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Dating and Sexual Violence in Chilean Youth:
Lessons from a 2005 Survey of University Students

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ABSTRACT

Dating violence and sexual violence in adolescents and young adults have received little attention in Chile, and at present there are no systematized programs in colleges in the country to prevent or respond to these forms of violence. The 2005 Survey of Student Well-Being, addressed to students enrolled in General Education courses at a public university in Santiago, was stimulated by a desire to mobilize public health research and practice in Chile and other Latin-American countries, similar to that which helped transform the U.S. landscape in the early 1980s (Makepeace 1981; Koss & Oros 1982). This paper discusses lessons learned from several analyses of these data (n= 484 women, 466 men). It describes the main findings and their implications from public health and economic perspectives, with emphasis on violence reported by the female students. It also discusses major gaps in the international literature on dating violence and sexual violence in youth, and directions for further research.

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A. Introduction

Violence against women has come to be widely recognized as a violation of human rights, a public health concern, and an obstacle to economic development. In 2000, the United Nations General Assembly resolved to “combat all forms of violence against women” and included “the promotion of gender equality and empowerment of women” among the Millennium Development Goals (Ellsberg, 2006; World Health Organization (WHO), 2005a). The WHO has provided comparable data on violence against women for ten countries representing diverse cultures and stages of economic development, with a focus on intimate partner violence (IPV) experienced by women in marital or common-law relationships (WHO 2005b); this work contributes to a growing literature that finds a high prevalence of IPV in countries around the world (Perilla et al., 2011; WHO, 2010). Further impetus for research in this area has come from evidence that IPV can play a major role in the transmission of HIV and other sexually transmitted infections (STI) (Guedes, 2004).

Numerous studies have documented other adverse consequences of IPV, including impacts on physical, mental and reproductive health (Campbell, 2002; Ellsberg, Jansen, Watts, & García Moreno, 2008), and related direct costs of medical, social and judicial services to assault survivors (National Center for Injury Prevention and Control, 2003). Other research has examined indirect economic costs in the form of negative labor market outcomes (e.g., absenteeism, decreased productivity and earnings) and the barriers that violence against women may pose to their achievement and maintenance of economic self-sufficiency (Max et al., 2004; Morrison & Orlando, 1999; Yodanis, Godenzi & Stanko, 2000). Prevention and response initiatives have been developed in many countries, but few programs have been rigorously evaluated (Morrison, Ellsberg & Bott, 2007; WHO, 2010).

Until the 1980s, little research and practice attention was paid around the world to violence earlier in the life course - in particular, sexual violence (SV) and dating violence (DV) against adolescent girls and young adult women. The WHO (2002, p. 149) has defined SV as “any sexual act, attempt to obtain a sexual act, unwanted sexual comments

or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work." Operational definitions of SV have varied widely across studies (Post, Biroscak, & Barboza, 2011). Perpetrated by a casual date or more committed partner, DV is an early form of IPV. It has been defined as capturing "three forms of violent behavior that may occur in dating relationships: emotional/psychological, physical, and sexual aggression" (Teten et al., 2009). The measures used to operationalize DV have also been far from uniform (Lewis & Fremouw, 2001; Vézina & Hébert, 2007).

Research and practice regarding DV in the U. S. began to emerge with a pioneering quantitative study of DV on a college campus (Makepeace, 1981). This study led to a critical mass of further studies and the resultant recognition of DV in U. S. youth as an issue of public health importance, which in turn led to the development and evaluation of programs aimed at DV prevention. A parallel first quantitative study of SV on a college campus (Koss & Oros, 1982) led to a similar trajectory, and in 1994, colleges receiving federal funds were mandated to provide SV prevention programs (NASPA, 1994). Research conducted with samples of adolescent and young adult women in the U.S. and other industrialized countries over the past three decades shows that a wide range of health risk behaviors and adverse physical, sexual and mental health outcomes are associated with both DV (Fletcher 2010; Silverman et al., 2001; Teten et al., 2009) and SV (Gidycz et al., 2008; Rickert et al., 2003); early, unwanted pregnancies and an elevated risk of revictimization represent other major costs of SV in young women (Martin, Macy, & Young, 2011; Ullman & Najdowski, 2011). Reductions of DV and SV in youth were included in the Healthy People 2010 goals for the U. S. (U. S. Department of Health and Human Services, 2000).

To date, few studies on DV and SV have been conducted with adolescents and young adults in less-developed economies. The available evidence - gathered in countries at various stages of the development process, in a range of populations and contexts - indicates variable, generally high prevalences of DV (Philpart et al., 2009; Straus 2004; Swart et al., 2002) and SV (Hines, 2007; Jejeebhoy, Shah, & Thapa, 2005; Mirsky, 2003). However, prevention and response programs have received little priority. The case

of Chile, among the more advanced economies in Latin America, is no exception - social discourse and public health research and practice regarding DV and SV in youth in Chile are notably limited.

Administered to students enrolled in General Education courses at a large public university in Santiago, the 2005 Survey of Student Well-Being (SSWB) was developed with a desire to address this gap and mobilize research and relevant practice in Chile and other Latin-American countries - along similar lines to efforts which helped transform the U.S. landscape in the 1980s. This was the first quantitative examination of SV and DV in college youth in Chile. The focus of the questionnaire was on experience since age 14 of SV victimization and DV victimization involving physical aggression (henceforth in this paper, DV refers to *physical DV*). Items on the participants' economic and demographic background were also included, along with two dimensions of violence in the childhood environment: unwanted sexual experiences and witnessing domestic violence before age 14. Reflecting an 81% response rate, the sample included 484 women and 466 men.

Six articles based on these data have reported findings on various aspects of DV and SV. Two studies present descriptive statistics on prevalence and contexts of DV and SV, making comparisons between men and women (Lehrer, Lehrer, & Oyarzún, 2009; Lehrer, Lehrer, & Zhao, 2009). Other studies with the female sample present multivariate analyses of risk factors for DV and SV (Lehrer et al., 2007; Lehrer, Lehrer, & Zhao, 2010), and an examination of the role of religion in DV at the individual and societal levels (Lehrer, Lehrer, & Krauss, 2009). The most recent study examines prevalence, contexts, and risk factors for SV in men (Lehrer, Lehrer, & Koss 2012).

The purpose of the present paper is to synthesize the results described in these articles and draw out lessons learned in the Chilean context that may also be useful for other Latin-American countries. Section B provides a brief overview of the main findings and their implications, with emphasis on violence reported by female students. Section C outlines major gaps in the international literature on DV and SV in youth populations, and directions for future research.

B. Main Findings and Implications

Prevalence of DV and SV since age 14

A primary finding is that the prevalences of DV and SV in this sample of urban college women are high, indicating a need to collect further data on these topics with representative youth samples in college contexts in Chile, other urban and rural contexts in Chile, and other Latin-American countries where data are similarly limited. Specifically, 21% of female SSWB participants reported at least one incident of DV with no physical injury since age 14, and another 5% reported at least one incident with injury. Approximately 31% reported at least one incident of SV in this time period; the most serious forms experienced were forced sex and attempted forced sex (henceforth, “attempts”), respectively, for 9% and 6% of female participants. There was a substantial prevalence of joint experience of DV and SV (not necessarily by the same aggressor or in the same incident): among women who reported forced sex or attempts, 49% also reported DV. These findings lend support to recent U.S. research that calls for more joint examination of physical and sexual aggression in empirical and conceptual analyses (Koss, White, & Kazdin, 2011; Smith, White, & Holland, 2003; White et al., 2008; White, Koss, & Kazdin, 2011), and have implications for the development of DV/SV and HIV/STI prevention programs.

Risk factors for DV and SV since age 14

Approximately 21% of female participants reported some form of unwanted sexual experience before age 14, and this factor was a strong predictor of subsequent SV (AOR = 5.09, 95% CI 3.20-8.09) and DV (AOR = 1.89, 95% CI 1.14-3.12). There was also some evidence that witnessing domestic violence in childhood, reported by slightly over one third of female participants, increases vulnerability to subsequent DV and SV. The above results are consistent with those of numerous studies (conducted with youths in the U. S. and other industrialized countries), which show that various forms of experience with violence in the childhood environment are risk factors for subsequent DV and SV victimization (Arriaga & Foshee, 2004; Maniglio, 2009; Vézina & Hebert, 2007). These findings have led to calls for prioritizing prevention programs that target young age groups (WHO, 2010).

In contrast, current understanding of the role of low socio-economic status (SES) as a risk factor for DV and SV during young adulthood is limited. Various SES measures have been utilized in earlier research, with mixed findings - reflecting differences in these measures, as well as in the study samples, methodology, and the set of other variables included in the models (Spriggs et al., 2009; Vézina & Hébert, 2007). In sequential multivariate analyses of risk factors for DV with the SSWB data, the coefficient on the low SES variable decreased in magnitude and lost significance after variables for witnessing domestic violence and unwanted sexual experiences before age 14 were added; the same was true in parallel analyses for SV. These findings suggest that youths raised in low-SES households may be at higher risk of going on to experience subsequent SV and DV because they disproportionately grow up in violent childhood environments which affect their socio-developmental trajectory; this hypothesis warrants attention in future research.

Being raised in an urban area, having a mother who did not work in the labor market, and having initiated voluntary sexual activity were also associated with an increased likelihood of DV. In addition, there was some evidence that living outside the parental home during the college years was associated with heightened risk of SV and DV, suggesting that it may be helpful to include content on safe independent living in risk reduction programs for college students in Chile.

The findings described above, parallel to those in the literature for the U. S. and other developed countries, identify characteristics and experiences of adolescent girls and young adult women that are linked with increased vulnerability; such factors of course do not cause men's perpetration of violence against women. Further research is needed to expand our understanding of the mechanisms behind these associations (Foshee et al., 2004; Ullman & Najdowski, 2011). In the meantime, information on factors associated with heightened vulnerability can help inform pragmatic risk-reduction efforts.

Incident since age 14 considered most severe by respondent: contexts and disclosure

Approximately 79% of female participants who reported DV since age 14 identified a steady dating partner as the perpetrator in the most severe incident, consistent with U. S. evidence of a higher prevalence of partner violence in more committed

relationships (Luthra & Gidycz, 2006). The perpetrator of the most severe SV incident was identified as an acquaintance/friend or casual date/dating partner by 37% and 40%, respectively, of participants who reported SV - consistent with U. S. findings that the assailant in sexual assault is most frequently someone known to the victim (Black et al., 2011). Yet at present there are no commonly-used terms in Chilean parlance for “acquaintance rape” or “date rape.” In light of the well-understood importance of language to reflect social realities and help people interpret their experience (Searle, 1995), these findings suggest that it would be beneficial for the Chilean public health community to create/adopt such terms in Spanish (e.g., “violación por conocido,” “violación en cita”).

One fourth of women who indicated SV told no one about the most severe incident. Among those who told someone, 84% told a friend, 14% told a health professional, and 2% reported the incident to the police (among other nonexclusive options). In the cases of police non-report by participants who indicated experience of forced sex or attempts, the most commonly-stated reasons were a belief that what happened was not sufficiently serious or a crime (35%), and not being sure that the perpetrator had meant to harm them (27%). One third of female participants who indicated DV told no one about the most severe incident. Among those who told someone, 85% told a friend, 8% told a health professional, and no one notified the police. Overall, these findings indicate a need to educate young people about basic human rights in the context of romantic relationships and sexual interactions, and protections provided by the law. The findings also underscore the importance of bystander education programs which aim to teach participants how to identify friends who may be at risk, and how to intervene, provide support, and find additional support and resources when needed (Casey & Lindhorst, 2009; Gidycz et al., 2011).

In 57% of the cases of most severe SV reported by the female participants, the victim and/or perpetrator had consumed alcohol or other drugs, and 55% of incidents of forced sex occurred when the victim had consumed alcohol or other drugs and was unable to stop what was happening - consistent with U.S. findings that substance use is commonly part of the context in which SV against young women takes place (Abbey et al., 2004; Vézina & Hébert, 2007). Related research has emphasized the importance of

integrating substance use prevention content into SV prevention programs (aimed at potential aggressors) and interventions to reduce risk (aimed at potential victims) (Brecklin & Ullman, 2010; Ullman, 2003).

Religious, socio-economic and legal landscape

Based on individual-level data, a large U. S. literature shows that participation in religious activities is generally associated with beneficial outcomes in a wide range of health and socioeconomic domains (Waite & Lehrer, 2003). Seemingly contrary to these findings, policy research on the role of religion at the societal level in Chile suggests that the Catholic Church has been an adverse force with regard to various aspects of women's well-being (Blofield, 2001; Blofield & Haas, 2005). SSWB analyses found that while low and moderate levels of religious participation at age 14 are associated with decreased odds of DV since age 14 among adolescent girls and young women (as compared to no participation), the protective effects disappear at high levels of participation and the influence may even become adverse. This non-linearity helps explain the puzzle, because at the macro level, the religious views that have shaped the legal and social environment in Chile have been extreme. For example, the Catholic Church has hindered efforts to address the sexual and reproductive needs of youths, was able to block legalization of divorce until 2004, and to date has kept abortion illegal including in cases of rape or when the mother's health is endangered (Casas, 2004; Committee on Economic, Social, and Cultural Rights, 2004; Haas, 1999). At the individual level, conservative theological concepts in many religions have the potential to be taken to an extreme and misinterpreted to condone or tolerate violence (Levitt & Ware, 2006; Nason-Clark, 2004); young women growing up in religiously conservative households may thus be more vulnerable to DV as well as SV.

Several other aspects of the conservative social environment in Chile provide fertile ground for violence against adolescent girls and women, including widespread cultural norms supporting machismo and marianismo, permissive attitudes regarding violence against women, and individual-level adherence to traditional gender roles (Ceballos et al., 2004; Cianelli, Ferrer, & McElmurry, 2008; McWhirter, 1999; SERNAM, 2002).¹ Among both female and male SSWB participants, substantial minorities (with a

greater proportion among the men) adhered to female rape myths - false and prejudicial beliefs regarding SV against women. Rape myth acceptance among men has been found to be associated with an increased likelihood of perpetration of SV (Chiroro et al., 2004; Craig, 1990). In addition to the aforementioned laws regarding divorce and abortion, the legal landscape in Chile has reflected and reinforced the economic and social forces described above; the first law against workplace sexual harassment was passed in 2005, and the first law mandating equal pay for women and men who perform equal work was passed in 2009.

In international comparisons, Chile ranks as 48th among 134 countries on the overall Gender Empowerment Index, reflecting the relative status of women in the areas of health, education and participation in government (Hausmann, Tyson, & Zahidi, 2010). However, the country ranks in the 108th place in the sub-index of economic opportunity, in part because of a wide male/female wage gap and an unusually low rate of female labor force participation. To our knowledge, the extent to which economic inequality between men and women fosters an environment that increases the vulnerability of adolescent girls to DV and SV has not been studied and merits attention in future investigations.

C. Gaps in the International Literature and Directions for Future Research

DV as a precursor to more severe IPV

Most IPV against women in cohabiting and marital unions occurs behind closed doors and is “hidden” - unreported, and unknown to others except in more extreme cases (WHO, 2010). Such cases are unfortunately not rare in Chile, where approximately one woman is killed by an intimate partner per week (Donoso, 2007). In the case of violence between dating partners, evidence from the U. S. shows that although incidents may take place with frequency - one dimension of seriousness - most do not result in physical injury (Follingstad et al., 1999). Thus DV tends to be even less visible than partner violence in cohabiting/married couples, likely accounting in part for the lack of attention DV has received in Chile and other Latin American countries.

Yet as noted earlier in Section A, there is ample evidence that DV is a critical issue in its own right - for the harm it causes in the present. Moreover, it can lead to the

establishment of violent patterns of interaction and conflict resolution, and difficult-to-break trajectories of adverse long-term consequences. The hypothesis that DV may be a precursor to more severe IPV in the subsequent context of marriage was first advanced in Makepeace's (1981) pioneering investigation. Early studies with small samples provided some evidence suggestive of continuity of DV perpetration (Roscoe & Benaske, 1985) and victimization (O'Leary et al., 1989) into marital relationships. More recently, analyses based on a longitudinal survey addressed to students at the University of North Carolina at Greensboro found that young women who experienced physical DV victimization in adolescence were at higher risk of physical victimization in college (Smith, White, & Holland, 2003). Another study based on the National Longitudinal Study of Adolescent Health found that among both women and men, physical DV victimization in adolescence was associated with higher odds of IPV victimization and perpetration in young adulthood (Manchikanti Gómez, 2011). Further research efforts with these data would be desirable; the information they contain on siblings raised in the same household can help examine causal effects of DV on subsequent IPV.

Given the high prevalences of DV in less developed countries found in the small international literature on this subject, including analyses of the 2005 survey, the dearth of studies regarding DV- IPV continuity is an important gap. If further research confirms that DV increases risk for and severity of IPV in the context of cohabiting and marital unions, the need for augmenting public health attention to DV in Chile and other Latin-American countries will be seen more clearly.

Effects of DV and SV in female youth on educational outcomes

Numerous studies in the U. S. have examined associations between childhood sexual abuse and adverse educational outcomes (Oddone, Paolucci & Genuis, 2001; Rees & Sabia, 2011). Far less research has examined potential impacts of DV and SV during adolescence and young adulthood on educational outcomes. A notable exception is a longitudinal analysis of data from a national sample of U. S. adolescents which found that past-year victimization (including sexual assault and other forms of interpersonal violence) was associated with adverse educational outcomes and lower socio-economic attainment in early adulthood (Macmillan & Hagan, 2004). As the authors acknowledge,

the estimated associations may have been driven in part by unobserved factors; this is another area where representative, longitudinal data sets with information on siblings hold promise for moving beyond correlation analyses and advancing knowledge regarding the nature and magnitude of causal relationships. Promising efforts in this direction, including also estimation of propensity-score matching models, have begun (Rees & Sabia, 2011).

In less developed countries, qualitative studies have found that experience of SV in girls is associated with poorer school performance, absenteeism and school drop-out (Mirsky, 2003). But data collection efforts have been unevenly distributed. There is consistent evidence of pervasive SV against girls in Sub-Saharan Africa; a review of the literature found that SV often takes place at the educational institutions themselves, often perpetrated by educators and other students (Dunne, Humphreys, & Leach, 2006). At the same time, relatively little is known about contexts of SV and DV in youth in other parts of the world, including Latin America (Morrison, Ellsberg, & Bott, 2004). Further research to examine the prevalence of DV and SV in adolescent and young adult women, and their causal links to adverse health and educational outcomes, is warranted in Chile and other Latin-American countries. Such outcomes have implications for the future economic well-being of the young women involved and the families they go on to form, and, at the macro level, for economic growth and development.

Victimization in boys and young men

SV in adolescent girls and young women has received more public health attention than SV in their male counterparts because around the world, the overall prevalence of victimization is far greater for the former (Mirsky, 2003). Among SSWB participants, 31% of women and 20% of men reported SV since age 14; the respective percentages for the period before age 14 were 21% and 9%. Yet substantial minorities of male youths are affected. Recently, as SV in adolescent boys and young adult men has begun to receive more research attention, it has been noted that this is a highly under-reported, under-treated and misunderstood public health problem (Holmes & Slap, 1998; Peterson et al., 2011). Only 3% of the male SSWB participants who indicated experience of SV since age 14 told a health professional, and no cases of forced sex or attempts were

reported to the police. Among male respondents who indicated experience of forced sex or attempts, 56% also indicated DV victimization since age 14, and 30% reported coerced condom nonuse.

The SSWB assessed SV in men with a small set of questions (the same as those used for women), which lacked behavioral specificity as to whether a penetrative act was unwillingly performed vs. sustained by the respondent. While this limitation also affects most earlier studies (e.g., Choudhary, Coben, & Bossarte, 2010; Daigneault, Hébert, & McDuff, 2009; Elliott, Mok, & Briere, 2004; Hines, 2007), it has received little attention in the literature. In future research it would be useful to assess SV in men with a tool such as the revised SES (Koss et al., 2007); these scales contain items with behavior-specific wording that leave less room for subjective interpretation by male respondents as to what “forced sex” means.

The limited available evidence suggests that SV in boys under 19 years of age (Holmes & Slap 1998) and adult men (Choudhary et al., 2010; Elliott et al., 2004; Tewksbury, 2007) can have important sequelae for physical and mental health and sexual function; initiatives to prevent and respond to such violence are clearly essential per se. In addition, it has been hypothesized that sequelae of boys’ childhood sexual abuse and/or sexual coercion in adolescence “may contribute to the evolution from young victim to older perpetrator,” (Holmes & Slap, 1998, p. 1860) suggesting that efforts to provide support to male survivors may decrease the likelihood of their becoming perpetrators of IPV and SV. This hypothesis has received little attention in the literature; if supported, it would provide further reasons for not continuing to deny or minimize SV directed against male youths.

Thirty-eight percent of male SSWB participants reported DV since age 14, as compared to 26% of female participants - consistent with prior study findings that victimization prevalence tends to be as high or higher in young men as in young women; however, these findings must be interpreted with caution because of measurement error, and selection and social desirability biases (Lewis & Fremouw, 2001; Manchikanti Gómez, 2011; Shorey, Cornelius, & Bell, 2008). In addition, there are important differences by gender with regard to physical and emotional impacts: female victims are far more likely to experience physical injury and severe psychological consequences,

including fear and anxiety (Lewis & Fremouw, 2001; Straus, 2004). Gender differences have also been found with regard to motives and risk factors for perpetration (Smith et al., 2009; Reed et al., 2010; White, 2009). Studies that have adopted a gender-neutral framework in DV research (e.g., running regressions on pooled samples that include men and women) are thus misguided; gender norms and gender expression are critically important. Efforts to promote gender equity and healthy masculinities hold considerable promise in improving the well-being of all members of society, and deserve high priority in future public health research and practice (Canetto & Cleary, 2012; Courtenay, 2000; Jakupcak, Lisak, & Roemer, 2002; Pulerwitz & Barker, 2008).

Next Steps

From both public health and economic perspectives, the findings from the SSWB strongly indicate that SV in youth and DV warrant further attention in Chile. To our knowledge, there are presently no established programs in colleges in the country to prevent or respond to these forms of violence. A recent national “Healthy Universities” initiative, developed in collaboration with the Chilean Ministry of Health and focused on establishing guidelines for the promotion of healthy behaviors in college students, took a positive step in this regard by noting the importance of healthy interpersonal relationships and the desirability of incorporating content on conflict-resolution skills into curricula at institutions of higher education (Lange & Vio, 2006). However, the discussion in the initiative’s guidebook is limited to remarks about violence in general – the particular forms of DV and SV are not mentioned. The guidebook does address at length the issues of sexual risk behaviors and substance use – both of which are intertwined with DV and SV. But by failing to include directions towards the development of DV and SV prevention programs, the recommendations of the initiative are missing a key element.

Future studies should examine prevalence of and risk/protective factors for DV and SV perpetration and victimization, at various levels of the social ecology, in young women and men. There is a need for the development and implementation of theory-based prevention programs in colleges, secondary schools and community-based contexts, evaluation of these pilot programs, and larger scale follow-up efforts. These

recommendations apply not only to Chile, but also to other Latin-American countries where data collection and prevention/response efforts have been similarly limited.

These initiatives would of course be costly, and would compete for resources with a range of other programs aiming to promote health and economic development. Additional efforts to document the individual and societal costs associated with DV and SV in youth should thus receive high emphasis in the agenda for future investigations. As noted earlier, research to date in this area with data from industrialized countries has documented sequelae of DV and SV victimization for physical, mental and sexual health, as well as costs of SV in terms of unwanted pregnancy and increased chances of future revictimization. The present paper highlighted two other effects that have received less attention: links between DV and increased risk and severity of subsequent IPV, and adverse influences of DV and SV on educational outcomes. Other investigations, mostly with adult women, have attempted to quantify in dollars various costs associated with IPV and SV (Martin et al. 2011; Morrison et al., 2004, 2007; Post et al., 2002). Expanding this sort of analysis to DV and SV in youth would be desirable. In this research, however, costs will be systematically understated, as the most salient ones (e.g., emotional suffering) defy dollar quantification, and underfunding of services in less developed countries will produce misleadingly low estimates of direct costs.

In Development as Freedom, Amartya Sen (1999) noted that the expansion of individual freedoms is both a central goal of, and requirement for, economic development. As emphasized in subsequent research, key among such freedoms is freedom from violence (Nussbaum, 2003; Panda & Agarwal, 2005). The forms of aggression that are the focus of the present paper – DV and SV in adolescents and young adults – clearly warrant further attention in this context.

ENDNOTES

¹ “Machismo” refers to a set of social norms in Latin American contexts whereby young men are taught that they should grow up to be strong, assertive, and protective of their families; they also learn that they should be the decision makers in their households, that they can achieve their goals by being aggressive, and that the macho man displays sexual prowess. In “marianismo”- the parallel normative construct for women - young women

are taught that they should grow up to be good mothers and caregivers, and also submissive and self-sacrificing wives (Goldberg Edelson et al., 2007; Cianelli et al., 2008).

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