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Apstrakt

Uvod/Cilj. Izloženost dece različitim oblicima emocionalnog, fizičkog i seksualnog zlostavljanja u porodicama sa IPV (partnersko porodično nasilje) povezana je sa teškoćama u emocionalnom i socijalnom prilagođavanju, uključujući i probleme ponašanja, internalizovane i eksternalizovane simptome. Cilj istraživanja je da utvrdi povezanost partnerskog nasilja IPV sa: funkcionisanjem porodičnog sistema (kohezivnost i adaptabilnost), konativnim funkcionisanjem adolescenata i rizikom za razvoj psihopatološke simptomatologije. Specifični cilj studije je utvrđivanje mentalno-higijenskih i preventivnih mera radi smanjenja negativnih posledica odrastanja u porodicama sa nasiljem. Metode. Istraživanje je sprovedeno na uzorku od 308 adolescenata, uzrasta od 15-18 godina, podeljenih u IPV grupu (n=68 adolescenata koji su odrastali u porodicama sa partnerskim nasiljem i izloženi partnerskom nasilju, koje je prijavljeno i prosučeno, i kontrolnu grupu (n=240 adolescenata iz porodica u kojima Upitnikom CPRS-R nije utvrđen bilo koji oblik nasilja ili psihosocijalne patologije). Skala Faces III je korišćena za merenje dimenzija porodičnog funkcionisanja, Kibernetički model konativnih dimenzija ličnosti (KON-6) za konativno funkcionisanje adolescenata. Podaci su obrađeni diskriminativnom i linearnom regresivnom analizom. Rezultati. Adolescenti iz porodica sa partnerskim nasiljem imaju statistički značajne razlike (p<0,01) u konativnom funkcionisanju: psihosomatskim $\beta= -0.509$, anksioznim $\beta= -0.393$, agresivnim ($\beta= -0.398$, disocijativnim $\beta= -0.509$ i adaptivnim reakcijama ličnosti $\beta= -0.455$, u odnosu na kontrolnu grupu, 32,35% adolescenata iz porodica sa partnerskim nasiljem ima izražene patološke vrednosti u socijalno-adaptivnim reakcijama, 23,53% patološku anksioznost i 23,53% disocijativne reakcije. Najveća negativna povezanost dobijena je između porodičnog nasilja i porodične dimenzije kohezivnosti ($\beta= -0.605$, p < 0,01).

Zaključak. Izloženost adolescenata porodičnom nasilju je značajno povezana sa promenama konativnog funkcionisanja i rizikom od razvoja eksternalizovanih i internalizovanih simptoma u socijalno-adaptivnim, anksioznim i disocijativnim reakcijama i potrebom za uvođenje preventivnih mentalno-higijenskih mera. Medijator između porodičnog nasilja (IPV) i konativnog funkcionisanja adolescenata je porodična kohezivnost.

Ključne reči: porodično nasilje, kohezivnost, adolescenți, konativno funkcionisanje.
Abstract

**Background / Aim.** Childhood exposure to various emotional, physical and sexual abuses in IPV (Intimate partner violence) families is associated with difficulties in emotional and social adjustment, including conduct problems, internalized and externalized symptoms. The aim of this study was to determine the relationship between intimate partner violence and: family system functioning (cohesion and adaptability), conative functioning of adolescents and risk of psychopathological symptomatology development. The specific aim of this study is establishing mental - hygiene and preventive measures in order to reduce the negative consequences of growing up in IPV families. **Method.** The study was done on a sample of 308 adolescents, aged 15-18 years, divided in IPV group (n = 68 adolescents growing up in families with IPV and exposed to IPV in which the violence had been reported and processed), and control group (n=240 adolescents coming from families in which there was not found any type of violence or psychosocial pathology by using the CPRS-R Questionnaire). Faces III scale of measurement was used for measuring the dimensions of family functioning, Cybernetic model of conative dimensions of personality (KON-6) for conative functioning of adolescents. The data was processed by using discriminate and linear regressive analysis. **Results.** Adolescents growing up in families with IPV and exposed to IPV showed statistically significant differences (p < 0,01) in conative functioning: psychosomatic $\beta$=-.509, anxiety $\beta$=-.393, aggressive $\beta$=-.398, dissociative $\beta$=-.509 and adaptive personality reactions $\beta$=-.455, as compared to control group. 32,35% of adolescents exposed to IPV showed pronounced pathological values for social-adaption reaction, 23,53% for pathological anxiety and 23,53% for dissociative reactions. The greatest negative relationship was found between intimate partner violence and family dimension of cohesion ($\beta$=-.605, $p < 0,01$). **Conclusion.** Adolescents growing up and exposure to intimate partner violence were significantly associated with changes in conative functioning and risk of externalized and internalized symptoms development in social-adaptive, anxiety and dissociative reactions and the need to introduce preventive mental-hygienic measures. The mediator between intimate partner violence (IPV) and conative functioning of adolescents’ was family cohesion.

**Key words:**

intimate partner violence, cohesion, adolescents, conative functioning
Introduction

The study pointed to the relationship between intimate partner violence (IPV) and family functioning problems in parenting behaviour and numerous psychosocial developmental difficulties of adolescents.

Family stability, homework routines, discipline and cohesiveness were associated with internalized/externalized symptoms and they significantly predicted symptomatology. A positive relation was found between parenting behaviour and child adjustment problems. Family functioning problems in parenting behaviour failed to mediate relations between maternal psychopathology and adolescent problems. Maternal psychopathology was directly associated with adolescent internalized problems. Paternal perceptions of family functioning problems mediated relations between paternal psychopathology and adolescent externalized problems. Adolescents whose mothers were victims of physical IPV showed higher incidence of DSM-IV disruptive disorders and externalized behaviour problems (high risk of serious conduct problems). Adolescents who were directly exposed to physical IPV and were also victims of physical punishment by parents showed increased internalized problems. IPV badly affected, either directly or indirectly through physical punishment, children's externalized problems.

Adolescent exposure to intimate partner violence was associated with aggression, impulsive behaviour, ADHD - attention deficit disorder, ODD - attention deficit disorder / hyperactivity disorder, CD - authority issues, disorders of habits (thumb sucking, night terrors), hyperactivity, bulimia and delinquent behaviour.

Numerous studies found the association between adolescent exposure to IPV and internalized symptoms: depression, anxiety, hypersensitivity, learned helplessness and fear and acute condition.

Childhood exposure to traumatic experience of witnessing or being a victim of intimate partner violence showed increased incidence of somatic symptoms (SS), which might result in diminished daily functioning. Over 95% of children showed at least one SS on the child-rated measure. Children who had been victims of sexual abuse had higher rates of SS, anxiety, depression, posttraumatic stress, dissociation, and anger. Anxiety mediated the association between sexual abuse and child-rated SS.

Growing up in families with various forms of violence influenced the development of expressed symptoms of post-traumatic stress disorder, due to the presence of children to
murders, suicides or fights between parents. Further development of posttraumatic symptomatology in youth led to the appearance of: depression, suicidality\textsuperscript{10}, anxiety\textsuperscript{11}, drug addiction (cigarettes, marijuana) and the intergenerational transmission of family violence\textsuperscript{12}.

The study examined the relationship between intimate partner violence (IPV), child abuse and neglect, other traumatic experiences, and children's post-traumatic stress (PTS) symptoms and explored the moderating role of family functioning in the aftermath of IPV with PTS symptoms. For family functioning, higher levels of parenting stress were associated with higher levels of PTS symptoms\textsuperscript{13}.

An increase in the index of intimate partner violence in Serbia and its consequences on the murder rate and number of psychic difficulties of family members led to defining a “National strategy for preventing and containing violence against women in the family and intimate partner violence, The Government of Serbia”\textsuperscript{14}.

**Methods**

The study was conducted on a sample of 308 adolescents, aged 15-18 ($\bar{X}=16, 5 \pm 1.5$). There were no differences between the groups by the age ($t_{(198)}=-1.09$, non-significant). The sample consisted of two subsamples: the IPV one was made up of adolescents exposed to IPV, which was reported to and processed at the Centre for Social Work in Vranje (n=68 / 22.8%) and the control one made up of 240 / 77.3% adolescents coming from families in which there had not been found any type of violence and social pathology using a revised CPRS-R Questionnaire. Faces III was used for measuring family functioning dimensions (cohesion, adaptability) and Cybernetic model of conative personality dimensions (KON-6) for conative functioning of adolescents.

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violence and social pathology using a revised CPRS-R Questionnaire. Faces III was used for measuring family functioning dimensions (cohesion, adaptability) and Cybernetic model of conative personality dimensions (KON-6) for conative functioning of adolescents. After being acquainted with the Approval by the Ethics Committee of the Medical Faculty in Kragujevac as regards conducting the design of study and upon getting the respective Consent by the Centre for Social Work in Vranje and Secondary School "Gimnazija Bora Stanković" in Vranje, the respondents gave, after being acquainted with the aims of the study, written information consent for participating in the study.

The testing was conducted by psychologists and specialist teachers, who did therapeutic work with the parents and the adolescent or the adolescent only. The study was anonymous. Testing total test material took one hour. KON-6 (Test conative functioning personality) respondents filled out for 30 minutes, while answering the Questionnaire (CPRS-R) and FACES III lasted up to 15 min. The study was conducted during the period from 2010. to 2012.

The results for the control group of adolescents coming from families without intimate partner violence was obtained by using the revised Questionnaire for determining psychological and social pathology of family members (Revised Conners Parent Rating Scale (CPRS-R)). It contains 20 items. In this study, reliability estimates for the scores were $\alpha = .94$.

Family dimensions cohesion and adaptability were measured by using the Scale of Family Adaptability and Cohesion (FACES III), which consisted of 20 items. Obtained results were expressed by using raw scores and categories (cohesion: low – dissociated, mild – separated, developed – coherent and high – intertwined; adaptability: low, moderate – flexible, developed – structured, high – rigid) $^{16}$. In this study, reliability estimates for the scores were $\alpha = .89$.

Conative dimensions, measured by the KON-6 Conative Personality Dimensions, were: reaction activity-introversion/extroversion, psychosomatic reactions, anxiety-defence reactions, aggressive-response attacks, dissociative reactions, integrative reaction-social adaptation. It contains 180 items. Conative personality dimensions were expressed in the following categories: superior, above-the-average, average, below-the-average, and pathological functioning $^{17}$. In this study, reliability estimates for the scores were $\alpha = .96$.

Data analysis was performed using the software package SPSS version 11.5.
Discriminative analysis was used for determining the level of pronunciation of family and conative dimensions of adolescents. The significance of differences between the samples was determined by using the Chi-square test, One-Way ANOVA and t-test. Linear regressive model was used for determining the relationship between family violence, family and conative functioning of the adolescents. The level of statistical significance was less than 1% \((p < 0.01)\) and 5% \((p < 0.05)\).

**Results**

Family dimension of cohesion was statistically greater in functional non-violence families. IPV families and functional non-violence families significantly \((p \leq .002)\) differ when it comes to the level of pronunciation of adaptability dimension (Table 1).

The category of high cohesion, closeness among family members, was more pronounced with functional non-violence families, as opposed to families with violence \((p\leq0.001)\) (Table 2).

The category of rigid/high adaptability was more pronounced with IPV families than with functional non-violence families. Functional non-violence families had the most prevalent developed adaptability, whereas fifty percent of IPV families showed families with moderate and developed adaptability dimension (Table 3).

Conative functioning of adolescents growing up in families with IPV and exposed to IPV statistically significantly differed \((p\leq0.001)\) in measured dimensions: organic regulator (chi– psychosomatic reactions), defence reaction regulator (alpha–anxiety reactions, attack reaction regulator (sigma–aggressive reactions), system for coordinating regulation functions ( delta–dissociative reactions), system for integrating regulation functions (etha–social im/maturity), except for the activity regulator dimension (epsylon introversion / extroversion) (Table 4).

The study found a significant \((p \leq 0.001)\) difference in pathological functioning of conative dimensions between adolescents exposed to family violence: in the dimension of activity-introversion/extroversion regulator; psychosomatic reactions; defence reactions/anxiety reactions; attack reactions/aggressive reactions; system for coordination of regulation functions/dissociate reactions; system for integrating regulation functions or
social adaptation problems, as opposed to adolescents from functional non-violence families (Table 5).

Regressive linear analysis was used for determining the relationship of IPV with family dimensions (cohesion and adaptability) and conative functioning of adolescents, as opposed to adolescents from functional non-violence families. Intimate partner family violence was significantly \((p\leq0.001)\) associated with family dimensions and conative functioning of adolescents. The least, slight relationship was found between IPV and activity dimension. Low negative relationship was found between IPV and conative dimensions: defence reactions (anxiety reactions) and defence reactions - aggressive reactions. Moderate, negative, relevant correlation was found between IPV and system for integrating regulator functions - social im/maturity, organic functioning regulator - psychosomatic reactions and system for coordinating regulator functions - dissociative reactions \((p\leq0.001)\). The mediator between IPV and conative functioning of adolescents was family cohesion. Intimate partner family violence and adaptability are significantly, but slightly related \((p=.002)\). The relationship between intimate partner family violence and conative functioning of adolescents is not significant in the activity dimension \((\text{epsylon–introversion/extroversion, } p=.260)\). IPV best predicted the development of family cohesion and conative dimension of adolescents: psychosomatic, dissociative reactions and social adaptation (Table 6).

The data obtained in the study showed that IPV was significantly associated with the changes in conative functioning and risk of development of internalized and externalized psychosomatic symptoms of adolescents, where the mediator was decreased family cohesion (Picture 1).

**Discussion**

The theoretical and conceptual basis of the study was a family system theory, which defined a family with intimate partner violence (IPV) as a dysfunctional system, caused by the dysfunction of a sub-system, a violent parent, in which multiple damaged spouse differentiation led to the impossibility of developing differentiation in children growing up in these families \(^{18,19}\).
The data obtained in the study indicated that intimate partner violence and conflict in a marital dyad caused significant disorders in family functioning by reducing family dimensions of cohesion and adaptability. Emotional difficulties, constant conflicts and different forms of violence in the functioning of marital dyad caused reduced closeness, cohesion, unity and trust among all family sub-systems. Dimension category of high cohesion was statistically significantly less established in families with IPV as opposed to functional non-violence families. Changes in cohesion within IPV families were also confirmed by the regressive linear analysis, which determined the greatest influence of intimate partner family violence on this dimension. In the functioning of family dimension of adaptability, realization of disciplining children, setting norms, habits and boundaries in conduct, there was found a statistically significant, yet slight difference between IPV families and functional non-violence families. The category of developed adaptability was more pronounced in families without violence as opposed to IPV families. Disorders of IPV family parents’ capability to fulfil family roles, disrupted quality of the parent – child relationship, and not being interested in the functioning of children were all associated with psychosocial adjustment and development of internalized and externalized symptoms in the adolescents coming from such families \(^{20,21}\).

Marital dyad imbalance was associated with disorders of conative functioning of adolescents exposed to IPV. Adolescents adjusted to emotional, physical and sexual IPV through increased defence, attack and internal organ reactions \(^{4,22}\). According to the Cybernetic model of personality dimensions, six hierarchical conative personality dimensions, cognitive and motoric system regulated the whole psychological functioning of the personality. Disorders of lower regulation functions: organic, defence and attack reaction regulator cause impaired functioning of higher systems for coordinating and integrating regulation functions \(^{17}\).

Conative functioning of adolescents growing up in families with IPV and exposed to IPV was significantly different in hierarchically lower and higher dimensions: defence regulator, attack, organic reactions, and systems for coordinating and integrating regulation functions, except for the hierarchically lowest activity regulator. Although the study did not find significant differences in the functioning of activity regulator, the hierarchically lowest located system which regulates the energy level of all the other systems, including cognitive and motoric processors, the category of pathological
functioning of this dimension was more pronounced with the adolescents exposed to IPV from an early age, as opposed to the adolescents coming from functional non-violence families. Pathological functioning of the activity regulator led to abulic, depressive and hypomanic reactions. Given that the activity level determined the speed of information flow within the central nervous system, those disorders affected the efficiency of cognitive and motoric processes. Adolescents exposed to IPV experienced mental health consequences: psychological, social and academic difficulties in accomplishing school assignments.

Family cohesion disorders, such as self-control problems, were associated with statistically significant differences in the functioning of hierarchically higher conative dimensions: defence/anxiety regulators, attack/aggressive and organic/psychosomatic reactions of adolescents exposed to IPV, as opposed to adolescents coming from functional non-violence families. Adolescents growing up in families with IPV and exposed to IPV showed significantly disordered functioning of the organic function regulator (chi), responsible for organic function centres, as opposed to adolescents coming from functional non-violence families. The category of pathological functioning of the organic function regulator was more pronounced with adolescents growing up in families with IPV and exposed to IPV. With approximately 10% of adolescents exposed to IPV disorders of this regulator could cause functional disorders of the basic organic systems (cardiovascular, respiratory, urogenital, sensory, motoric) and control of biological processes, which secondarily formed a hypochondriac reaction system and the onset of psychosomatic illnesses.

Adolescents exposed to IPV had significantly more pronounced defence reactions, anxiety and trauma symptoms, as opposed to adolescents coming from functional non-violence families. The category of pathological functioning of this conative dimension was found with almost one quarter of adolescents exposed to IPV. Disorders of regulator functioning of defence reactions (alpha) led to anxiety symptoms, forms the basis of pathological reactions such as: phobias, obsessive-compulsive disorders, sensory and emotional hypersensitivity. Dysfunction of the regulator dimension of defence reactions coupled with activity regulator dysfunction formed the basis of possible future psychopathology, depression modalities and psychasthenia. Along with the dysfunctions of the system for coordinating regulation functions (dissociative reactions), defence
regulator dysfunction caused more serious depressive, obsessive and compulsive reactions, while neuroticism was a consequence of defence and organic reaction regulator dysfunction.

Dysfunctional communication in IPV was characterized, among other things, by low levels of verbal expressiveness and emotional responsiveness, low tolerance to criticism and its interpretation as a threat or intimidation, and consequently increased anxiety and subsequent escalation of an argument into violence.

Attack regulator reactions (sigma) or aggressive reactions were significantly more pronounced with adolescents growing up in families with IPV and exposed to IPV, as opposed to adolescents coming from functional non-violence families. Because of the energy potential necessary for the aggression to be carried out, a model represented a significant relationship between attack regulator and activity regulator. Attack reaction regulator dysfunctions were manifested by variously modelled aggressive reactions and weak control of immediate impulses. Conative dimension pathological values of aggressive reactions were found with one fifth of adolescents exposed to IPV. In unfavourable development, this percent of adolescents increased aggressive reactions might develop various externalized symptoms: impulsiveness, destructiveness, conduct disorders, delinquency. Aggressive reactions of adolescents exposed to IPV were associated with maternal mental health, lack of family warmth, and child maltreatment. Witnessed and experienced intimate partner physical violence, maltreatment and abuse in family relationships caused the development of aggression, aggression perpetration in the future and risk of trans-generational transfer of violence with adolescents. Dysfunction of lower conative regulators with adolescents growing up in families with IPV and exposed to IPV, such as psychosomatic, anxiety and aggressive reactions, was associated with significant disorders in the functioning of the superior system for coordinating regulation functions (delta), as opposed to adolescents coming from functional non-violence families.

Pathological functioning of the system for coordinating regulation functions was more pronounced with adolescents growing up in and exposed to IPV. Pathological values of the system for coordinating regulation functions caused disorganization and dissociation of cognitive and conative processes and motoric function disorders. Schizoid, paranoid and manic symptoms were direct products of this system's disorder. More serious disorders of the system for coordinating regulation functions produced secondary disorders of all the
functionally subordinated systems: severe forms of sensory and motoric conversions, some forms of inhibitory conversions and fixed phobias, obsessions and compulsions \(^9,22,32\).

Disorders of hierarchically lower conative dimensions with adolescents exposed to IPV led to significant differences in the functioning of the highest system for integrating regulation functions, etha, as opposed to adolescents coming from functional non-violence families. The system for integrating regulation functions (etha) integrated conative changes in the form of a psychological field structure, especially in the form of social field and changes in that field. Because of that, a set of programmes which determined the functions of this system was primarily formed during the process of upbringing, through conditioning and identification. Pathological functioning of the system for integrating regulation functions were more pronounced with adolescents exposed to IPV, as opposed to adolescents coming from functional non-violence families. Unfavourable development of pathological system for integration was associated with social maladaptation, lower level of social maturity and externalized symptoms. Adolescent exposure to IPV, together with parenting psychopathology and low self-regulation with adolescents, influenced antisocial behaviour, alcohol addiction, aggression, hostile reactions and trans-generational violence transfer \(^{20,29,33}\). Suicidal behaviour was often accompanied by dysfunctional familial relationships, family communication and interaction \(^{10}\).

Related scientific works stated that protection factors for adolescents exposed to IPV were found within family, school and social community. Family characteristics were the most important ones when it came to the influence of violence on the appearance of the symptoms with adolescents: a) close family relationships and social support at school for internalized symptoms (e.g. anxiety, depression, posttraumatic stress disorder PTSD) and b) close family relationships for externalized symptoms (e.g. aggression, substance use) \(^{34}\).

**Limitations**

The limitation of this study and the possibility of new research was the fact that apart from the family dimensions of cohesion and adaptability, the associations among other forms of family functioning were not studied (e.g. un/employment, material well-being, education level of the parents, psychopathology of the parents) and conative functioning of adolescents growing up in families with IPV and exposed to IPV from an early age.
The second limitation was that our results were based on self-reported measures. Therefore, offering could be connected with high confidence in the capacity to describe oneself.

This study has scientific relevance for clarifying the mechanisms linking family violence and cohesion with conative dysfunctioning as well as monitoring high risk of developing psychopathological behaviour.

**Conclusions**

This study suggested that growing up in a dysfunctional family system with IPV, which damaged multiple basic dimensions, communication and cohesion between sub-systems and the exercise of parental roles, was associated with cognitive, social, emotional, and behavioural problems, and significantly predicted psychopathological symptomatology of adolescents as opposed to adolescents from functional non-violence families. Adolescents exposed to IPV showed significantly higher pathological values for dimensions: psychosomatic, anxiety, aggressive, dissociative and social maladjustment reactions. Growing up in a dysfunctional violence family was accompanied by the continuous exposure to negative, stressful and traumatic experiences, which in turn was associated with intensified reactions of attack and defence, but also with weak potential for integrative functions. The data illustrates the need for introducing preventive and psychotherapeutic measures in working with the adolescents exposed to IPV. Preventive measures for stopping the development of psychopathological internalized and externalized symptoms represented preservation or restoration of close family relationships and social support at school.
REFERENCES


Appendix

Table 1

<table>
<thead>
<tr>
<th>Family dimensions</th>
<th>Type of family</th>
<th>Functional</th>
<th>IPV* families</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>X±SD</td>
<td>41.050±4.314</td>
<td>29.088±1.616</td>
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<tr>
<td></td>
<td></td>
<td>F†</td>
<td>157.049</td>
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<td></td>
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<td>df p</td>
<td>1 p .000, ††</td>
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<tr>
<td></td>
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<td>F†</td>
<td>10.010</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>df p</td>
<td>1 p .002 §</td>
<td></td>
</tr>
<tr>
<td>Adaptability</td>
<td></td>
<td>Total n</td>
<td>240</td>
<td>68</td>
</tr>
</tbody>
</table>

* Intimate partner violence, †One-way ANOVA , ††p<0,01, §p<0,05
Table 2
Dimension categories of cohesion of functional non-violence and IPV families

<table>
<thead>
<tr>
<th>Cohesion</th>
<th>Type of family</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Functional</td>
<td>IPV*</td>
</tr>
<tr>
<td>Low, disunited</td>
<td>0 (.0%)</td>
<td>4 (5.9%)</td>
</tr>
<tr>
<td>Moderate, separated</td>
<td>1 (.4%)</td>
<td>22 (32.4%)</td>
</tr>
<tr>
<td>Developed, related</td>
<td>62 (25.8%)</td>
<td>28 (41.2%)</td>
</tr>
<tr>
<td>High, intertwined</td>
<td>177 (73.8%)</td>
<td>14 (20.6%)</td>
</tr>
<tr>
<td>Total</td>
<td>240</td>
<td>68</td>
</tr>
</tbody>
</table>

$\chi^2 = 126.191$ df = 6  $p = 0.000$.

* Intimate partner violence

Table 3
Dimension categories of adaptability of functional non-violence families and IPV families

<table>
<thead>
<tr>
<th>Adaptability</th>
<th>Type of family</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Functional</td>
<td>IPV*</td>
</tr>
<tr>
<td>Moderate, flexible</td>
<td>44 (18.3%)</td>
<td>30 (44.12%)</td>
</tr>
<tr>
<td>Developed, structured</td>
<td>178 (74.2%)</td>
<td>30 (44.12%)</td>
</tr>
<tr>
<td>High, rigid</td>
<td>18 (7.5%)</td>
<td>8 (11.8%)</td>
</tr>
<tr>
<td>Total</td>
<td>240</td>
<td>68</td>
</tr>
</tbody>
</table>

$\chi^2 = 24.319$ df = 4  $p = 0.000$

* Intimate partner violence
Table 4
Pronunciation of conative dimensions of adolescents from functional non-violence and dysfunctional IPV families

<table>
<thead>
<tr>
<th>Type of family</th>
<th>Epsylon</th>
<th>Chi</th>
<th>Alpha</th>
<th>Sigma</th>
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<tr>
<td><strong>Functional</strong></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>112.88</td>
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<td>69.91</td>
<td>82.81</td>
<td>41.92</td>
<td>54.52</td>
</tr>
<tr>
<td><em><em>IPV</em> families</em>*</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>115.91</td>
<td>72.06</td>
<td>94.44</td>
<td>99.97</td>
<td>70.68</td>
<td>77.47</td>
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</tbody>
</table>

ANOVA

<table>
<thead>
<tr>
<th></th>
<th>F</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.275</td>
<td>1</td>
<td>.260</td>
</tr>
</tbody>
</table>

† p<0.01

Intimate partner violence

Table 5
Pathological functioning of conative dimensions of adolescents from functional non-violence families and IPV families

<table>
<thead>
<tr>
<th>Pathological functioning of conative dimensions</th>
<th>Type of family</th>
<th>n (%)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Functional</td>
<td>IPV* families</td>
</tr>
<tr>
<td>Extroversion-Introversion</td>
<td>4 (1.7%)</td>
<td>6 (8.8%)</td>
</tr>
<tr>
<td>Psychosomatic reactions</td>
<td>2 (.8%)</td>
<td>12 (8.8%)</td>
</tr>
<tr>
<td>Anxiety reactions</td>
<td>2 (.8%)</td>
<td>16 (23.5%)</td>
</tr>
<tr>
<td>Aggressive reactions</td>
<td>4 (1.7%)</td>
<td>14 (20.6%)</td>
</tr>
<tr>
<td>Dissociative reactions</td>
<td>0 (.0%)</td>
<td>16 (23.5%)</td>
</tr>
<tr>
<td>Social im/maturity</td>
<td>4 (1.7%)</td>
<td>22 (32.4%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>240</td>
<td>68</td>
</tr>
</tbody>
</table>

* Intimate partner violence
Table 6

Linear regression analyses of adolescent and family conative dimensions

<table>
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<th>Variables</th>
<th>R</th>
<th>R²</th>
<th>Adjustment R²</th>
<th>F</th>
<th>p</th>
<th>β</th>
<th>t -test</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epsylon</td>
<td>.068</td>
<td>.005</td>
<td>-.001</td>
<td>1275</td>
<td>.266</td>
<td>-.068</td>
<td>23.127</td>
<td>.000*</td>
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<tr>
<td>Chi</td>
<td>.509</td>
<td>.259</td>
<td>.257</td>
<td>95.262</td>
<td>.000*</td>
<td>-.509</td>
<td>19.889</td>
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<td>Alpha</td>
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<td>.152</td>
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<td>Sigma</td>
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<td>-.398</td>
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<tr>
<td>Delta</td>
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<td>.349</td>
<td>.346</td>
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<td>-.591</td>
<td>21.912</td>
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<tr>
<td>Etha</td>
<td>.455</td>
<td>.207</td>
<td>.204</td>
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<td>.000*</td>
<td>-.455</td>
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<tr>
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<td>.035</td>
<td>-.032</td>
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<td>.002†</td>
<td>.188</td>
<td>12.139</td>
<td>.002†</td>
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</tbody>
</table>

p<0.01, †p<0.05

Picture 1

The association between conative functioning of adolescents exposed to intimate partner violence and family dimensions

![Diagram showing the association between intimate partner violence, conative functioning, anxiety, psychosomatic, aggressive reactions, and dissociative reactions.](image)
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