

## Acknowledgements

The authors are grateful to the undergraduate students of Health Sciences (2<sup>nd</sup> year/Unit: Health Psychology) in the help of gathering the protocols. No funding to declare.

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## Childhood traumatic experiences and adult adjustment

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**Introduction:** There are many children who, throughout their lives, have gone through traumatic experiences [1]. Given these experiences, individuals tend to mobilize specific coping strategies, either adaptive (e.g. seeking social support) or maladaptive (e.g. denial) [2]. The main goals of this study are to characterize childhood traumatic experiences and to analyse the relation between childhood trauma and coping strategies in adults, as well as to verify the existence of differences in the childhood traumatic experiences and coping strategies in adulthood as regards sociodemographic variables.

**Materials and methods:** The current study has an observational, descriptive and cross-sectional design, with a non-probability convenience sample composed by 150 Portuguese adults. For data collection, we used the Childhood Trauma Questionnaire [3] (short version) and the Brief COPE [4].

**Results:** The results point to a relatively low mean of childhood traumatic experiences ( $M = 45.46$ ;  $SD = 7.29$ ). There is an association between childhood traumatic experiences and coping strategies used in adulthood, according to the type of victimization suffered. The participants show more adaptive coping strategies, centred around planning ( $M = 6.18$ ;  $SD = 1.30$ ) and active coping ( $M = 6.11$ ;  $SD = 1.29$ ) and less maladaptive coping strategies, centred around behavioural disinvestment ( $M = 2.65$ ;  $SD = .98$ ) and substance use ( $M = 2.25$ ;  $SD = .80$ ). There are statistically significant differences in the childhood traumatic experiences per age group – participants over 87 years old have higher means when it came to reporting physical neglect ( $M = 8.13$ ;  $SD = 4.22$ ). The older participants also show higher means in planning ( $M = 7.00$ ;  $SD = 1.00$ ), religion ( $M = 4.60$ ;  $SD = 2.03$ ) and acceptance ( $M = 6.27$ ;  $SD = 1.16$ ). Regarding sex, there are no statistically significant differences concerning the traumatic experiences, as opposed to the adopted coping strategies – women adopt adaptive coping strategies (e.g. expression of feelings –  $M = 4.91$ ;  $SD = 1.68$ ), while men have the higher mean in the substance abuse scale ( $M = 2.41$ ;  $SD = 1.05$ ). Regarding marital status, singles resort more to instrumental support ( $M = 5.21$ ;  $SD = 1.55$ ), while widows resort more to religion ( $M = 5.05$ ;  $SD = 2.09$ ).

**Discussion and conclusions:** It is possible to establish a relation between childhood trauma and maladaptive coping strategies in adulthood, although the literature about this phenomenon is still scarce. Faced with adversity, participants of this study reveal a tendency to use confrontational strategies, mostly centred around planning, active coping, positive reinterpretation and acceptance. In-depth knowledge of the relation between trauma and coping will allow the improvement of intervention programs.

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## Cognitive distortions on sexual abuse of children and empathy: an exploratory approach of a normative sample

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**Introduction:** This paper intends to present the relationship between the cognitive distortions on sexual abuse of minors and the perspective of Marshall and Barbaree [1] that emphasize the possibility that the low levels of empathy can disinhibit deviant sexual behavior, justifying this fact with the incapacity of these subjects Recognize or feel compassion for the suffering of their victims, that is, empathy.

**Materials and methods:** This study consisted of  $N = 1193$  individuals, 45.3% male and 54.6% female. The ages ranged from 18 to 74 years ( $M = 27.25$ ,  $sd = 9.62$ ). The following instruments were used: Abel & Becker Cognition Scale (EC; Abel, Becker, & Cunningham-Rathner, 1984; translated by Baúto & Cardoso, 2011) Self-report scale assessing the existence of cognitive distortions on child sexual abuse; Empathy Quocient-Short Version (EQ-SV; Muncer & Ling, 2006; translated by Baúto & Cardoso, 2011) self-report instrument that aims at assess the levels of empathy (how the individual perceives the emotions and feelings of others, their social competences, and their reaction and impact caused by perceiving damage in the other).

**Results:** When analyzing the association between subscales of the Abel & Becker Cognition Scale (EC) and the Empirical Quotient (EQ), we found statistically significant correlations between different subscales. Regarding the “Social Competences”, it has correlations with the subscales of “Benefit in Sexual Practices between Adults and Children” ( $r = -.16$ ,  $p = .000$ ), “Decision Ability and Child Initiative in Sexual Practices” ( $r = -.19$ ,  $p = .000$ ), “Positive Perception of Sexual Practices with Children” ( $r = -.13$ ,  $p = .000$ ), “Child as Sexual Being” = .000) and “Banalization of Sexual Contacts” ( $r = -.20$ ,  $p = .000$ ). At the same level of analysis, we verified that the subscale “Emotional Reactivity” correlates with the same subscales of the Cognition Scale (EC), “benefit in sexual practices between adults and children” ( $r = -.19$ ,  $p = .000$ ), “Decision Ability and Child’s Initiative in Sexual Practices” ( $r = -.15$ ,  $p = .000$ ), “Positive Perception of Sexual Practices with Children” ( $r = -.16$ ,  $p = .000$ ) Child as Sexual Being “( $r = -.15$ ,  $p = .000$ ) and” Banalization of Sexual Contacts “( $r = -.14$ ,  $p = .000$ ).

**Discussion and conclusions:** We conclude that the more present the cognitive distortions on child sexual abuse, the less social skills and the ability to react to the suffering of others. This result may be related to the fact that the literature recognizes the possibility of empirical deficits, only as a way of maintaining the act or preserving the subject’s self-image. Given the sample in question, these results suggest that empathy deficits may arise only in post-passage [2]. Since this is a normative sample, these results reinforce the need to analyze these variables in forensic populations.

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## Effects of sleep difficulties on global quality of life

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**Introduction:** The relationship between sleep difficulties and quality of life (QoL) is multifaceted and extensive, and in the literature several studies have shown a negative association between sleep difficulties and QoL, i.e. there is a lower QoL in individuals with sleep disturbances (e.g. insomnia), with greater commitment of the daily activities and greater