Bermann et al., 2011). It will be hard to tackle this situation if psychological attention for minors is not guaranteed in resources for helping victims of gender violence. To do this, it must be made a priority to provide more information and guidance for action for professional in the community resources (schools, health centres, etc.) that care for these children and adolescents. In turn, these professionals must be trained to know how to handle successfully their role in the psychoeducational training of these children and adolescents.

Another important element is to insist on the availability of sufficient resources—human and material— to redirect intervention and education from the areas that intervene in gender violence to provide these young people with the specialist services they require to tailor the services to conflict resolution and the possible needs of the children and adolescents.

Nonetheless, although these results help to move research on these areas forward and can help us to focus on treatment and prevention of these difficulties. this research has certain limitations. Firstly, it is a study based on the views of the professionals in the reception centres who care for the abused women resident in these centres. Owing to the conditions of confidentiality regarding their situation, it has not been possible to compare the views of these professionals with the opinions of the children and adolescents' teachers or apply psychometric tests to support the results obtained. Likewise, the questionnaire was created adhoc for the

specific study population, which prevents the results obtained from being evaluated in relative terms. Based on this study, having opinions from other sources of information, teachers and the children and adolescents themselves is considered to be vital, as is exploring psychological problems through other tests to complement the information. Regarding the sample size, we are aware of the small number of cases, which was limited by the availability of the study population. These aspects could skew the magnitude of some of the relations detected and so, they should be controlled in future research to increase the internal validity of the results.

Despite these limitations, this work suggests that the school environment could be an ideal setting for detecting the difficulties and problems faced by these children and adolescents. It also notes that focusing on training the professionals who are directly involved with them as well as raising teachers' awareness and training them for this situation about which little is still known should be a priority.

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