

Dating violence in adolescents in residential care: Frequency and associated factors

María Dosi¹  | Joana Jaureguizar²  | Elena Bernaras³ 

¹Department of Research and Diagnostic Methods in Education, Faculty of Education of Bilbao, University of the Basque Country, Leioa, Spain

²Department of Developmental and Educational Psychology, Faculty of Education of Bilbao, University of the Basque Country, Leioa, Spain

³Department of Developmental and Educational Psychology, Faculty of Education, Philosophy and Anthropology, University of the Basque Country, San Sebastián, Spain

Correspondence

Joana Jaureguizar, Department of Developmental and Educational Psychology, Faculty of Education of Bilbao, University of the Basque Country, Leioa, Spain.
Email: joana.jaureguizar@ehu.eus

Funding information

Euskal Herriko Unibertsitatea, Grant/Award Number: TRS 16/257

Abstract

Prevalence of dating violence (DV) is increasing, so the detailed study of the related factors can help to intervene in it more specifically. This study had three goals: to analyse the frequency of DV; to explore the differences between the frequency of perpetration and victimization of DV and sexist attitudes, antisocial and criminal behaviours and personal adjustment and to identify predictor variables of the frequency of DV. The sample consisted of 271 adolescents in residential care (54.6% boys and 45.4% girls), aged between 12 and 17 years ($M = 15.23$, $SD = 1.60$). The results showed that 91.5% of the adolescents perpetrate violence and 88.6% are victimized in their dating relationships. Of them, 28% said they committed frequent violence and 27.3% suffered it frequently. Adolescents who frequently perpetrate or experience violence differ from those who do so occasionally in their personal adjustment, antisocial and criminal behaviours and sexist attitudes. The predictors of the violence perpetration were age, hostile paternalistic sexism and antisocial behaviours. The predictors of victimization were sex, age, hostile paternalistic sexism and self-esteem. The results of this study could be useful for the prevention and intervention in DV in the area of residential care.

KEYWORDS

adolescents, dating violence, frequency, residential care, Victimization, violence

1 | INTRODUCTION

Dating violence (DV) is becoming very relevant in recent scientific research, as it is arguably a public health problem, with important implications for adolescents' future health and well-being (Exner-Cortens et al., 2013), and many detrimental psychological, social and physical outcomes (Park & Kim, 2018). DV can be understood as 'the threat or current use of physical, sexual, or verbal abuse by one member of an unmarried couple on the other member within the context of a dating relationship' (Anderson & Danis, 2007, p. 88).

In terms of the prevalence of DV, the data vary considerably depending on the type of violence explored. Hébert et al. (2019) found that 59.2% of their sample (71 young people with an average age of 19 years) reported having experienced some form of violence (physical, psychological or sexual) in the past 12 months: 57.7%, psychological victimization, 18.3% physical victimization and 29.6% sexual victimization. Many other studies have reported that psychological violence is usually the most common in the young population (Cornelius & Resseguie, 2007; Cortaza et al., 2011; Póo & Vizcarra, 2011; Santiago et al., 2012; Wolfe et al., 2004). Recent

This is an open access article under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

© 2021 The Authors. *Child & Family Social Work* published by John Wiley & Sons Ltd.

meta-analysis about adolescents' DV reveals prevalence rates of 20% for physical DV and 9% for sexual violence (Wincentak et al., 2017).

Concerning gender, Muñoz-Rivas et al. (2007) found that boys perpetrated more serious physical violence than girls, that is, 4.6% and 2%, respectively. However, other authors indicate that girls mostly perpetrate physical violence, and boys perpetrate mostly psychological violence (Rivera-Rivera et al., 2007). Other studies found that both boys and girls reported mutual violence, both physical and psychological (Arias et al., 2010; Fernández-Fuertes & Fuertes, 2010; Leal et al., 2011). Concerning victimization in dating relationships, a macrosurvey conducted in the United States with nearly 9900 students showed victimization rates ranging from 3% to 21% (Vagi et al., 2015). In a recent Quebec study with high school adolescents aged 14 to 20 years old (Théorêt et al., 2021), 51.2% of the girls reported committing psychological violence, compared with 38% of the boys. In contrast, 58.2% of the girls and 50.3% of the boys reported experiencing psychological DV. As for the perpetration of physical violence, the prevalence for girls was 18%, and for boys, 6.2%, and physical victimization prevalence was 15.1% for girls and 17.8% for boys. On another hand, regarding sexual violence, girls reported a lower prevalence than boys (2.9% vs. 7.2% for boys) but higher sexual victimization (20.2% vs. 6.9%). A more detailed examination of violent behaviours in young people by Arriaga and Foshee (2004) revealed a second key pattern of girls' violence, indicating that, when they were perpetrators of violence, girls used moderate violent behaviours and, in contrast, boys used severe violent behaviours. Concerning victimization, these authors noted that victimized girls received severe violent behaviours and, in contrast, boys received moderate-level violent behaviours. Hamby (2009) noted that the stigmatization of violence by boys against girls may increase boys' reluctance to report physical DV, thus causing several false negatives. Conversely, girls might be more likely to report horseplay as acts of physical DV, which could increase the rate of false positives. However, many studies with normative samples indicate a prevalence of bidirectionality (reciprocal violence) both in boys and girls (Giordano et al., 2010; Viejo et al., 2016).

As these data show, the variation in prevalence results is very high, probably due to the heterogeneity of the samples, the differences in the definition of DV itself, the methodology used. Another important aspect to consider is the rate at which violence occurs, as occasional or frequent violence do not have the same implications. A Spanish study of adolescents in the school setting Cava et al. (2015) indicated that 21.6% reported perpetrating physical violence, specifically 14.3% occasional violence and 7.3% frequent violence, with a higher percentage of girls performing occasional violence. These authors pointed out that frequent violence could be related to adolescents' greater psychosocial adjustment difficulties, with more severe consequences. Occasional violence could be related to adolescents' limited prior dating experience and even to certain clumsy dating practices (Muñoz et al., 2013; Viejo et al., 2016), without detracting from the fact of the violence itself. In fact, the results show that DV is more prevalent at younger ages (Fritz & O'Leary, 2004; Pacheco et al., 2017; Smith et al., 2003), perhaps

because of this limited experience in dating relationships and conflict resolution. However, the consequences of violence tend to be much more severe at later ages despite having a lower frequency (González-Ortega et al., 2008).

This study focuses on a sample of adolescents in residential care and is based on the premise that this group has risk factors, such as unstructured families, exposure to violence, and a more permissive attitude towards it, behavioural problems, affective deficits and mental illness (Auslander et al., 2002; Cortés et al., 2012; Raghavan & McMillen, 2008; Zlotnick et al., 2012), which may make them more vulnerable to perpetrate or suffer DV.

There are very few studies on DV in residential care settings, especially in the Spanish context. Jonson-Reid and Bivens (1999) found that young people in the care of the state of California were no more prone to DV than young people from the general population. However, they were significantly more likely to remain in toxic relationships for longer periods of time. Manseau et al. (2008), for their part, found high levels of DV in their sample of 196 girls between ages 12 and 18 living in child protection centres in Quebec, of whom 53.1% reported at least one experience of severe physical DV, 87.9% of psychological DV and 70.2% of sexual coercion. Moreover, different types of victimization that involve high-risk adolescents lead them to experience multiple types of victimization across the lifespan (Finkelhor et al., 2007; Finkelhor et al., 2015). As for gender differences, Wekerle et al. (2009) found in their sample of 426 adolescents under protective care that 44% of the boys admitted having carried out violent behaviours with their partner and 49% having suffered them. In contrast, 67% of the girls claimed to have perpetrated violence and 63% to have suffered it (victimization). In a recent study by Katz et al. (2017), more than 20% of the people in the sample composed of young people aged between 23 and 24, formerly in the childcare system, reported having perpetrated or experienced DV in the year before the sample collection. However, these same authors pointed out that the girls in their sample appeared to be involved in violence and maintained violence in their romantic relationships rather than being passive victims.

In addition to knowing the rates of perpetration and victimization in adolescents in residential care and differences based on demographic factors, such as sex, it is of interest to identify factors that may be related to such violence and that can help to better understand it, with a view to intervention and prevention policies. Thus, the Background-Situational Model by Riggs and O'Leary (1989) may serve as a framework because it is an explicative model of DV that differentiates background factors (social and individual variables that make a person more likely to behave more violently, such as previous abuse experiences, psychopathology, antisocial personality, attitudes favouring violence ...) and situational factors (precipitating events that make a violent situation more likely to occur, such as alcohol consumption, anxiety, or stress ...) that intervene in DV.

Whereas there are no previous studies with adolescents in residential care, studies with school populations may serve as guidance. Vagi et al. (2013), in their review of longitudinal studies, identified some risk factors for DV, such as mental health problems, attitudinal factors

(such as acceptance of violence), behavioural factors (aggressive peer behaviour, substance use ...) and demographic factors (age, sex, race ...). Concerning the relationship between DV and mental health, DV results indicate that both perpetration and victimization are related to anxiety and depression (Exner-Cortens et al., 2013; Foshee et al., 2011; Haynie et al., 2013; Holt & Espelage, 2005). Victims of DV also have lower self-esteem, and their self-concept is also affected (Carrascosa et al., 2016; Penado & Rodicio-García, 2017; Van Ouytsel et al., 2017). In terms of perpetration of violence, people who resort to DV have also been found to have a lower self-concept and higher levels of antisocial behaviour, depression and symptoms of trauma (Cava et al., 2015; Maker et al., 1999; Silvern et al., 1995). Lewis and Fremouw (2001) explained that individuals with negative self-esteem may lack problem-solving skills during conflicts, showing difficulties in setting limits and resolving conflict, which, in turn, could lead to susceptibility to behave aggressively.

As for behavioural factors, the antisocial profile found in adolescents who perpetrate or are victims of DV (Magdol et al., 1998; Roberts & Klein, 2003) may explain why these people resort to violence not only within the couple but as a way to deal with their conflicts in general. In this sense, we note the study of Sjödin et al. (2017) that found that young DV offenders differed from the general population in all the investigated areas (e.g., abandonment or neglect in childhood, substance abuse, mental health problems ...), but the group did not differ in any comparison with other young violent offenders, regardless of their relationship with the victim. These authors noted that DV is based on violent antisocial behaviours, indicating that these individuals are not a specific type of offender.

Finally, attitudinal factors are worth noting. In this sense, sexist attitudes are highlighted as a factor that can explain the maintenance of partner violence over generations. Sexism can be understood as negative attitudes based on the supposed inferiority of women (hostile sexism), as well as attitudes with a positive affective tone but limiting women to certain roles (benevolent sexism) (Glick & Fiske, 1996). Some studies showed a relationship between hostile and benevolent sexism and intimate partner violence (Capaldi et al., 2012; León-Ramírez & Ferrando, 2014; Rojas-Solís & Carpintero, 2011), whereas others found different effects depending on the type of sexist belief (hostile or benevolent) (Allen et al., 2009). However, other studies with samples of university students found that the predictive capacity of sexism for the perpetration of intimate partner violence or victimization in dating relationships was relatively low, with hostile sexism being the most useful predictor (Ibabe et al., 2016).

In short, the bibliographic review carried out notes the need to delve into DV in adolescents in residential care, as this collective has differential characteristics that can make it more vulnerable to this type of violence. In Spain, the profile for residential care includes children, adolescents, unaccompanied migrant adolescents, minors accused by their parents (child-parent violence) and adolescents with behavioural or mental health problems (depression, anxiety, schizophrenia, sleep disorders, hyperactivity, dyslexia, self-harm, theft, drug use, runaways ...) (Bravo & Del Valle, 2009; Del Valle, 2003). Other international studies indicate that children and youth living outside

the home are vulnerable to sexual abuse (Ferrante et al., 2017), which may be due to having experienced childhood maltreatment, poverty, parental mental health problems, domestic violence and compromised care. All of these adverse childhood experiences may lead them to current experiences of mental health problems, difficulties in school, drug and alcohol use, teenage pregnancy, sexual assault, harmful sexual behaviours and DV (McLean et al., 2011). Thus, taking into account previous studies with the school population and the few studies that analyse this phenomenon in particular with adolescents in residential care—that is, adolescents with different characteristics from those of the normative sample—the following objectives and hypotheses are proposed:

- To analyse DV and its frequency in adolescents in residential care. Higher DV rates are expected to be found in adolescents in residential care compared with data from previous studies with normative samples. We also expect to find higher rates in younger adolescents, with girls perpetrating more violence and being more victimized than boys in their dating relationships
- To explore possible differences in sexist attitudes, antisocial and criminal behaviours and personal adjustment based on how often adolescents in residential care resort to violence or are victims in their dating relationships. Statistically significant differences are expected in hostile and benevolent sexism and antisocial and criminal behaviours and personal adjustment, depending on the frequency of DV perpetration or victimization.
- To identify predictor variables of the frequency of perpetration and victimization of violence in adolescent dating relationships in residential care. Sex, age, sexism, antisocial and criminal behaviours and personal adjustment are expected to be predictors of DV.

2 | METHODOLOGY

2.1 | Participants

This study involved 271 youth in residential care in the Autonomous Community of the Basque Country (CAPV), Spain. The age of the participants ranged between 12 and 17 years ($M = 15.23$, $SD = 1.61$); 45.4% ($n = 123$) were girls, and 54.6% ($n = 148$) were boys. The majority came from the Basque Country, 54.6% ($n = 148$), 29.5% ($n = 80$) were of foreign origin and 15.9% ($n = 43$) were from other communities in Spain. Specifically, of the 69 programmes participating in this study, 51 belonged to the basic general programme (its objective is to cover the minors' needs), 11 to the specialized programme (adolescents between 13 and 18 years of age who present particularly disruptive behaviours that make their care unfeasible in the basic programme framework) and 7 to the emancipation programme (which prepares adolescents from 16 years of age in the development of essential skills for their integration into the community as autonomous subjects). Of the total number of participants, 65.3% ($n = 177$) resided in general basic programmes, 25.1% ($n = 68$) in specialized programmes and 9.6% ($n = 26$) in emancipation programmes.

2.2 | Instruments

Conflict in Adolescent Dating Relationships Inventory (CADRI; Wolfe et al., 2001, Spanish adaptation of Carrascosa et al., 2018). The questionnaire consists of 17 items that analyse the different types of perpetration of violence: Perpetration of Relational Violence (Items 1 + 3 + 5) (e.g., 'I tried to separate my partner from his/her group of friends'), Perpetration of Verbal-Emotional Violence (Items 2 + 3 + 5 + 6 + 7 + 9 + 10 + 11 + 13 + 15) (e.g., 'I told my partner something just to make him/her angry') and Perpetration of Physical Violence (Items 4 + 12 + 14 + 16) (e.g., 'I slapped my partner or pulled his/her hair'). Besides, 17 items measure victimization: Relational Victimization (Items 1 + 3 + 5) (e.g., 'My partner said things to my friends about me to turn them against me'), Verbal-Emotional Victimization (Items 2 + 3 + 5 + 6 + 7 + 9 + 10 + 11 + 13 + 15) (e.g., 'My partner accused me of flirting with someone else') and Physical Victimization (Items 4 + 12 + 14 + 16) (e.g., 'My partner pushed me or shook me'). Adolescents are asked to identify how often they have experienced these situations in their dating relationships: *never* (this has not happened in our relationship), *rarely* (1 or 2 times), *sometimes* (between 3 and 5 times) or *frequently* (6 or more times). In the present study, the reliability of the Victimization subscale was 0.89, and for the Perpetration subscale, it was 0.86. The total alpha coefficient of this sample was 0.88.

Behavior Assessment System for Children (BASC-S3; Reynolds & Kamphaus, 1992, Spanish adaptation of González et al., 2004). The BASC-S3 self-reported personality is an inventory consisting of 185 statements with dichotomic (true/false) responses, grouped into 14 scales. These 14 scales are grouped into three general dimensions: Personal Adjustment, Clinical Maladjustment and School Maladjustment. This study evaluated the dimensions of Clinical Maladjustment and Personal Adjustment. The Clinical Maladjustment scales are Attitude towards School, Negative Attitude towards Teachers, Sensation Seeking, Atypicality, Locus of Control, Somatization, Social Stress, Anxiety, Depression and a feeling of Inadequacy. The Personal Adjustment dimension consists of the following scales: Interpersonal Relationships, Relationships with Parents, Self-Esteem and Self-Confidence. Cronbach's alpha for the Personal Adjustment dimension in the present study was 0.77, and for the Clinical Maladjustment dimension, it was 0.76. The internal consistency (Cronbach's alpha) of the total scale was 0.80.

Ambivalent Sexism Inventory for Adolescents (ASI_A; Glick & Fiske, 1996, adapted to Spanish by Lemus et al., 2008). This is a 20-item instrument, rated on a 6-point Likert scale, ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). The ASI_A is an adaptation of the ASI (Glick & Fiske, 1996, adapted by Expósito et al., 1998) for the adolescent population, which provides a measure of hostile sexism and one of benevolent sexism. Hostile sexism, or classic sexism, refers to attitudes of prejudice or discriminatory behaviours based on women's inferiority. It is evaluated through 10 items made up of three subscales: Protective Paternalism (e.g., 'Boys should exercise control over who their girlfriends interact with'), Complementary Gender Differentiation (e.g., 'Sometimes girls use the fact of being 'girls' to say they should be treated specially') and Heterosexual Intimacy

(e.g., 'Girls are too easily offended'). Benevolent sexism refers to a set of sexist attitudes towards women in which they are stereotyped and limited to certain roles, but using a positive tone towards them, especially in social gatherings and in the pursuit of intimacy. This dimension also consists of 10 items, divided into three subscales: Protective Paternalism (e.g., 'Girls should be appreciated and protected by boys' or 'Boys should take care of girls'), Complementary Gender Differentiation (e.g., 'Compared, to boys, girls tend to be more sensitive to other people's feelings') and Heterosexual Intimacy (e.g., 'Romantic relationships are essential to achieving true happiness in life'). In the sample studied, the reliability index (Cronbach's alpha) of the scale was $\alpha = 0.80$ (Hostile Sexism $\alpha = 0.67$ and Benevolent Sexism $\alpha = 0.77$).

Antisocial-Delinquent Behavior Questionnaire (A-D; Seisdedos, 1988). The questionnaire has 40 sentences describing diverse types of antisocial and delinquent behaviours. Two aspects of deviant behaviour are evaluated: Antisocial Behaviour (entering a forbidden site, throwing rubbish on the ground, painting, breaking or throwing someone else's things on the ground, fighting with others ...) and Criminality (taking drugs, destroying or damaging public places, stealing, getting money by threatening weaker people ...). Participants read the items and report whether they have performed the behaviours described in the phrases, responding 'yes' or 'no'. The first 20 items assess antisocial behaviour and the last 20 assess criminal behaviour; when correcting, 1 point is given to each affirmative item. The reliability coefficients in this study were satisfactory, both for the Antisocial subscale $\alpha = 0.89$ and the Criminal subscale $\alpha = 0.88$, and the total questionnaire $\alpha = 0.90$.

2.3 | Procedure

As the adolescents in the sample were State wards, an invitation to participate in the study was sent to all residential resources of the Child and Adolescent Services. Each participating resource approved the research and gave consent for each adolescent to participate in the study. Of the total of 84 resources, 69 agreed to participate in the study. It was decided to exclude all questionnaires with less than 50% of the items completed, so 21 questionnaires were discarded. In addition, taking into account that participants had to have a partner at the time of data collection or to have had a partner in the last 12 months, five adolescents were excluded from the total sample. The study complied with all the provisions of Law 15/1999 on Personal Data Protection. Participants were informed of the voluntary nature of their participation and of the need for participants and legal guardians to both give their consent before beginning to complete the battery of instruments. This research was approved by the Ethics Committee with Human Subjects of the University of the Basque Country (M10/16/257).

2.4 | Data analysis

Statistical analyses were carried out using the statistical package IBM, SPSS Statistics for Windows, version 26 (IBM Corp., Armonk, N.Y.,

USA). First, the assumptions of normality and homoscedasticity of variances were checked to decide whether to use parametric or nonparametric tests. Specifically, the critical level of $p < 0.05$ of the Kolmogorov–Smirnov statistic was analysed, as well as the levels of skewness and kurtosis. Most of the variables exceeded value 2 for skewness and value 7 for kurtosis. Therefore, considering the scientific literature on the subject and the evidence that the data violated the assumptions of the general linear model, we decided to resort to nonparametric tests. Descriptive analyses were performed on the sociodemographic variables. Chi-squared and Cramer's V coefficient were used to calculate the effect size and verify the associations between the frequency of victimization and perpetration of DV and the sociodemographic variables (sex, age and provenance). Perpetration and victimization of DV are conceived as a sum of relational, verbal–emotional and physical actions suffered and perpetrated. Both violence perpetration and victimization were categorized to form frequency groups according to the criterion of Cava et al. (2015): 0 = *it has never happened*; 1 = *occasionally* (all responses greater than 0 and equal to or below the mean were grouped in this category); 2 = *frequently* (all above-average responses were grouped in this category). Differences in personal adjustment, antisocial and criminal behaviours and sexist attitudes between groups of perpetrators and victims of violence were analysed with the non-parametric Kruskal–Wallis test with Dunn's post hoc. For this analysis, the effect sizes were calculated according to Rosenthal and DiMatteo (2002), and they were interpreted according to Cohen's (1988) test. Finally, from the previous analysis, we sought to identify predictive variables using multinomial logistic regressions.

3 | RESULTS

3.1 | DV perpetration and total victimization and types based on sex and age

A total of 91.5% ($n = 248$) of the adolescents reported perpetrating DV in the last 12 months of their dating relationships, and 88.6% ($n = 240$) reported suffering it (victimization). The total frequency of occasionally perpetrated DV was 63.5% ($n = 172$) and 28% ($n = 76$) of frequently perpetrated DV. In contrast, 61.3% ($n = 166$) of the adolescents reported suffering occasional DV (victimization), and 27.3% ($n = 74$) suffered DV regularly.

The results showed no statistically significant association between sex and frequency of total DV perpetration. Of the boys, 50.6% ($n = 87$) admitted perpetrating occasional DV, whereas 49.4% ($n = 85$) of the girls did so. On the other hand, 64.5% ($n = 49$) of the boys and 35.5% ($n = 27$) of the girls indicated that they perpetrated frequent DV. Total victimization showed statistically significant associations with sex, with a moderate effect size, $\chi^2 = 15.35$, $p < 0.01$, Cramer's $V = 0.24$. 56.6% ($n = 94$) of the boys reported suffering DV compared with 43.4% ($n = 72$) of the girls. However, 60.8% ($n = 45$) of the girls indicated suffering frequent DV, and in the case of boys, this percentage was 39.2% ($n = 29$). In the case of types of violence,

the frequency of relational violence had statistically significant associations with sex, $\chi^2 = 19.35$, $p < 0.01$, Cramer's $V = 0.27$. The differences between the groups were in occasional and frequent DV, where boys showed higher occasional (66.7%, $n = 42$ vs. 33.3%, $n = 21$) and frequent relational violence (76.7%, $n = 33$ vs. 23.3%, $n = 10$) than girls. In the case of the types of victimization, the frequency of relational victimization had statistically significant associations with sex, $\chi^2 = 15.88$, $p < 0.01$, Cramer's $V = 0.24$: girls showed higher occasional (50.7%, $n = 36$ vs. 49.3%, $n = 35$) and frequent relational victimization (63.9%, $n = 39$ vs. 36.1%, $n = 22$) than boys. Likewise, victimization also presented a significant association with another type, verbal–emotional victimization ($\chi^2 = 16.30$, $p < 0.01$, Cramer's $V = 0.25$), repeating the same pattern as relational victimization, girls showed higher occasional (56.3%, $n = 90$ vs. 43.8%, $n = 70$) and frequent emotional verbal–emotional victimization (60.5%, $n = 46$ vs. 39.5%, $n = 30$) than boys.

On another hand, statistically significant associations were shown between age and frequency of perpetration of DV ($\chi^2 = 33.00$, $p < 0.001$, Cramer's $V = 0.35$) and the frequency of victimization ($\chi^2 = 25.28$, $p < 0.01$, Cramer's $V = 0.31$). Specifically, the difference was observed between the occasional and frequent groups, with moderate effect sizes. Occasional DV was perpetrated by 32.6% ($n = 56$) of the adolescents aged 12–14 and by 67.4% ($n = 116$) of the adolescents over the age of 15–17. Frequent perpetration of DV was higher in older adolescents compared with younger adolescents (81.6%, $n = 62$ vs. 18.4%, $n = 14$). Also, 34.9% ($n = 58$) of the adolescents aged 12 to 14 years and 65.1% ($n = 108$) of the adolescents aged 15 to 17 years suffered occasional victimization. In the case of frequent victimization, 14.9% ($n = 11$) of the adolescents aged 12 to 14 years and 85.1% ($n = 63$) of the adolescents 15 to 17 years of age reported victimization.

In the case of types of violence, age showed statistically significant associations with relational violence, $\chi^2 = 9.89$, $p < 0.05$, Cramer's $V = 0.20$. In this case, older participants presented higher occasional (66%, $n = 50$ vs. 34%, $n = 13$) and frequent relational violence (76.7%, $n = 33$ vs. 23.3%, $n = 10$). Age also showed statistically significant associations ($\chi^2 = 31.49$, $p < 0.01$, Cramer's $V = 0.34$) with occasional (65.6%, $n = 105$ vs. 34.4%, $n = 55$) and frequent verbal–emotional violence (82%, $n = 69$ vs. 18%, $n = 13$), with the older participants reporting higher rates of verbal–emotional violence.

Concerning victimization, all types of victimization showed statistically significant associations with age. In the case of relational victimization ($\chi^2 = 7.87$, $p < 0.05$, Cramer's $V = 0.17$), older adolescents reported higher rates of occasional (71.8%, $n = 51$ vs. 28.2%, $n = 20$) and frequent relational victimization (78.7%, $n = 48$ vs. 21.3%, $n = 13$). This was also observed in the case of verbal–emotional victimization, with the older participants showing higher rates of verbal–emotional victimization than the younger group, $\chi^2 = 24.49$, $p < 0.01$, Cramer's $V = 0.30$, in the occasional (65.6%, $n = 105$ vs. 34.4%, $n = 55$) and frequent groups (84.2%, $n = 64$ vs. 15.8%, $n = 12$). Finally, the pattern was repeated in physical victimization ($\chi^2 = 17.74$, $p < 0.01$, Cramer's $V = 0.26$), with the older participants reporting higher occasional

(87.1%, $n = 27$ vs. 12.9%, $n = 4$) and frequent physical victimization (84.3%, $n = 43$ vs. 15.7%, $n = 8$).

Finally, the results did not reveal statistically significant associations between the origin of the participants and the frequency of DV perpetration or victimization.

3.2 | Variables associated with the frequency of DV perpetration and victimization

Statistically significant differences in adolescent's adjustment were found depending on how often they were violent with their partners; specifically, significant differences were found in the dimensions of interpersonal relationships ($H = 8.60$, $p < 0.05$, $r = 0.18$), relationships with parents ($H = 31.85$, $p < 0.01$, $r = 0.34$), self-esteem ($H = 6.65$, $p < 0.05$, $r = 0.16$) and self-confidence ($H = 7.40$, $p < 0.05$, $r = 0.17$). The results showed lower levels of personal adjustment in adolescents who used violence more frequently in their dating relationships.

As Table 1 shows, in the case of victimization, statistically significant differences were only found between occasionally and frequently victimized adolescents in the parent relationship dimensions ($H = 33.34$, $p < 0.01$, $r = 0.35$) and self-esteem ($H = 9.02$, $p < 0.05$, $r = 0.18$), with frequently victimized adolescents showing lower levels of adjustment.

In relation to antisocial and criminal behaviours, Table 2 shows the statistically significant differences were also found depending on the frequency of DV perpetration (for antisocial behaviour, $H = 14.80$, $p < 0.01$, $r = 0.23$; and for criminal behaviour, $H = 17.70$, $p < 0.01$, $r = 0.26$) but not as a function of the frequency of victimization. The results showed that, at higher levels of antisocial and criminal behaviours, the frequency of DV perpetration was higher.

Regarding the Sexism scale, Table 3 shows the significant differences in hostile sexism as a function of the frequency of DV perpetration, with intermediate and small effect sizes in its three subscales: Protective Paternalism ($H = 15.10$, $p < 0.01$, $r = 0.24$), Complementary Gender Differentiation ($H = 9.90$, $p < 0.05$, $r = 0.19$) and Heterosexual Intimacy ($H = 8.20$, $p < 0.05$, $r = 0.17$). Adolescents who reported occasional DV perpetration scored the highest in total Hostile Sexism, Complementary Gender Differentiation and Heterosexual Intimacy, and those who reported frequent DV perpetration scored the highest in Hostile Protective Paternalism. In the case of victimization, the subscales of Hostile Sexism Protective Paternalism and Complementary Gender Differentiation showed significant differences. With regard to Benevolent Sexism, the Protective Paternalism ($H = 7.10$, $p < 0.05$, $r = 0.16$) and the Gender Differentiation subscales ($H = 14.80$, $p < 0.01$, $r = 0.23$) showed statistically significant differences as a function of the frequency of DV perpetration, particularly between the groups responding *none* and *frequent*. In terms of victimization, statistically significant differences were found depending on the frequency of victimization in the levels of hostile paternalistic sexism ($H = 10.70$, $p < 0.05$, $r = 0.20$) and hostile gender differentiation sexism ($H = 7.60$, $p < 0.05$, $r = 0.17$), with small effect sizes. Thus, the subjects who reported frequent victimization obtained the highest levels of sexism.

3.3 | Predictor factors for DV perpetration and victimization in adolescents in residential care

The multinomial logistic model of DV perpetration (Model 1, Table 4) shows the probability ratios of the predictors of the frequency of DV perpetration. Thus, being of the age group of 15 to 17 ($OR = 15.04$,

TABLE 1 Statistically significant differences in the frequency of perpetration and victimization of DV as a function of personal adjustment

		Personal adjustment			
		Interpersonal relationships	Relationships with parents	Self-esteem	Self-confidence
DV perpetration					
None	Mdn (IIC)	13 (11–15) a, c	6 (4–8) a, b	7 (3–8) a, c	6 (5–7) a, c
Occasional	Mdn (IIC)	14 (11–15)	6 (3–8) b, c	7 (5–8)	6 (5–7)
Frequent	Mdn (IIC)	13 (10–15) c, a	5 (3–7) c, a	6 (5–8) c, a	6 (5–7) c, a
<i>H</i>		8.60[*]	31.85^{**}	6.65[*]	7.40[*]
<i>r</i>		0.18	0.34	0.16	0.17
DV victimization					
None	Mdn (IIC)	13 (11–15)	6 (3–8)	7 (5–8)	6 (5–7)
Occasional	Mdn (IIC)	14 (11–15) b, c	7 (4–8) b, c	7 (5–8) b, c	6.5 (5–7)
Frequent	Mdn (IIC)	13 (9–15) c, b	4 (2.75–7) c, b	6 (3–7) c, b	6 (5–7)
<i>H</i>		4.39	33.34^{**}	9.02[*]	1.13
<i>r</i>		0.13	0.35	0.18	0.06

Note: *r* = effect size; post hoc a, b and c. The bold is for statistical significant results.

Abbreviation: DV, dating violence.

^{*} $p < 0.05$.

^{**} $p < 0.01$.

TABLE 2 Statistically significant differences in the frequency of perpetration and victimization of violence as a function of antisocial and criminal behaviours

		Antisocial behaviour	Criminal behaviour	Antisocial and criminal behaviour
DV perpetration				
None	Mdn (IIC)	30 (24–34) a, c	22 (20–25) a, c	52 (45–57) a, c
Occasional	Mdn (IIC)	34 (29–37) b, c	24 (22–27.8) b, c	58 (51.3–63.8) b, c
Frequent	Mdn (IIC)	36 (32–39) c, a, b	26 (23–31) c, a, b	62.5 (57–70) c, a, b
<i>H</i>		14.80**	17.70**	18.30*
<i>r</i>		0.23	0.26	0.26
DV victimization				
None	Mdn (IIC)	30 (26–37)	22 (20–26)	52 (47–62)
Occasional	Mdn (IIC)	34 (29–38)	24 (22–28.3)	58 (51–65)
Frequent	Mdn (IIC)	34 (30.8–38.3)	25.5 (22.8–30)	60 (54–66)
<i>H</i>		0.949	0.259	0.346
<i>r</i>		0.06	0.03	0.04

Note: *r* = effect size; post hoc a, b and c. The bold is for statistical significant results.

Abbreviation, DV, dating violence.

**p* < 0.05.

***p* < 0.01.

95% CI [4.27, 52.91]), showing paternalistic sexist attitudes (OR = 1.21, 95% CI [1.04, 1.41]) and antisocial behaviours (OR = 1.17, 95% CI [1.06, 1.30]) would increase the likelihood of perpetrating DV frequently. The predictor variables of occasional DV perpetration are the same variables but the odd ratios are lower.

As for the predictor model of victimization (Model 2, Table 5), being female (OR = 8.02, 95% CI [2.66, 24.20]), of the age group of 12 to 14 years (OR = 11.76, 95% CI [3.99, 24.65]), and having hostile sexist paternalistic attitudes (OR = 1.21, 95% CI [1.07, 1.38]) increased the likelihood of frequent victimization of DV. Conversely, with self-esteem, increasing by one unit reduced the likelihood of suffering frequent DV by 0.84 (95% CI [0.75, 0.94]). In the case of occasional victimization, the predictor variables coincided with those observed in frequent victimization, with the exception of self-esteem, which was not a significant variable for this model.

4 | DISCUSSION

As already indicated in other works, DV is a public health problem with important social, physical and psychological implications (Park & Kim, 2018). This study of the frequency of perpetration and victimization of DV is one of the few studies conducted with samples of adolescents in residential care programmes at the national and international levels. In addition to analysing the types of violence and victimization, this study has analysed how often violence is perpetrated and experienced in dating relationships. The frequency of violence and victimization has not been extensively analysed in the general population.

In a study with youth aged 20–24 years formerly in the child protection system, more than 20% reported having perpetrated or experienced DV in the year before sample collection (Katz et al., 2017), a percentage of perpetration and victimization significantly lower than that of our study. Concerning victimization, our study also showed a higher prevalence of victimization than that found in other studies with normative samples (Vagi et al., 2015).

Regarding the types of perpetration and victimization, comparisons cannot be made with other previous studies (Arias et al., 2010; Fernández-Fuertes & Fuertes, 2010; Leal et al., 2011; Muñoz-Rivas et al., 2007; Rivera-Rivera et al., 2007; Théorêt et al., 2021), as none of them measure the frequency of the types of violence. However, all the types of violence (perpetrated or suffered) are occasionally reported. This may be because some violent behaviours are normalized. In addition, identifying some types of intimate partner violence can be complex, as many people tend to think that these partner's more controlling behaviours are a form of protection and a sign of love.

Previous studies with residential care samples and general population found no differences between these two groups (Jonson-Reid & Bivens, 1999). The frequency of perpetration of DV has only been contrasted in previous studies with general population, with the results of our study showing a higher prevalence of DV frequency (occasional and frequent) (Cava et al., 2015). The fact that there are higher levels of perpetration and victimization of DV in adolescents in residential care compared with normative-sample adolescents could be linked to what other authors have already indicated, in the sense that the residential care collective has important risk factors that may make them more likely to perpetrate or suffer DV (Auslander et al., 2002; Bravo & Del Valle, 2009; Cortés et al., 2012; Raghavan &

TABLE 3 Statistically significant differences in the frequency of perpetration and victimization of DV as a function of sexism

		HS Protective Paternalism	HS Complementary Gender Differentiation	HS Heterosexual Intimacy	BS Protective Paternalism
DV perpetration	None (Mdn, IIC)	4 (4–8) a, c	9 (6–11) a	7 (3–9) a, c	9 (5–15) a, c
	Occasional (Mdn, IIC)	6 (4–10) b, c	10 (8–12)	9 (6–12)	13 (8–17)
	Frequent (Mdn, IIC)	8.5 (6–12) c, a, b	8.5 (6–12) a	8.5 (6–12) c, a	8.5 (6–12) c, a
	<i>H</i>	15.10**	9.90*	8.20*	7.10*
	<i>r</i>	0.24	0.19	0.17	0.16
DV victimization	None (Mdn, IIC)	6 (4–8) a, c	9 (7–12)	9 (6–13)	12 (6–15)
	Occasional (Mdn, IIC)	6 (4–10) b, c	10 (8–12) b, c	9 (6–12)	13 (8–18)
	Frequent (Mdn, IIC)	8.5 (6–11) c, a, b	12 (9–14) c, b	9.5 (6–12)	14 (9.75–19)
	<i>H</i>	10.70*	7.60*	0.309	4.80
	<i>r</i>	0.20	0.17	0.03	0.13

Note: *r* = effect size; post hoc a, b and c. The bold is for statistical significant results.

Abbreviations: BS, benevolent sexism; DV, dating violence; HS, hostile sexism.

**p* < 0.05.

***p* < 0.01.

TABLE 3 (Continued)

	BS Complementary Gender Differentiation	BS Heterosexual Intimacy	HS Total	BS Total	Total Sexism
DV perpetration	6 (4–11) a, c	8 (3–12)	20 (15–28) a, b	24 (16–31) a, b	44 (31–58) a, b
	9 (5–12)	9 (5–11)	27 (21–33) b, c, a	30 (22–39) b, c, a	57 (44–72) b, a
	8.5 (6–12) c, a	8.5 (6–12)	8.5 (6–12) c, b, a	8.5 (6–12) c, b, a	8.5 (6–12) c, a
	7.60*	1.70	16.80**	8.30*	13.50**
	0.17	0.08	0.25	0.18	0.22
DV victimization	9 (4–11)	8 (3–11)	25 (19–32)	27 (17–35)	52 (42–66)
	9 (5–13)	9 (5–12)	27 (20–33.3)	30 (21–41)	57.5 (43–74)
	10 (7–13)	8 (5–10)	30 (25–35)	30.5 (25–41)	61.5 (48–76.3)
	2.20	1.90	6.90	2.90	5.20
	0.09	0.08	0.16	0.10	0.14

Note: *r* = effect size; post hoc a, b and c. The bold is for statistical significant results.

Abbreviations: BS, benevolent sexism; DV, dating violence; HS, hostile sexism.

**p* < 0.05.

***p* < 0.01.

TABLE 4 Predictor variables of the frequency of DV perpetration

	Model 1. Total DV perpetration		
	None (n = 23)	Occasional (n = 171) OR (95% CI)	Frequent (n = 76) OR (95% CI)
Age			
12–14 years	Ref	Ref	Ref
15–17 years	Ref	8.07 [2.58, 25.24]**	15.04 [4.27, 52.91]**
ISA_A—hostile paternalism	Ref	1.13 [1.03, 1.31]**	1.21 [1.04, 1.41]*
A_D—antisocial behaviours	Ref	1.10 [1.04, 1.20]**	1.17 [1.06, 1.30]**

Note: Ref = reference category; Nagelkerke = 0.21; $-2LL = 410.13$. $\chi^2(6) = 52.06$. The bold is for statistical significant results.

Abbreviation: DV, dating violence.

* $p < 0.05$.

** $p < 0.01$.

TABLE 5 Predictor variables of the frequency of DV victimization

	Model 2. Total victimization		
	None (31%) (n = 123)	Occasional (n = 165) OR (95% CI)	Frequent (n = 74) OR (95% CI)
Sex			
Girl	Ref	3.70 [1.37, 9.93]**	8.02 [2.66, 24.20]**
Boy	Ref	Ref	Ref
Age			
12–14 years	Ref	4.25 [1.74, 10.35]**	11.76 [3.99, 24.65]**
15–17 years	Ref	Ref	Ref
ISA_A—hostile paternalism	Ref	1.12 [1.00, 1.03]*	1.21 [1.07, 1.38]**
BASC_SE_Self-esteem	Ref	1.01 [1.00, 1.02]	0.84 [0.75, 0.94]**

Note: Ref = reference category; Nagelkerke = 0.27; $-2LL = 418.00$. $\chi^2(10) = 70.27$. The bold is for statistical significant results.

Abbreviation: DV, dating violence.

* $p < 0.05$. ** $p < 0.01$.

McMillen, 2008; Zlotnick et al., 2012), being a high-risk group with multiple types of victimization (Finkelhor et al., 2007; Finkelhor et al., 2015).

When analysing gender differences, our study does not provide statistically significant associations between sex and general perpetration of DV. These results match those already indicated in other studies with the general population (Arias et al., 2010; Fernández-Fuertes & Fuertes, 2010; Giordano et al., 2010; Leal et al., 2011; Viejo et al., 2016). However, taking into account the types of violence, relational violence did show significant associations according to sex, in favour of boys. In the study of Fernández-Fuertes et al. (2015) with a sample from educational centres in Costa Rica, boys also reported a slightly higher frequency than girls, but the authors pointed out that relational violence tends to be the least frequent among adolescents. This type of violence should be studied in more detail as it causes greater harm and is more frequent than overt violence, and its detection is very complex (Moreno et al., 2009).

In the case of victimization, the results show significant differences in victimization favouring girls. This result is in line with previous studies with samples of adolescents under guardianship, in which greater victimization was observed in girls (Jonson-Reid &

Bivens, 1999; Wekerle et al., 2009). In the case of the types of victimization, girls suffer more relational and verbal–emotional victimization. Verbal–emotional victimization has been studied in numerous research studies but recent studies continue to report that more than 50% of girls continue to experience this type of violence in their dating relationships (Théorêt et al., 2021). The same is observed at the residential level, with girls suffering higher rates of psychological violence than boys (Manseau et al., 2008). The significant association between sex and victimization (in favour of girls) may be due to the fact that females become more identified with the role of victims in our society, or perhaps they have less difficulty reporting it, compared with males (White, 2009). Based on feminist theories (Martin, 2006), it could be argued that stereotypes and gender roles are relevant factors, as they reflect the patriarchal model of male aggressor and female victim. However, the interpretation of the data provided must take into account multiple macro-exo-microsystemic factors, as well as ontogenic factors (Dutton, 1994). Either way, it is clear that sex is a relevant factor to consider when exploring DV.

In terms of age, the results of this study indicate that adolescents between the ages of 15 and 17 perpetrate more DV and are more victimized than younger adolescents. This result does not coincide with

previous studies of normative samples, as DV was observed to be more common at younger ages (Fritz & O'Leary, 2004; Pacheco et al., 2017; Smith et al., 2003). But it does coincide with other studies such as that of González-Ortega et al. (2008) and Foshee et al. (2009), which indicated that older adolescents showed higher percentages of DV than younger adolescents. Another three-phase longitudinal study found that Mooreage was a specific predictor of increased victimization (Calvete et al., 2018). It could be concluded that, at older ages, adolescents are more exposed to new relationships, so the likelihood of their becoming involved in conflictive relationships increases. However, the fact that higher rates of victimization and perpetration of DV occur with increasing age should be interpreted with moderation, as in the studies by Pacheco et al. (2017) and Foshee et al. (2009), the increase in violence occurred up to the age of 16–17 years and declined after that age.

Therefore, the hypothesis related to the first objective is partially confirmed, as, in the case of sex, there were no statistically significant associations when total DV was considered, but the associations were significant when the frequency of perpetration in relational violence was taken into account. In the case of age, older adolescents reported higher rates of occasional and frequent DV. They also showed higher rates of perpetration of relational and verbal–emotional violence and of all types of victimization (relational, verbal–emotional and physical). As already pointed out in other studies, verbal–emotional violence is one of the most reported and suffered (Cornelius & Resseguie, 2007; Muñoz-Rivas et al., 2017; Wolfe et al., 2004), followed by physical violence (Wincentak et al., 2017).

As for the second objective, the results provide an overview of the seriousness of the phenomenon and allow identifying the characteristics of individuals who use such violence or suffer it occasionally or frequently. The results are consistent with our expectations, in the sense that adolescents who use violence or are victims of DV have worse personal adjustment. In general, they show worse relationships with their peers and parents, lower self-esteem and less self-confidence, which could make them more vulnerable to engaging in inappropriate relationships with their partners. In addition, antisocial behaviours and sexist attitudes are more closely associated with DV. These results partially coincide with those found in general adolescent population samples, which showed that frequent violence could be related to greater difficulties in psychosocial adjustment (Cava et al., 2015). Despite being unable to compare with a sample of adolescents in residential care or with DV frequency, other studies have indicated the close relationship of perpetration and victimization with anxiety and depression (Exner-Cortens et al., 2013; Foshee et al., 2011; Haynie et al., 2013; Holt & Espelage, 2005). On another hand, the importance of parental relationships has been extensively studied, concluding that family problems are a risk factor in DV perpetration (Park & Kim, 2018). Also, the importance of peer relationships at this age is well known, and the results of this study support the importance of interpersonal relationships as a significant factor in personal adjustment and its inverse relationship with the perpetration of violence. In this sense, Arriaga and Foshee (2004) indicated that the influence of peers who perpetrate violence against their partners may

be a facilitating variable in the perpetration of DV. Previous studies also found that DV had an association with antisocial behaviours (Garthe et al., 2017).

Finally, the hypothesis that sex, age, sexism, antisocial and criminal behaviours and personal adjustment would be predictors of frequent DV is partially confirmed, as not all the proposed variables have proven to be predictors of the frequency of perpetration or victimization of DV. Some of the predictors, specifically hostile sexism, appeared as a predictor in previous studies with normative samples, which noted that sexism is related to intimate partner violence (Capaldi et al., 2012; León-Ramírez & Ferrando, 2014; Rojas-Solis & Carpintero, 2011). Other studies with normative samples also showed differences depending on the type of sexist belief (hostile or benevolent) (Allen et al., 2009). Specifically, Sjödin et al. (2017), with a sample of young people who were violent in their romantic relationships, pointed out that DV is based on violent antisocial behaviour and that these adolescents do not belong to a specific type of delinquents. Furthermore, low self-esteem has been found to be a predictor of frequent victimization. The relationship of self-esteem and DV victimization has already been corroborated in studies with normative samples (Smith et al., 2018; Van Ouytsel et al., 2017), although the cross-sectional nature of these studies makes it difficult to conclude whether low self-esteem is an outcome or a cause of victimization (Callahan et al., 2003). Both hypotheses seem plausible: experiencing DV victimization, such as threats, is related to lower self-esteem in adolescents, causing them to internalize feelings of inferiority and incompetence (Hancock et al., 2017; Smith et al., 2018), and low self-esteem may also be a risk factor for DV, as perpetrators may view individuals with low self-esteem as vulnerable or an 'easy target' (Egan & Perry, 1998).

From our research, we see the need to study and grant importance to sexist attitudes when analysing DV, because identifying the sexist attitudes that occur more frequently among adolescent perpetrators or victims of DV can help to create new male and female identities, which would prevent violent situations in dating relationships. However, the most relevant contributions of this study have been to make this particular group visible and to provide relative frequency data in DV studies, an issue that had not been analysed so far in our close environment and very poorly in international studies. Therefore, many of the results obtained in this study, which were previously tested, are a new contribution to the scientific literature. Comparison with studies carried out with a normative sample confirms the need to study and include adolescents in residential care in future research. Another relevant contribution of this study has been to specify different factors associated with the frequency of DV.

The results suggest the importance of training professionals who work with adolescents in residential care, as well as developing psycho-educational intervention programmes that promote respect for human rights and prevent violence at younger ages. It would be interesting to follow the model of partnership between educators and adolescents in residential care noted in a recent study (Moore et al., 2018). Creating such an alliance between the worker and the adolescent, in addition to ensuring that residential care is a positive and safe

experience, may help adolescents when they find themselves in an unhealthy dating relationship to communicate this to the educators in the residential care centres.

This study has some limitations. The main limitation is related to the cross-sectional design of the study, which does not allow causality conclusions to be drawn between the variables studied. The second limitation is that the data collection is based exclusively on self-reports, which entails some limitations such as social desirability, so it is recommended that multireporters be used in future research. The third limitation is the contrast with other studies, as this is a novel study due to the analysis of the frequency of DV. It was therefore not possible to contrast it with other previous studies at the national and international levels. The fourth limitation is that we did not ask about other forms of aggressive behaviour such as sexual aggression (e.g., unwanted sexual acts, touching and kissing). Finally, it does not include adolescents over 17 years of age, as it was not possible to take as a reference a range where previous studies indicate a downward trend from that age onwards.

This study has opened up future research lines related to DV. On the one hand, it would be interesting to perform a longitudinal design in the study of the frequency of DV to analyse the continuity over time of this type of violence. It would also be interesting to analyse DV in social media, considering that most adolescents use social media to communicate with their peers and partners.

ACKNOWLEDGEMENT

The study was financed by a predoctoral scholarship from the Euskal Herriko Unibertsitatea (UPV/EHU) (TRS 16/257).

ETHICS STATEMENT

The study was rated favourably by the Ethics Commission of the University of the Basque Country (UPV/EHU) (M10/2016/158).

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ORCID

María Dosil  <https://orcid.org/0000-0002-8805-9562>

Joana Jaureguizar  <https://orcid.org/0000-0001-5289-5967>

Elena Bernaras  <https://orcid.org/0000-0003-3264-4276>

REFERENCES

- Allen, C. T., Swan, S. C., & Raghavan, C. (2009). Gender symmetry, sexism, and intimate partner violence. *Journal of Interpersonal Violence, 24*(11), 1816–1834. <https://doi.org/10.1177/0886260508325496>
- Anderson, K. M., & Danis, F. S. (2007). Collegiate sororities and dating violence: An exploratory study of informal and formal helping strategies. *Violence Against Women, 13*, 87–100. <https://doi.org/10.1177/1077801206294808>
- Arias, K. P., Azbell, E., & Valencia, S. (2010). Violencia en parejas adolescentes [Violence in adolescent couples]. <http://www.tlalpan.uvmnet.edu/ooid/download/Violencia%20Parejas>, 20.
- Arriaga, X. B., & Foshee, V. A. (2004). Adolescent dating violence: Do adolescents follow in their friends' or their parents' footsteps? *Journal of Interpersonal Violence, 19*(2), 162–184. <https://doi.org/10.1177/0886260503260247>
- Auslander, W. F., McMillen, J. C., Elze, D., Thompson, R., Jonson-Reid, M., & Stiffman, A. (2002). Mental health problems and sexual abuse among adolescents in foster care: Relationship to HIV risk behaviors and intentions. *AIDS and Behavior, 6*(4), 351–359. <https://doi.org/10.1023/A:1021152813774>
- Bravo, A., & Del Valle, J. F. (2009). Crisis y revisión del acogimiento residencial. Su papel en la protección infantil [Crisis and review of residential care. Its role in child protection]. *Papeles del Psicólogo, 30*(1), 42–52.
- Callahan, M. R., Tolman, R. M., & Saunders, D. G. (2003). Adolescent dating violence victimization and psychological well-being. *Journal of Adolescent Research, 18*(6), 664–681. <https://doi.org/10.1177/0743558403254784>
- Calvete, E., Gámez-Guadix, M., Fernández-Gonzalez, L., Orue, I., & Borrajo, E. (2018). Maladaptive schemas as mediators of the relationship between previous victimizations in the family and dating violence victimization in adolescents. *Child Abuse & Neglect, 81*, 161–169. <https://doi.org/10.1016/j.chiabu.2018.04.028>
- Capaldi, D. M., Knoble, N. B., Shortt, J. W., & Kim, H. K. (2012). A systematic review of risk factors for intimate partner violence. *Partner Abuse, 3*(2), 231–280. <https://doi.org/10.1891/1946-6560.3.2.231>
- Carrascosa, L., Cava, M. J., & Buelga, S. (2016). Ajuste psicosocial en adolescentes víctimas frecuentes y víctimas ocasionales de violencia de pareja [Psychosocial adjustment in frequent and occasional adolescent victims of intimate partner violence]. *Terapia Psicológica, 34*(2), 93–102. <https://doi.org/10.4067/S0718-48082016000200002>
- Cava, M. J., Buelga, S., & Carrascosa, L. (2015). Violencia física y psicológica ejercida en parejas adolescentes: relación con el auto-concepto y la violencia entre iguales [Physical and psychological violence in adolescent couples: Relationship with self-concept and peer violence]. *Psicología Conductual, 23*(3), 429–446.
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: LEA.
- Cornelius, T. L., & Resseguie, N. (2007). Primary and secondary prevention programs for dating violence: A review of the literature. *Aggression and Violent Behavior, 12*(3), 364–375. <https://doi.org/10.1016/j.avb.2006.09.006>
- Cortaza, L., Mazadiego, T., & Ruiz, S. (2011). Prevalencia de violencia en el noviazgo en estudiantes preuniversitarias de Minatitlán, México [Prevalence of dating violence in preuniversity students of Minatitlán, Mexico]. *Revista Exploratoria, 2*(1), 13–18.
- Cortés, A., Díaz, J. A., Rivera, M., & Muñoz, A. (2012). *Salud de los niños atendidos en el sistema de protección de la infancia: una guía para profesionales sanitarios y acogedores* [Health of children under the child protection system: A guide for healthcare professionals and foster caregivers] (1st ed.). Sociedad Española de Pediatría Social. <http://www.pediatriasocial.es/Documentos/guiaSEPSacogimiento.pdf>
- Del Valle, J. F. (2003). Acogimiento residencial: ¿innovación o resignación? [Residential care: Innovation or resignation?]. *Infancia y Aprendizaje, 26*(3), 375–379.
- Dutton, D. G. (1994). Patriarchy and wife assault: The ecological fallacy. *Violence and Victims, 9*(2), 167–182. <https://doi.org/10.1891/0886-6708.9.2.167>
- Egan, S. K., & Perry, D. G. (1998). Does low self-regard invite victimization? *Developmental Psychology, 34*(2), 299–309. <https://doi.org/10.1037/0012-1649.34.2.29>
- Exner-Cortens, D., Eckenrode, J., & Rothman, E. (2013). Longitudinal associations between teen dating violence victimization and adverse health outcomes. *Pediatrics, 131*(1), 71–78. <https://doi.org/10.1542/peds.2012-1029>
- Expósito, F., Moya, M., & Glick, P. (1998). Sexismo ambivalente: medición y correlatos [Ambivalent sexism: Measurement and correlates]. *Revista de Psicología Social, 55*, 893–905.

- Fernández-Fuertes, A. A., & Fuertes, A. (2010). Physical and psychological aggression in dating relationships of Spanish adolescents: Motives and consequences. *Child Abuse & Neglect*, 34(3), 183–191. <https://doi.org/10.1016/j.chiabu.2010.01.002>
- Fernández-Fuertes, A. A., Orgaz-Baz, M. B., De Lima-Silva, M., Fallas-Vargas, M. A., & García-Martínez, J. A. (2015). Agresiones en el noviazgo: Un estudio con adolescentes de Heredia (Costa Rica) [Dating aggression: A study with adolescents from Heredia (Costa Rica)]. *Revista Electrónica Educare*, 19(3), 1–27. <https://doi.org/10.15359/ree.19-3.7>
- Ferrante, A., Clare, J., Randall, S., & Boyd, J. (2017). Police responses to child sexual abuse 2010–2014, An analysis of administrative data for the Royal Commission into Institutional Responses to Child Sexual Abuse (pp. 1–1). Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney.
- Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2007). Poly-victimization: A neglected component in child victimization. *Child Abuse & Neglect*, 31(1), 7–26. <https://doi.org/10.1016/j.chiabu.2006.06.008>
- Finkelhor, D., Turner, H. A., Shattuck, A., & Hamby, S. L. (2015). Prevalence of childhood exposure to violence, crime, and abuse: Results from the national survey of children's exposure to violence. *JAMA Pediatrics*, 169(8), 746–754. <https://doi.org/10.1001/jamapediatrics.2015.0676>
- Foshee, V. A., Benefield, T., Suchindran, C., Ennett, S. T., Bauman, K. E., Karriker-Jaffe, K. J., & Mathias, J. (2009). The development of four types of adolescent dating abuse and selected demographic correlates. *Journal of Research on Adolescence*, 19(3), 380–400. <https://doi.org/10.1111/j.1532-7795.2009.00593.x>
- Foshee, V. A., Reyes, H. L. M., Ennett, S. T., Suchindran, C., Mathias, J. P., Karriker-Jaffe, K. J., & Benefield, T. S. (2011). Risk and protective factors distinguishing profiles of adolescent peer and dating violence perpetration. *Journal of Adolescent Health*, 48(4), 344–350. <https://doi.org/10.1016/j.jadohealth.2010.07.030>
- Fritz, P. A. T., & O'Leary, K. D. (2004). Physical and psychological partner aggression across a decade: A growth curve analysis. *Violence and Victims*, 19(1), 3–16. <https://doi.org/10.1891/088667004780842886>
- Garthe, R. C., Sullivan, T. N., & McDaniel, M. A. (2017). A meta-analytic review of peer risk factors and adolescent dating violence. *Psychology of Violence*, 7(1), 45–57. <https://doi.org/10.1037/vio0000040>
- Giordano, P. C., Soto, D. A., Manning, W. D., & Longmore, M. A. (2010). The characteristics of romantic relationships associated with teen dating violence. *Social Science Research*, 39(6), 863–874. <https://doi.org/10.1016/j.ssresearch.2010.03.009>
- Glick, P., & Fiske, S. T. (1996). The ambivalent sexism inventory: Differentiating hostile and benevolent sexism. *Journal of Personality and Social Psychology*, 70(3), 491–512. <https://doi.org/10.1037/0022-3514.70.3.491>
- González, J., Fernández, S., Pérez, E., & Santamaría, P. (2004). *Sistema de Evaluación de la Conducta en Niños y Adolescentes: BASC [Child and Adolescent Behavior Assessment System: BASC (Spanish adaptation)]*. TEA.
- González-Ortega, I., Echeburúa, E., & Corral, P. D. (2008). Variables significativas en las relaciones violentas en parejas jóvenes: una revisión [Significant variables in violent dating relationships in young couples: A review]. *Psicología Conductual*, 16(2), 207–225.
- Hamby, S. (2009). The gender debate about intimate partner violence: Solutions and dead ends. *Psychological Trauma: Theory, Research, Practice, and Policy*, 1(1), 24–34.
- Hancock, K., Keasy, H., & Ellis, W. (2017). The impact of cyber dating abuse on self-esteem: The mediating role of emotional distress. *Cyberpsychology*, 11, 45–57. <https://doi.org/10.5817/CP2017-2-2>
- Haynie, D. L., Farhat, T., Brooks-Russell, A., Wang, J., Barbieri, B., & Iannotti, R. J. (2013). Dating violence perpetration and victimization among U.S. adolescents: Prevalence, patterns, and associations with health complaints and substance use. *Journal of Adolescent Health*, 53(2), 194–201. <https://doi.org/10.1016/j.jadohealth.2013.02.008>
- Hébert, M., Daspe, M. È., Lapierre, A., Godbout, N., Blais, M., Fernet, M., & Lavoie, F. (2019). A meta-analysis of risk and protective factors for dating violence victimization: The role of family and peer interpersonal context. *Trauma, Violence, & Abuse*, 20(4), 574–590. <https://doi.org/10.1177/1524838017725336>
- Holt, M. K., & Espelage, D. L. (2005). Social support as a moderator between dating violence victimization and depression/anxiety among African American and Caucasian adolescents. *School Psychology Review*, 34(3), 309–328. <https://doi.org/10.1080/02796015.2005.12086289>
- Ibabe, I., Arnosó, A., & Elgorriaga, E. (2016). Ambivalent sexism inventory: Adaptation to Basque population and sexism as a risk factor of dating violence. *The Spanish Journal of Psychology*, 19(e78), 1–9. <https://doi.org/10.1017/sjp.2016.80>
- Jonson-Reid, M., & Bivens, L. (1999). Foster youth and dating violence. *Journal of Interpersonal Violence*, 14(12), 49–62. <https://doi.org/10.1016/j.childyouth.2006.12.008>
- Katz, C. C., Courtney, M. E., & Sapiro, B. (2017). Emancipated foster youth and intimate partner violence: An exploration of risk and protective factors. *Journal of Interpersonal Violence*, 35, 5469–5499. <https://doi.org/10.1177/0886260517720735>
- Leal, F., Reinoso, L., Rojas, K., & Romero, R. (2011). Violencia en las relaciones de pareja en adolescentes escolares de Arica [Violence in student adolescent dating relationships in Arica]. *Revista Infancia y Educación*, 1(1), 18–35.
- Lemus, S. D., Castillo, M., Moya Morales, M. C., Padilla García, J. L., & Ryan, E. (2008). *Elaboración y validación del Inventario de Sexismo Ambivalente para Adolescentes [Elaboration and validation of the Ambivalent Sexism Inventory for Adolescents]*. TEA Ediciones.
- León-Ramírez, B., & Ferrando, P. J. (2014). Assessing sexism and gender violence in a sample of Catalan university students: A validity study based on the Ambivalent Sexism Inventory and the Dating Violence Questionnaire. *Anuario de Psicología/The UB Journal of Psychology*, 44(3), 327–341.
- Lewis, S. F., & Fremouw, W. (2001). Dating violence: A critical review of the literature. *Clinical Psychology Review*, 21(1), 105–127. [https://doi.org/10.1016/s0272-7358\(99\)00042-2](https://doi.org/10.1016/s0272-7358(99)00042-2)
- Magdol, L., Moffitt, T. E., Caspi, A., & Silva, P. A. (1998). Developmental antecedents of partner abuse: A prospective-longitudinal study. *Journal of Abnormal Psychology*, 107(3), 375–389. <https://doi.org/10.1037/0021-843X.107.3.375>
- Maker, A. H., Kimmelmeier, M., & Peterson, C. (1999). Parental sociopathy as a predictor of childhood sexual abuse. *Journal of Family Violence*, 14(1), 47–59. <https://doi.org/10.1023/A:1022865909922>
- Manseau, H., Fernet, M., Hébert, M., Collin-Vézina, D., & Blais, M. (2008). Risk factors for dating violence among teenage girls under child protective services. *International Journal of Social Welfare*, 17(3), 236–242. <https://doi.org/10.1111/j.1468-2397.2007.00526.x>
- Martín, A. (2006). *Antropología del género: culturas, mitos y estereotipos sexuales [Gender anthropology: cultures, myths, and sexual stereotypes]*. Cátedra.
- McLean, S., Price-Robertson, R., & Robinson, E. (2011). Therapeutic residential care in Australia: Taking stock and looking forward. National Child Protection Clearinghouse, 35. <http://www.aifs.gov.au/nch/pubs/issues/issues35/issues35.pdf>
- Moore, T., McArthur, M., Death, J., Tilbury, C., & Roche, S. (2018). Sticking with us through it all: The importance of trustworthy relationships for children and young people in residential care. *Children & Youth Services Review*, 84, 68–75.
- Moreno, D., Estévez, E., Murgui, S., & Musitu, G. (2009). Reputación social y violencia relacional en adolescentes: El rol de la soledad, la autoestima y la satisfacción vital [Social reputation and relational violence in adolescents: The role of loneliness, self-esteem and life satisfaction]. *Psicothema*, 21(4), 537–542.

- Muñoz, B., Ortega-Rivera, F., & Sánchez, V. (2013). El DaviPoP: Un programa de prevención de violencia en el cortejo y las parejas adolescentes [The DaviPoP: A prevention program for dating violence and adolescent couples]. *Apuntes de Psicología*, 31(2), 215–224.
- Muñoz-Rivas, M. J., Graña, J. L., O'Leary, K. D., & González, M. P. (2007). Aggression in adolescent dating relationships: Prevalence, justification, and health consequences. *Journal of Adolescent Health*, 40, 298–304. <https://doi.org/10.1016/j.jadohealth.2006.11.137>
- Pacheco, J., Inglés, C. J., & García, K. L. (2017). Role of age in dating violence of students from the Pontificia Bolivariana University in Bucaramanga. *Diversitas: Perspectivas en Psicología*, 13(1), 41–54.
- Park, S., & Kim, S. H. (2018). The power of family and community factors in predicting dating violence: A meta-analysis. *Aggression and Violent Behavior*, 40(1), 19–28. <https://doi.org/10.1016/j.avb.2018.03.002>
- Penado, M., & Rodicio-García, M. L. (2017). Analysis of self-concept in victims of gender-based violence among adolescents. *Suma Psicológica*, 24(2), 107–114. <https://doi.org/10.1016/j.sumpsi.2017.08.001>
- Póo, A. M., & Vizcarra, M. B. (2011). Diseño, implementación y evaluación de un programa de prevención de la violencia en el noviazgo [Design, implementation and evaluation of a dating violence prevention program]. *Terapia Psicológica*, 29(2), 213–223. <https://doi.org/10.4067/50718-48082011000200008>
- Raghavan, R., & McMillen, J. C. (2008). Use of multiple psychotropic medications among adolescents aging out of foster care. *Psychiatric Services*, 59(9), 1052–1055. <https://doi.org/10.1176/ps.2008.59.9.1052>
- Reynolds, C. R., & Kamphaus, R. W. (1992). *Behavior assessment system for children: Manual*. American Guidance Service.
- Riggs, D. S., & O'Leary, K. D. (1989). A theoretical model of courtship aggression. In M. A. Pirog-Good & J. E. Stets (Eds.), *Violence in dating relationships: Emerging social issues* (pp. 53–71). Praeger Publishers.
- Rivera-Rivera, L., Allen-Leigh, B., Rodríguez-Ortega, G., Chávez-Ayala, R., & Lazcano-Ponce, E. (2007). Prevalence and correlates of adolescent dating violence: Baseline study of a cohort of 7960 male and female Mexican public-school students. *Preventive Medicine*, 44(6), 477–484. <https://doi.org/10.1016/j.ypmed.2007.02.020>
- Roberts, T. A., & Klein, J. (2003). Intimate partner abuse and high-risk behaviour in adolescents. *Archives of Pediatrics and Adolescent Medicine*, 157, 375–380. <https://doi.org/10.1001/archpedi.157.4.375>
- Rojas-Solis, J. L., & Carpintero, E. (2011). Sexismo y agresiones físicas, sexuales y verbales emocionales, en relaciones de noviazgo de estudiantes universitarios [Sexism and emotional physical, sexual, and verbal assaults in dating relationships of college students]. *Electronic Journal of Research in Educational Psychology*, 9(5), 541–564.
- Rosenthal, R., & DiMatteo, M. R. (2002). Meta-analysis. In *Stevens' handbook of experimental psychology*. John Wiley & Sons. <https://doi.org/10.1002/0471214426.pas0410>
- Santiago, Á. A. V., Chafey, M. I. J., Carrasquillo, D. D. J., & Ramos, R. A. V. (2012). Construcción y validación del Cuestionario de Experiencias de Violencia en las Relaciones de Pareja y Familia en estudiantes universitarios [Construction and validation of the Questionnaire of Partner and Family Violence in university students]. *Universitas Psychologica*, 11(1), 207–215. <https://doi.org/10.11144/Javeriana.upsy11-1.cvce>
- Seisdedos, N. (1988). *Cuestionario de Conductas Antisociales y Delictivas*. TEA Ediciones.
- Silvern, L., Karyl, J., Waelde, L., Hodges, W. F., Starek, J., Heidt, E., & Min, K. (1995). Retrospective reports of parental partner abuse: Relationships to depression, trauma symptoms and self-esteem among college students. *Journal of Family Violence*, 10(2), 177–202. <https://doi.org/10.1007/BF02110599>
- Sjödin, A. K., Wallinius, M., Billstedt, E., Hofvander, B., & Nilsson, T. (2017). Dating violence compared to other types of violence: Similar offenders but different victims. *The European Journal of Psychology Applied to Legal Context*, 9(2), 83–91. <https://doi.org/10.1016/j.ejpal.2017.03.001>
- Smith, K., Cénat, J. M., Lapierre, A., Dion, J., Hébert, M., & Côté, K. (2018). Cyber dating violence: Prevalence and correlates among high school students from small urban areas in Quebec. *Journal of Affective Disorders*, 234, 220–223. <https://doi.org/10.1016/j.jad.2018.02.043>
- Smith, P. H., White, J. W., & Holland, L. (2003). A longitudinal perspective on dating violence among adolescent and college-age women. *American Journal of Public Health*, 93(7), 104–110. <https://doi.org/10.2105/AJPH.93.7.1104>
- Théorêt, V., Hébert, M., Fernet, M., & Blais, M. (2021). Gender-specific patterns of teen dating violence in heterosexual relationships and their associations with attachment insecurities and emotion dysregulation. *Journal of Youth and Adolescence*, 50(2), 246–259. <https://doi.org/10.1007/s10964-020-01328-5>
- Vagi, K. J., Olsen, E. O. M., Basile, K. C., & Vivolo-Kantor, A. M. (2015). Teen dating violence (physical and sexual) among US high school students: Findings from the 2013 National Youth Risk Behavior Survey. *JAMA Pediatrics*, 169(5), 474–482. <https://doi.org/10.1001/jamapediatrics.2014.3577>
- Vagi, K. J., Rothman, E. F., Latzman, N. E., Tharp, A. T., Hall, D. M., & Breiding, M. J. (2013). Beyond correlates: A review of risk and protective factors for adolescent dating violence perpetration. *Journal of Youth and Adolescence*, 42(4), 633–649. <https://doi.org/10.1007/s10964-013-9907-7>
- Van Ouytsel, J., Ponnet, K., & Walrave, M. (2017). The associations of adolescents' dating violence victimization, well-being and engagement in risk behaviors. *Journal of Adolescence*, 55, 66–71. <https://doi.org/10.1016/j.adolescence.2016.12.005>
- Viejo, C., Monks, C. P., Sanchez, V., & Ortega-Ruiz, R. (2016). Physical dating violence in Spain and the United Kingdom and the importance of relationship quality. *Journal of Interpersonal Violence*, 31(8), 1453–1475. <https://doi.org/10.1177/0886260514567963>
- Wekerle, C., Leung, E., Wall, A.-M., MacMillan, H., Boyle, M., Trocme, N., & Waechter, R. (2009). The contribution of childhood emotional abuse to teen dating violence among child protective services-involved youth. *Child Abuse & Neglect*, 33(1), 45–58.
- White, H. (2009). Theory-based impact evaluation: Principles and practice. *Journal of Development Effectiveness*, 1(3), 271–284. <https://doi.org/10.1080/19439340903114628>
- Wincentak, K., Connolly, J., & Card, N. (2017). Teen dating violence: A meta-analytic review of prevalence rates. *Psychology of Violence*, 7(2), 224–241. <https://doi.org/10.1037/a0040194>
- Wolfe, D. A., Scott, K., Wekerle, C., & Pittman, A.-L. (2001). Child maltreatment: Risk of adjustment problems and dating violence in adolescence. *Journal of the American Academy of Child & Adolescent Psychiatry*, 40(3), 282–289. <https://doi.org/10.1097/00004583-200103000-00007>
- Wolfe, D. A., Wekerle, C., Scott, K., Straatman, A. L., & Grasley, C. (2004). Predicting abuse in adolescent dating relationships over 1 year: The role of child maltreatment and trauma. *Journal of Abnormal Psychology*, 113(3), 406–415. <https://doi.org/10.1037/0021-843X.113.3.406>
- Zlotnick, C., Tam, T. W., & Soman, L. A. (2012). Life-course outcomes on mental and physical health: The impact of foster care on adulthood. *American Journal of Public Health*, 102(3), 534–540. <https://doi.org/10.2105/AJPH.2011.300285>

How to cite this article: Dosil, M., Jaureguizar, J., & Bernaras, E. (2022). Dating violence in adolescents in residential care: Frequency and associated factors. *Child & Family Social Work*, 27(2), 311–323. <https://doi.org/10.1111/cfs.12886>