



# CHILDREN'S COPING WITH DOMESTIC VIOLENCE

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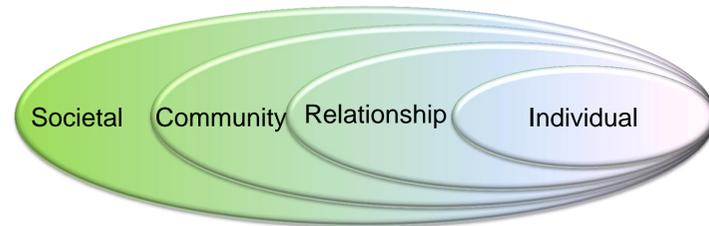
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## Background

Approximately 15 million children are exposed to domestic violence each year. Witnessing intimate partner violence (IPV) often negatively affects children's adaptive abilities, emotional well-being, social functioning, and physical health. For child witnesses, these problems are associated with increased use of mental health and health care resources. Little is known regarding children's perceptions on how they cope with exposure to IPV. The purpose of this study was to explore children's perceptions of psychological, supportive, and spiritual coping strategies with exposure to IPV. Ecological theory was utilized as a framework for this study.

## Conceptual framework



Ecological theory was utilized to understand child development over time and the different pathways of adjustment that emerges in the face of adversity. Based on ecological theory, research recognizes a complex interaction among individual attributes, family milieu, and social interactions in promoting well-being.

## Methodology and Design

Subjects were recruited from a youth therapy counseling program at a rural victim-service provider (N = 29). The participants were children who had experienced exposure to their mother's abuse by an intimate male partner. Child self-report measures were used to assess coping strategies (i.e., Children's Protective Strategies Index [CPSI]) and exposure (i.e., Children's Exposure to Domestic Violence Scale [CEDV]).

**Table1 Frequency (percentage) of CEDV (n=29)**

Variable	Level of violence			
	Never(%)	Sometimes(%)	Often(%)	Almost Always(%)
Q1. Adults in your family disagree	1 (3.4)	9 (31.0)	11 (37.9)	8 (27.6)
Q2. Mom's partner hurt her feelings	1 (3.4)	6 (20.7)	4 (13.8)	17 (58.6)
Q3. Mom's partner stopped her from doing something	13 (44.8)	5 (17.2)	5 (17.2)	5 (17.2)
Q4. Mom's partner stopped her from eating/sleeping	18 (62.1)	5 (17.2)	4 (13.8)	1 (3.4)
Q5. Mom and her partner argued about you	10 (34.5)	8 (27.6)	5 (17.2)	6 (20.7)
Q6. Mom's partner hurt pet in the home	19 (65.5)	6 (20.7)	1 (3.4)	2 (6.9)
Q7. Mom's partner broke/destroyed something	10 (34.5)	10 (34.5)	4 (13.8)	5 (17.2)
Q8. Mom's partner hurt her body	6 (20.7)	14 (48.3)	4 (13.8)	3 (10.3)
Q9. Mom's partner threatened to use weapon	19 (65.5)	7 (24.1)	2 (6.9)	0
Q10. Mom's partner hurt her with knife, gun, object	23 (79.3)	4 (13.8)	0	1 (3.4)

**Table2 Correlation between Coping Strategies and Exposure to Domestic Violence**

Coping Strategies	Exposure to Domestic Violence
Go outdoors.	.44*
Wonder why no one tries to stop the fighting.	.42*
Have friends whose moms and partners do not fight.	.49*
Believe the fighting is not mom's fault.	.42*
Want to grow up to be different from mom and partner.	.41*
Find place(s) to hide from fighting.	.62**
Want the fighting to stop.	.51**
Always on guard for signs of the fighting.	.48*
Ask mom's partner to stop harming.	.45*
Say something to mom and her partner to stop fighting.	.52**
Stand up to mom's partner.	.64**
Tell mom that being harmed by partner is not right.	.41*
Get brothers/sister to hide during the fighting.	.51**
Tell mom to leave her partner.	.39*
Protect brothers and sisters.	.52**

\*\*p<0.01  
\* p<0.05

## Results

Study participants were females (n=14) and males (n=15) ranging in age from 7 to 16 years old (M=10, SD=2.56). Twenty-seven participants (93%) were European American. The age range of children's exposure to IPV was 2 to 12 years (M=6.59, SD=3.13). The abusers included primarily fathers (n=20, 69%), stepfathers (n=5, 17.2%), or the mother's boyfriend (n=4, 13.8%). Additionally, 20 participants (69%) reported that the abuser also abused them. Children were most often exposed to their mom's partner hurting their mom's feelings by aggressive verbal attacks. Pearson's correlations indicated 15 children's coping strategies (e.g., finding places to hide, prayer) were associated with such exposure. Taking into consideration all types of IPV exposure, social support (e.g., having a supportive adult) and cognitive coping (e.g., wanting the violence to end) were the most frequently used strategies with 93% of the sample endorsing them.

## Conclusions

The results of this study suggest that social support and cognitive coping were the most frequently used strategies in children exposed to IPV. These results can inform the efforts of health-care providers, teachers, parents, and researchers to support children's psychological recovery and break the cycle of violence.