

ORIGINAL ARTICLE

Received: Apr 03, 2023

Revised: Jun 05, 2023

Approved: Jul 14, 2023

Relationship between exposure to sexual abuse in childhood and adolescence and parenting style

Carlos Alberto Landi¹, Flávia Calanca da Silva², Aline Monge³, Gabriel Amaral Zenardi⁴, Denise Chrysostomo Suzuki³, Maria Sylvia de Souza Vitalle^{2,3}

¹Departamento de Pediatria, Faculdade de Ciências Médicas da Santa Casa de São Paulo (FCMSCSP) – São Paulo (SP), Brazil

²Departamento de Pediatria, Centro de Atendimento e Apoio ao Adolescente, Universidade Federal de São Paulo (UNIFESP) – São Paulo (SP), Brazil

³Escola de Filosofia, Letras e Ciências Humanas, UNIFESP – São Paulo (SP), Brazil

⁴Curso de Medicina, UNIFESP – São Paulo (SP), Brazil

Corresponding author: Flávia Calanca da Silva - Universidade Federal de São Paulo -

Rua Botucatu, 715 - Vila Clementino - CEP: 04023-062 - São Paulo (SP), Brazil

E-mail: calanca.flavia@gmail.com

Funding: CAPES

Declaration of interests: nothing to declare

© The authors

ABSTRACT

Introduction: Sexual violence can be treated as a public health problem because of its high prevalence worldwide and the negative physical and mental impacts. **Objective:** Investigate the relationship between parenting styles and the occurrence of sexual violence experienced by adolescents and young adults at some point in life. **Methods:** Validated instruments were applied to a population of university students to assess the presence or absence of sexual violence (Questionnaire on Exposure to Traumatizing Events) and parenting style Parenting Styles Inventory (PSI). The initial statistical analysis was descriptive and inferential, applying multivariate logistic regression and assessing the risk factors for sexual violence associated with parenting styles. **Results:** Of the 858 students who responded to the survey, 71 (8.3%) were the victims of sexual violence and 52 (73.0%) were female. The PSI showed that in victims of sexual violence, less protective styles predominate ($p=0.002$), with higher scores in the following practices: inconsistent punishment ($p=0.003$), negligence ($p=0.001$), negative monitoring ($p=0.017$), and physical abuse ($p<0.001$). The logistic regression shows that the chance of an individual being a victim increases by 11.0% with each increase in the score of negligence and 23.4% with each increase in the physical abuse score. As for positive monitoring, the chance of an individual being a victim decreases by 10.0% with each increase in the score ($p=0.009$). **Conclusion:** Parenting styles directly influence the possibility of sexual abuse occurring monitoring is a protective factor, while neglect and physical abuse (punishment) increase the individual's risk of being a victim.

Keywords: child; adolescent; child abuse, sexual; parenting; education, nonprofessional.

INTRODUCTION

The World Health Organization (WHO) defines “sexual violence against children” as the involvement of children in sexual activities that they do not understand and are not able to give consent to. These activities can involve inappropriate touching or comments, or genital, oral, or anal penetration intended to satisfy the needs of the aggressor¹. The exploratory use of children in pornographic performances and materials, acts of a sexual nature that do not involve contact (such as voyeurism or sexual harassment), and online exploitation complete the definition¹.

Sexual violence is a public health problem that affects millions of people and often causes irreparable damage to victims’ physical and mental health²⁻⁴. Children who are victims of sexual violence have elevated susceptibility to tobacco use, alcohol and/or drug abuse, academic problems, low self-esteem, and damaged quality of life³. A recent meta-analysis has estimated that, globally, 24.0% of women are sexually abused during childhood⁵. Brazilian data from the Public Safety Yearbook, published in 2021, have indicated 60,460 reported cases in Brazil in 2020, with an average of 165 cases a day⁶. Approximately 80.0% of the victims were female, and 60.7% were under 13 years of age⁶.

Families of abused individuals are often chaotic and violent and may include high conflict, poor emotional bonds between members, and use of illicit drugs and/or alcohol by either parent⁷. These characteristics cannot be considered determinants of victimization for sexual abuse, but they may be indicative of an environment favoring the occurrence of sexual violence against children and adolescents^{8,9}. Family characteristics have prompted questions regarding the relationships of parenting styles and educational practices with elevated vulnerability of children and adolescents to risky situations, such as victimization through several types of violence, including sexual violence.

A parenting style is defined as the combination of different behaviors and educational practices used by caregivers in various contexts, to educate, socialize, develop skills, and control their children's behavior¹⁰. A parenting style can positively or negatively influence the cognitive development of children or adolescents and may or may not contribute to greater vulnerability in the face of risky situations in these age groups¹⁰⁻¹².

According to the Systemic Theory of Salvador Minuchin, who is credited for developing the theory of structural family therapy, the roles played by family members must be delimited, and the boundaries among its members that is, the limits of each member must be well established¹³. Minuchin states that families comprise the territories of the children, the parents, and the couple¹³. Borders are the boundaries among these territories that must not be crossed. Very rigid borders do not allow for exchange and interaction, whereas very loose borders cause subjects to get lost¹³.

In 1949, Baldwin¹⁴ pioneered the study of parenting styles and their influence on the behavior of children and adolescents. Many studies in this area were subsequently published, and researchers began investigating the theme of parenting styles and created instruments to quantify the practices used by caregivers¹⁵⁻²². Gomide²³, while reviewing and adapting the instruments already existing in the literature, normalized and standardized the first instrument capable of assessing parental educational practices in Brazil¹⁹⁻²³. This theoretical model, used as a reference for this study, gave rise to the Parenting Styles Inventory (PSI), which consists of seven educational practices, five of which are linked to the development of antisocial behavior (negligence, physical abuse, lax discipline, inconsistent punishment, and negative monitoring) and two that promote prosocial practices (moral behavior and positive monitoring)^{22,23}.

The so-called positive practices consist of (A) positive monitoring, which occurs when caregivers give adequate attention, distribute privileges and affection continually, and establish rules with guaranteed follow-up, and (B) moral behavior, which consists of the transmission of values such as honesty, generosity, and a sense of justice and compassion by parents or guardians to their children, thus helping them discriminate between right and wrong within a relationship of affection^{22,23}.

The so-called negative practices consist of (A) negligence, which characterizes caregivers who are unresponsive and withdraw from difficult situations, who are not attentive to the needs of their children, and who do not accept their responsibilities; (B) physical abuse, which occurs when caregivers hurt or cause pain to their children, with the justification that they are educating their children; (C) lax discipline, which is characterized by noncompliance with previously established rules, such as when parents establish rules and threaten their children, but give up when confronted with their children's opposition; (D) inconsistent punishment, which occurs when the conduct of guardians is ambiguous, *e.g.*, they sometimes do and other times do not punish the child for the same behavior, thus showing that the attitude of the caregivers is not determined by the child's action but by the emotional state of the (more or less calm) parents; and (E) negative monitoring (or stressful supervision), which is characterized by excessive supervision and orders given to children, which are mostly not obeyed, thereby generating a conflictual relationship based on hostility, insecurity, and dissimulations^{22,23}.

In recent years, numerous studies have described how parents educate their children and the effects of these educational practices on young people's psychosocial development^{11,12,24-27}. These studies have suggested that parenting practices are associated with several indicators of psychological and behavioral development in childhood and adolescence, such as self-esteem, self-confidence, autonomy, interpersonal

Landi et al. Relationship between exposure to sexual abuse in childhood and adolescence and parenting style. ABCS Health Sci. [Epub ahead of print]. DOI: 10.7322/abcshs.2023026.2282

competence, academic performance, choice of friends, acquisition of social skills, presence of depression and/or anxiety, aggressive behaviors, and the possibility of engaging by children in risky behaviors^{11,12,24-27}.

However, almost no studies have assessed the relationship between the parenting practices used to raise children and the victimization of children and adolescents through sexual violence^{28,29}. The search for a relationship between parenting practices and children's vulnerability to victimization may provide support for better coping with this problem.

Therefore, the current study was aimed at verifying the relationship between childhood exposure to sexual abuse and the reported/recalled parenting styles experienced by a sample of adolescents and children, in comparison with the parenting styles experienced by individuals who were not abused.

METHODS

The present study was performed by Resolution 466/12 of the Brazilian National Health Council of the Ministry of Health and was approved by the Research Ethics Committee of University of São Paulo.

Study design and sample

This was a cross-sectional, descriptive, observational study conducted in a nonrepresentative, selective sample of a male and female student population from a public university in São Paulo. All students younger than 25 years who were enrolled in undergraduate medicine, biological sciences, speech therapy, or nursing courses were eligible to participate in the study.

Procedures

With assistance from the academic staff from the courses in which the students were enrolled, we selected classes in which students in a given academic year and university courses were present on campus for data collection. The study details were explained to the students in the classrooms. Students 18 years of age or older agreed to participate by reading and signing the free and informed consent form (FICF). Students younger than 18 years agreed to participate by reading and signing the consent form (CF) and providing an FICF read and signed by a parent or guardian. Participants were recruited between 2016 and 2017. The FICF and CF contained all the details regarding the purpose and nature of the investigation; telephone and email contacts of researchers, if necessary; and information ensuring participants' right to anonymity and confidentiality, and to leave the study at any time. All students who met the inclusion criteria, that is, those under 25 years of age who had signed the CF, or those under 18 years of age who signed the CF and whose parents or guardians signed the FICF, were invited to answer questionnaires that characterized participants according to age and sex (male and female), in addition to instruments that assessed the presence of physical and sexual abuse and neglect in the family Questionnaire on Exposure to Traumatizing Events (QUESI) and parenting practices (PSI)^{22,23,30,31}.

Students under 18 years of age who signed the CF but did not provide a FICF signed by a parent or guardian were excluded from the study. Regarding the characterization of the target audience, individuals 17-19 years old were considered adolescents, and young adults were considered those 20-24 years old, according to the WHO definitions for adolescence and youth³².

Instruments

a) The QUESI, a retrospective self-report instrument based on the Childhood Trauma Questionnaire³⁰, is used to measure emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect³¹. It can be applied to adolescents (older than 12 years of age) and adults. Participants marked 28 statements related to situations that occurred in childhood and adolescence. An evaluation of the psychometric properties of QUESI has indicated that a satisfactory solution was found for three factors (emotional abuse, sexual abuse, and physical abuse, respectively) in the non-clinical sample, proving to be useful for the study in question³³.

The internal consistency (Cronbach's alpha) of the three factors is satisfactory³³. Five questions from the QUESI relate to victimization in sexual violence: questions 21 (someone tried to touch me sexually or tried to make me touch them), 22 (Someone threatened to hurt me or tell lies about me unless I did something sexual with them), 23 (someone tried to make me do sexual things or watch sexual things), 24 (someone molested me), and 27 (I think that I was sexually abused). The possible answers to these questions were: never, rarely, sometimes, often, and always.

b) The PSI^{22,23} comprises 42 questions, each consisting of a sentence that the participant must answer, indicating the frequency at which the person responsible for their education acts or acts in each situation described. In this instrument, the answer can be one of the following: "never" if on ten occasions, the person responsible acted in that manner zero to two times; "sometimes" if on ten occasions, the person responsible acted in that manner three to seven times; and "always" if on ten occasions, the person responsible acted in that manner eight to ten times. The questions cover the seven main educational practices: (A) positive monitoring, (B) moral behavior, (C) negligence, (D) inconsistent punishment, (E) lax discipline, (F) negative modeling, and (G) physical

Landi et al. Relationship between exposure to sexual abuse in childhood and adolescence and parenting style. ABCS Health Sci. [Epub ahead of print]. DOI: 10.7322/abcshs.2023026.2282

abuse, with each variable corresponding to six questions^{22,23}. Each answer of “never” is scored as 0, whereas “sometimes” is scored as 1, and “always” is scored as 2^{22,23}. The calculation of the PSI is performed by subtracting the sum of the negative factors (C+D+E+F+G) from the sum of the positive factors (A+B); that is, $PSI = (A+B) - (C+D+E+F+G)$, ranging from -60 to 24 points^{22,23}. The more positive the index, the greater the predominance of positive styles and vice versa.

Statistical analysis

Descriptive statistical analysis was initially performed, including the mean, median, minimum, and maximum values, standard deviation, and absolute and relative frequencies (percentages). Inferential analyses were performed with Pearson’s chi-square and Mann-Whitney tests, to compare the age and sex variables between victims of violence and non-victims of violence. Descriptive analyses were performed with chi-square tests and mean comparisons.

Three multivariate logistic regression models were used to examine whether the risk of sexual violence was higher or lower according to parenting style. In the first model, we jointly investigated whether gender (male and female) and the scores for the seven parenting styles were associated with the dependent variable of “having been a victim of sexual violence” (QUESI); in another adjustment (second model), gender, positive monitoring scores, and moral behavior were considered; finally, in the third adjustment, gender and scores for inconsistent punishment, neglect, relaxed discipline, negative monitoring, and physical abuse were considered. In all conclusions obtained through inferential analyses, an alpha significance level $\leq 5\%$ was used.

RESULTS

Sample characterization

Of the 1,308 students enrolled at the university, 1,056 students were present in the classroom, of whom 17 refused to participate; 175 were excluded because they were 25 years of age or older (24 years was the age limit for participation in the study because adolescents and young adults were the target audience), and six students were excluded because they had not answered most of the questions in the survey. Thus, a total of 858 participants were included. The 71 (8.3%) students who scored any answer other than "never" for QUESI items 21, 22, 23, 24, and 27 were considered victims of sexual violence.

Of the 858 students included, 549 (64.0%) were female, the mean age was 21.1 years, and the range was 17–24 years. Seventy-one students (8.3–95% confidence interval [CI]=6.4, 10.1%) were victims of sexual violence, comprising 52 girls (73.0%) and 19 boys (27.0%). Students who were victims of sexual violence were older ($p=0.014$) than non-victims (Table 1).

Victimization by sexual violence according to PSI score

Based on the PSI scores, victims in the violence group had significantly ($p=0.002$) greater scores ≤ 0 ($n=34$; 47.9%) than participants in the nonvictim group ($n=221$; 28.0%). The mean gross PSI score was -0.6 in the group of victims of violence and 4.9 in the nonvictim group ($p<0.001$). Higher scores in the practices of inconsistent punishment (3.9 vs 3.0 - $p=0.003$), negligence (4.0 vs 2.7 - $p=0.001$), negative monitoring (4.6 vs 4.0 - $p=0.017$), and physical abuse (1.8 vs 0.7 - $p<0.001$) were observed in the group of victims of violence than the non-victim group (Table 2). Regarding the practice of positive

monitoring, the group of victims of violence had a significantly lower score than the nonvictim group (8.1 vs 9.0 - $p=0.008$; Table 2).

Likelihood of victimization through sexual violence according to PSI score

The logistic regression models indicated that the scores for negligence ($p=0.038$), physical abuse ($p=0.001$), and positive monitoring ($p=0.009$) were associated with participants' having been victims of sexual abuse. The chance of an individual having been a victim of violence increased 11.0% with each 1-point increase in the negligence score; increased 23.4% with each 1-point increase in the physical abuse score; and decreased 10.0% with each 1-point increase in the positive monitoring score.

DISCUSSION

The current study used an intentional sample of university teenagers and young adults because the parental attitudes and sexual violence that the participants had experienced were presumed to be sufficiently recent to avoid impairment of their memories of the events. Moreover, we ensured that the population was made up of few participants younger than 18 years: the parents or guardians of these students were required to provide consent for participation in the study; this requirement might have impeded participation, given the sensitivity of the themes investigated. Working with university students also ensured the absence of participants with moderate or severe cognitive and intellectual disabilities, which might have hindered the adequate completion of the instruments.

Comparisons with the prevalence of sexual violence in the literature are difficult to draw, because of differences among studies in terms of methods, age range assessed, recruitment of victims, and definition of sexual violence^{3,5,6}. Despite the difficulty in

making comparisons, any prevalence of sexual violence observed in scientific studies should be considered alarming, because of the atrocity that this type of violation represents. In our study, 8.3% of the students reported having experienced sexual violence at some point in their childhood or adolescence, 73.0% of whom were girls, and 27.0% of whom were boys. This finding is consistent with those in the literature; studies have shown that sexual violence is predominant among females^{3,5,6}. The prevalence reported herein may be underestimated, given the refusal of some students to participate in this investigation.

For centuries, children and adolescents were considered “objects” belonging to their parents and caregivers, who had absolute power over their children’s bodies (parental power), thereby justifying violent intrafamily relationships as part of educational practices. These attitudes are currently criticized and restrained by constitutional rights in much of the world. However, changes in behavior occur slowly, and some families still use punishment and other abusive parenting styles in their educational practices.

The family, regardless of its configuration, is understood to be the first reference for the socialization and protection of individuals, thereby constituting a route for learning affection and imparting ethical norms and social rules³⁴. Whitaker and Bumberry³⁵ have described the characteristics of a healthy family as follows: “[...] it is dynamic, not static, that is, it is a system in a continuous process of evolution and change; its rules serve as a guide and are at the service of growth; there is a clear separation between generations so that parents (or adults who represent them) convey to children a sense of security based on leadership and solidarity; crises and conflicts provoke development, not rupture; there is space to express and share intimacy and feelings, even those connoted as negative; its members know how to benefit from the exchange of experiences between generations;

works as an open organism that relates to others and is capable of incorporating new elements”.

Low family cohesion, worn-out affective relationships, little involvement between members with individuality prioritization, emotional separation, lack of support, limited or absent leadership, and communication difficulties may leave individuals who are part of the family nucleus vulnerable. One study evaluating risk and protective factors for sexual abuse among American adolescents of Latin and African descent has found that, in families in which parents monitor their daughters, know their whereabouts (positive monitoring), and have a conservative attitude toward sex, the children are less likely to experience victimization³⁶. Monitoring by parents is associated with greater proximity, trust, and honesty, thus functioning as a protective factor against sexual abuse and risky behaviors, in line with the results obtained in the current study indicating that higher PSI scores were associated with protective parenting styles in the nonvictim group. From these findings, we inferred that the decreased chances of participants becoming victims of violence with increasing positive monitoring scores might have been associated with the improvements in self-esteem, self-confidence, social and psychological competence, assertiveness, and maturity arising from this parenting style, thus explaining its protective role²³⁻²⁵.

Children of authoritarian and/or negligent parents, who are pressured to meet their parents' expectations, are seldom heard; do not have their wants and demands considered; have fewer social skills, lower self-esteem, and greater difficulty in developing self-knowledge; display more affective and behavioral problems; and are more vulnerable to risky situations, thus increasing their chances of becoming victims of sexual abuse^{23-25,36}. Although we found a relationship with only the parenting styles of positive monitoring, negligence, and physical abuse, but not the other styles, we observed a notable tendency

for individuals who had experienced sexual abuse to have higher scores for other nonprotective styles than those in participants in the group that had not experienced abuse.

Importantly, the absence of an effective social support network allows many families to live in vulnerable situations. A lack of resources, whether material or otherwise, particularly in contexts in which tools to face adversities are lacking, prevents families from healthily establishing themselves, and prevents parents or guardians from performing caregiver roles³⁷. A review of the literature published in 2018 has indicated that girls in families whose incomes are below or at the poverty line are at elevated risk of victimization, and parental education contributes to this risk, which is lower in families whose mothers have more than 12 years of schooling³⁸.

Numerous studies in the literature have indicated the importance of parenting styles in the development of behavioral patterns in childhood and adolescence, such as aggressiveness, alcohol and drug consumption, antisocial behavior, hyperactivity and impulsivity, risky sexual behavior, and delinquency 24-26,39. However, few studies have assessed the relationship between parenting styles and the risk of victimization due to sexual violence^{28,29}. Based on the results obtained in this study, we believe that parenting styles may influence individuals' vulnerability to the occurrence of sexual violence, giving us support to better face this problem.

Study limitations

The statistical models used to make comparisons between victims and non-victims yielded statistically significant results, thus demonstrating the study's internal validity. However, its external validity cannot be affirmed, because the design was cross-sectional and included a non-representative sample of the population. In future work, the sample should be expanded to assess whether the results found herein will be maintained.

Implications and contributions

A healthy society is made up of individuals who are morally capable of building this society. The family home is where a great part of moral development occurs, and wholesome individuals are formed. Moreover, the family is where children and adolescents learn to love and respect themselves and each other. Society, the media in its various forms, and governmental agencies are currently concerned about the increasing rates of sexual violence against children and adolescents and aim to promote the creation of campaigns to encourage the reporting of these acts.

Knowing how the parenting style and educational practices used by those responsible affect the risk of children or adolescents becoming victims of sexual violence would enable early intervention in high-risk groups to prevent violence from occurring or to achieve early interruption of violence already occurring. Investigation of the relationships between the behavior of parents and children provides subsidies to alert parents about the consequences of their actions and may guide how they might change their behavior to benefit their children.

Although the current study has internal validity, the same cannot be said regarding its external validity, because the design was transversal, with a sample not representative of the entire population. Despite this limitation, we believe that the results of this study are relevant because they draw attention to a relationship that has rarely been studied. These findings aid in understanding the phenomenon of sexual violence and may be used to guide individual and collective actions, as well as public policies to identify at-risk groups, promote preventive actions, and minimize harm.

An urgent need exists to sensitize and educate society, health, and education professionals, on how to identify at-risk groups, how to act in front of them, and how to

Landi et al. Relationship between exposure to sexual abuse in childhood and adolescence and parenting style. ABCS Health Sci. [Epub ahead of print]. DOI: 10.7322/abcschs.2023026.2282

respond appropriately to the detection of sexual violence. Schools must have a fundamental role in these actions, and adults who live with children and adolescents whether they are teachers or health professionals be trained to identify dysfunctional families, to support children and adolescents, and to recognize and prevent violence from occurring or being perpetuated.

REFERENCES

1. World Health Organization (WHO). Report of the consultation on child abuse prevention, 29-31 March 1999. Geneva: WHO; 1999.
2. Diehl A, Souza RM, Madruga CS, Laranjeira R, Wagstaff C, Pillon SC. Rape, child abuse, and mental health in a Brazilian National Sample. *J Interpers Violence*. 2022;37(1-2):NP944-68.
<https://doi.org/10.1177/0886260520915546>
3. World Health Organization (WHO). Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva: WHO; 2013.
4. Silva FC, Monge A, Landi CA, Zenardi GA, Suzuki DC, Vitalle MSS. The effects of sexual violence experienced in childhood and adolescence on undergraduate students. *Rev Saude Publica* 2020;54:134.
<https://doi.org/10.11606/s1518-8787.2020054002576>
5. Pan Y, Lin X, Liu J, Zhang S, Zeng X, Chen F, et al. Prevalence of childhood sexual abuse among women using the childhood trauma questionnaire: A worldwide meta-analysis. *Trauma Violence Abuse*. 2021;22(5):1181-91.
<https://doi.org/10.1177/1524838020912867>
6. Fórum Brasileiro de Segurança Pública. Anuário Brasileiro de Segurança Pública: 2020. Available from: <https://forumseguranca.org.br/wp-content/uploads/2020/10/anuario-14-2020-v1-interativo.pdf>
7. Alaggia R, Collin-Vézina D, Lateef R. Facilitators, and barriers to child sexual abuse (CSA) disclosures: a research update (2000-2016). *Trauma Violence Abuse*. 2019;20(2):260-83.
<https://doi.org/10.1177/1524838017697312>
8. Hébert M, Tourigny M, Cyr M, McDuff P, Joly J. Prevalence of childhood sexual abuse and timing of disclosure in a representative sample of adults from Quebec. *Can J Psychiatry*. 2009;54(9):631-6.
<https://doi.org/10.1177/070674370905400908>

Landi et al. Relationship between exposure to sexual abuse in childhood and adolescence and parenting style. *ABCS Health Sci.* [Epub ahead of print]. DOI: 10.7322/abcshs.2023026.2282

9. Assink M, van der Put CE, Meeuwse MWCM, Jong NM, Oort FJ, Stams GJJM, et al. Risk factors for child sexual abuse victimization: A meta-analytic review. *Psychol Bull.* 2019;145(5):459-89.

<https://doi.org/10.1037/bul0000188>

10. Sanvictores T, Mendez MD. Types of parenting styles and effects on children. Treasure Island (FL): StatPearls, 2022.

11. Alonso-Stuyck P. Parenting and health teenage lifestyles. *Int J Environ Res Public Health* 2020;17(15)5428.

<https://doi.org/10.3390/ijerph17155428>

12. Lanjekar PD, Joshi SH, Lanjekar PD, Wagh V. The effect of parenting and the parent-child relationship on a child's cognitive development: a literature review. *Cureus* 2022;14(10):e30574.

<https://doi.org/10.7759/cureus.30574>

13. Minuchin S. *Familias y terapia familiar (Spanish Edition for Kindle)*. Barcelona: Gedisa; 2003.

14. Baldwin AL. The effect of home environment on nursery school behavior. *Child Dev.* 1949;20(2):49-61.

<https://doi.org/10.2307/1125606>

15. Schaefer ES. Children's reports of parental behavior: an inventory. *Child Dev.* 1965;36(2):413-24.

<https://doi.org/10.2307/1126465>

16. Parker G, Tupling H, Brown LB. A parental bonding instrument. *Br J Med Psychol* 1979;52(1):1-10.

<https://doi.org/10.1111/j.2044-8341.1979.tb02487.x>

17. Perris C, Jacobsson L, Lindström H, von Knorring L, Perris H. Development of a new inventory assessing memories of parental rearing behaviour. *Acta Psychiatr Scand.* 1980;61(4):265-74.

<https://doi.org/10.1111/j.1600-0447.1980.tb00581.x>

18. Steinberg L, Lamborn SD, Darling N, Mounts NS, Dornbusch SM. Over-time changes in adjustment and competence among adolescents from authoritative, authoritarian, indulgent, and neglectful families. *Child Dev.* 1994;65(3):754-70.

<https://doi.org/10.1111/j.1467-8624.1994.tb00781.x>

19. Hoffman ML. Moral internalization, parental power, and the nature of parent-child interaction. *Developmental Psychology.* 1975;11(2):228-39.

<https://doi.org/10.1037/h0076463>

20. Dishion TJ, McMahon RJ. Parental monitoring and the prevention of child and adolescent problem behavior: a conceptual and empirical formulation. *Clin Child Fam Psychol Rev.* 1998;1(1):61-75.

<https://doi.org/10.1023/a:1021800432380>

21. Stattin H, Kerr M. Parental monitoring: a reinterpretation. *Child Dev.* 2000;71(4):1072-85.
<https://doi.org/10.1111/1467-8624.00210>
22. Sampaio ITA, Gomide PIC. Inventário de Estilos Parentais (IEP) – Gomide (2006) Percurso de padronização e normatização. *Psicol Argum.* 2007;25(48):15-26.
23. Gomide PIC. Inventário de Estilos Parentais - IEP - fundamentação teórica, instruções de aplicação, apuração e interpretação. 4 ed. Curitiba: Juruá; 2021
24. Cutrín O, Gómez-Fraguela JA, Maneiro L, Sobral J. Effects of parenting practices through deviant peers on nonviolent and violent antisocial behaviours in middle- and late-adolescence. *Eur J Psychol Applied Legal Context.* 2017;9(2):75-82.
<https://doi.org/10.1016/j.ejpal.2017.02.001>
25. Ryan SM, Ollendick TH. The Interaction Between Child Behavioral Inhibition and Parenting Behaviors: Effects on Internalizing and Externalizing Symptomology. *Clin Child Fam Psychol Rev.* 2018;21(3):320-39.
<https://doi.org/10.1007/s10567-018-0254-9>
26. Martinez I, Garcia F, Veiga F, Garcia OF, Rodrigues Y, Serra E. Parenting Styles, Internalization of Values and Self-Esteem: A Cross-Cultural Study in Spain, Portugal, and Brazil. *Int J Environ Res Public Health.* 2020;17(7):2370.
<https://doi.org/10.3390/ijerph17072370>
27. Williams KE, Ciarrochi J. Perceived Parenting Styles and Values Development: A Longitudinal Study of Adolescents and Emerging Adults. *J Res Adolescence.* 2020;30(2):541-58.
<https://doi.org/10.1111/jora.12542>
28. Ding R, Wen X, He P, Guo C, Luo Y, Song X, et al. Association Between Childhood and Adolescent Sexual Abuse Experiences and High-Risk Sexual Behaviors Among Chinese Youth. *Sex Med.* 2018;6(4):273-81.
<https://doi.org/10.1016/j.esxm.2018.08.004>
29. Lind MJ, Brown RC, Sheerin CM, York TP, Myers JM, Kendler KS, et al. Does Parenting Influence the Enduring Impact of Severe Childhood Sexual Abuse on Psychiatric Resilience in Adulthood? *Child Psychiatry Hum Dev.* 2018;49(1):33-41.
<https://doi.org/10.1007/s10578-017-0727-y>
30. Bernstein DP, Ahluvalia T, Pogge D, Handelsman L. Validity of the childhood trauma questionnaire in an adolescent psychiatric population. *J Am Acad Child Adolesc Psychiatry.* 1997;36(3):340-8.
<https://doi.org/10.1097/00004583-199703000-00012>
31. Grassi-Oliveira R, Stein LM, Pezzi JC. Translation and content validation of the Childhood Trauma Questionnaire into Portuguese language. *Rev Saude Publica.* 2006;40(2):249-55.
<https://doi.org/10.1590/s0034-89102006000200010>

Landi et al. Relationship between exposure to sexual abuse in childhood and adolescence and parenting style. ABCS Health Sci. [Epub ahead of print]. DOI: 10.7322/abcshs.2023026.2282

32. World Health Organization (WHO). Young people's health - a challenge for society: report of a WHO Study Group on Young People and "Health for All by the Year 2000" [meeting held in Geneva from 4 to 8 June 1984]. Geneva: WHO, 1986.

33. Brodski SK, Zanon C, Hutz CS. Adaptação e validação do Questionário sobre Traumas na Infância (QUESI) para uma amostra não clínica. Avaliação Psicol. 2010;9(3):499-501.

34. Veras JLA, Silva TPS, Katz CT. Funcionamento familiar e tentativa de suicídio entre adolescentes. Cad Bras Saude Mental. 2017;9(22):70-82.

35. Whitaker C, Bumberry W. Dançando com a família. Porto Alegre: Artes Médicas; 1990.

36. East PL, Hokoda A. Risk, and protective factors for sexual and dating violence victimization: a longitudinal, prospective study of Latino and African American adolescents. J Youth Adolesc. 2015;44(6):1288-300.
<https://doi.org/10.1007/s10964-015-0273-5>

37. Carneiro CBL, Veiga L. O conceito de inclusão, dimensões e indicadores. Belo Horizonte: Secretaria Municipal de Coordenação de Política Social; 2004.

38. Sanjeevi J, Houlihan D, Bergstrom KA, Langley MM, Judkins J. A Review of Child Sexual Abuse: Impact, Risk, and Resilience in the Context of Culture. J Child Sex Abuse. 2018; 27(6):622-41.
<https://doi.org/10.1080/10538712.2018.1486934>

39. Masud H, Ahmad MS, Cho KW, Fakhr Z. Parenting styles and aggression among young adolescents: a systematic review of the literature. Community Ment Health J. 2019;55(6):1015-1030.
<https://doi.org/10.1007/s10597-019-00400-0>

Table 1: Typical characteristics of students (sex and age), according to whether they were victims of sexual violence.

		Victim	Non-Victim	Total	p
Sex	female	52 (9.5%)	497 (90.5%)	549 (100.0%)	0.090 ^a
	male	19 (6.1%)	290 (93.9%)	309 (100.0%)	
	Total	71 (8.3%)	787 (91.7%)	858 (100.0%)	
Age (years)	N	71	787	858	0.014 ^b
	Mean	21.6	21.0	21.1	
	Median	22.0	21.0	21.0	
	minimum-maximum	18-24	17-24	17-24	
	standard deviation	1.7	1.8	1.8	

^a Pearson's chi-square, ^b Mann-Whitney

Table 2: Distribution of the responses to the Parenting Styles Inventory (PSI), according to whether participants were victims of sexual violence (gross score and seven parenting practices).

Variable		Victims		Nonvictims		Total		p
		n	%	n	%	N	%	
PSI	more than zero	37	6.1	566	93.9	603	100.0	0.002^a
	equal to zero	5	17.2	24	82.8	29	100.0	
	less than zero	29	12.8	197	87.2	226	100.0	
	Total	71	8.3	787	91.7	858	100.0	
PSI (gross score)	N	71		787		858		0.001^b
	Mean	-0.6		4.9		4.4		
	median	2.0		7.0		6.0		
	minimum, maximum	-32.0, 18		-29.0, 23		-32.0, 23		
	standard deviation	11.8		9.3		9.6		
Positive monitoring	N	71		787		858		0.008^b
	Mean	8.1		9.0		8.9		
	median	9.0		10.0		10.0		
	minimum, maximum	0, 12		0, 12		0, 12		
	standard deviation	3.0		2.7		2.7		
Moral modeling	N	71		787		858		0.110 ^b
	Mean	8.0		8.4		8.4		
	median	8.0		9.0		9.0		
	minimum, maximum	3, 12		0, 12		0, 12		
	standard deviation	2.4		2.5		2.5		
Inconsistent punishment	N	71		787		858		0.003^b
	Mean	3.9		3.0		3.0		
	median	4.0		3.0		3.0		
	minimum, maximum	0, 9		0, 10		0, 10		
	standard deviation	2.5		2.2		2.2		
Negligence	N	71		787		858		0.001^b
	Mean	4.0		2.7		2.8		
	median	3.0		2.0		2.0		
	minimum, maximum	0, 12		0, 12		0, 12		
	standard deviation	3.1		2.3		2.4		
Lax discipline	N	71		787		858		0.506 ^b
	Mean	2.4		2.2		2.2		
	median	2.0		2.0		2.0		
	minimum, maximum	0, 8		0, 11		0, 11		
	standard deviation	2.0		1.9		1.9		
Negative monitoring	N	71		787		858		0.017^b
	Mean	4.6		4.0		4.1		
	median	5.0		4.0		4.0		
	minimum, maximum	0, 9		0, 12		0, 12		
	standard deviation	2.1		2.2		2.2		
Physical abuse	N	71		787		858		0.001^b
	Mean	1.8		0.7		0.8		
	median	1.0		0.0		0.0		
	minimum, maximum	0, 9		0, 11		0, 11		
	standard deviation	2.3		1.5		1.6		

^A calculated using Pearson's chi-square test; ^b was calculated using the Mann-Whitney test.