

# CHILDHOOD DOMESTIC VIOLENCE TRAUMA-IMPACT AND COPING STRATEGIES AT A LATER STAGE IN LIFE: A QUALITATIVE EXPLORATION

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*Studies indicate that over 8.3 million children in the United States are exposed to domestic violence trauma, and results have indicated that exposure to this trauma can have serious developmental effects. This study includes qualitative data collection on six participants who have overcome childhood domestic violence trauma (CDVT). Each participant was interviewed, and successful coping strategies were identified in the process. Using Grounded Theory, which interprets the data into collective themes, coping strategies were put into categories and subcategories. After the strategies were organized, the results provided a structured framework for different coping alternatives that could be useful to practitioners who are working with people experiencing or recovering from CDVT in their lives. These results should be adhered to in curriculum-based practice, and can be used as a framework for macro, mezzo or micro application. Implications of this study include greater knowledge base for child welfare workers, along with the opportunity for new interventions in working with children struggling with CDVT. Furthermore, identification of these interventions can serve to reduce long-term effects of CDVT on children.*

## INTRODUCTION

Violence experienced by children in families and its later consequences for children's personal lives is always a matter of concern. It is estimated that roughly 11.1% of children in the United States have been exposed to physical or psychological violence in the family involving an adult (Hamby, Finkelhor, Turner & Ormrod, 2011). Exposure to childhood domestic violence trauma (CDVT) has a lasting impact on children and becomes a serious barrier to development even after the children are safe from the domestic violence situation (Hardesty & Campbell, 2008). Studies have shown that exposure to CDVT can lead to behavioral issues in children as they progress through life (Moylan, Herrenkohl, Sousa, Tajima, Herrenkohl, & Russo, 2010). There have been some studies that provide guidelines for coping mechanisms (Izaguirre & Calvete, 2015). However, further research is needed to determine a wider range of coping mechanisms within people who have been exposed to CDVT. Studies indicate that there is a need for more professional strategies to help children who have been exposed

to CDVT (Huang, Wang & Warrener, 2010). Furthermore, the earlier the intervention is put in place, the better developmental outcome the child will have (Huang et al., 2010).

## EXPOSURE TO CDVT

In the United States, 5.8% of children revealed that they had witnessed family violence in which one parent assaulted the other (Finkelhor, Turner, Shattuck, & Hamby, 2015). Children who are exposed to domestic violence are more likely to live in poverty; however, they are also more resilient than “non-poor” (p. 2468) children (Yoo & Huang, 2012). Stressing the numbers of the children who are exposed to CDVT may provide better insight into size of the issue at hand for society. In a recent study, researchers found that children who are exposed to CDVT are more likely to experience emotional, physical, and sexual abuse during the time when the trauma is present in the home than children who do not experience CDVT (Holt, Buckley & Whelan, 2008). This study also found that the emotional effects of trauma are likely to be present even after the children are in a safe environment. Calling for a more child-centered approach from professionals could alleviate the suffering of children who have been exposed to domestic violence (Holt et al., 2008) and increase their ability to use effective coping skills.

**“Exposure to childhood domestic violence trauma (CDVT) has a lasting impact on children and becomes a serious barrier to development even after the children are safe from the domestic violence situation (Hardesty & Campbell, 2008).”**

## BEHAVIORAL ISSUES

Behavioral issues arise after CDVT during childhood and well into adulthood. Studies show that preschool aged children exhibit long-term detrimental behavioral effects following CDVT (Huang et al., 2010). Children who focus their attention towards domestic violence are more at risk of developing anxiety issues (Briggs-Gowan et al., 2015). Children may also suffer from severe cognitive deficits, social withdrawal, and limited peer interactions (Hildyard & Wolfe, 2002). Izaguirre and Calvete (2015) found that 97% of mothers who have been victims of domestic violence revealed both that their children were indirect victims and that children often tried to interfere in the conflict. It appears that exposure to domestic violence may cause children to think that they have to assume adult roles and responsibilities; alternatively, they sometimes begin to exhibit aggressive behaviors that may be directed towards their mothers as well (Izaguirre & Calvete, 2015). Boys are more at risk of exhibiting externalizing behaviors (e.g. hitting, bullying) and girls are more at risk

of internalizing behaviors (e.g. anxiety and powerlessness) due to the fact that boys are more likely to be conditioned at a young age to be dominant while girls are taught to be submissive (Blair, McFarlane, Nava, Gilroy, & Maddoux, 2015). Extensive studies that focus on the repercussions of CDVT have found that adolescents are more likely to fall into delinquency and depression if they have been exposed to domestic violence and/or child abuse than adolescents not exposed to either form of violence (Moylan, Herrenkohl, Sousa, Tajima, Herrenkohl, & Russo, 2010). The social learning theory, which focuses on the pattern-repeating behavior that occurs when an individual learns from his or her environment (Bandura, 1973) can be correlated to aggression displays later in life from CDVT. Aggression in university students has also been confirmed to be a possible effect of CDVT (Feroz, Jami, & Masood, 2015).

## **COPING**

Children who have been exposed to childhood domestic violence exhibit unique coping strategies depending on their family system. External coping strategies indicate the extent to which caregiver support makes an enormous difference in how children respond to stress (Hildyard & Wolfe, 2002), as caregivers provide a model that children follow for problem-solving, personal control, and predictability (Luthar, Cinchetti, & Becker, 2000). A child's adjustment is largely reliant on how their parent functions throughout the trauma (Graham-Bermann, Gruber, Howell, & Girz, 2009). The child's family as a whole also plays a role in coping for the child. The family stress theory states that a family's ability to deal with stress is an indicator of how each individual family member will deal with it as well (Hardesty, Campbell, McFarlane, & Lewandowski, 2008). Connecting with supportive loved ones, enacting family rituals, and staying busy are all examples of family coping mechanisms that, according to the family stress theory, can also help the individual child cope (Hardesty et al., 2008). In contrast, exposure to intimate partner violence (IPV) can lower maternal warmth (Holmes, 2013) and, in turn, affect the children's ability to adjust after domestic violence trauma. Currently, studies surrounding childhood domestic violence experiences lack a strengths-based perspective, and more research is necessary to identify specific coping strategies that were used by participants to transition into adulthood (Izaguirre & Calvete, 2015).

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**METHODOLOGY**

This qualitative research study had six participants over the age of 25. Participants consisted of five women and one man. There were no gender- or race-specific requirements for participation. Inclusion criteria for the sample included having experienced domestic violence trauma before the age of 18. Referral and recruitment were completed through social media sites such as Facebook and referrals from department heads at Family Support Services in Amarillo, Texas. Potential participants were given information about the research process and goals. Their questions regarding any part of the research were answered truthfully, and deception was not used in any portion of this study. Each interview and participant was anonymized through use of codes and pseudonyms for names, towns, workplaces etc. The research was conducted in compliance with Institutional Review Board standards and with approval.

This study utilized a qualitative approach to gain a reliable amount of data. The Grounded Research method was used for the qualitative portion of data collection. The method for this study was an in-depth analysis of interviews and discussions with participants. Each participant had one interview with the researcher and on some occasions, two interviews were conducted based on the preliminary data analysis. The duration of the interviews varied based on the quality of the information received. These interviews/discussions included explorative and strength-based questions from the Changed Lives New Journeys (2013) website to help guide the discussion along (Appendix A). Participants were encouraged to engage in discussion and an in-depth narrative of their trauma and their coping mechanisms. They were also encouraged to submit any additional information that came to mind after the interviews via an electronic form and were allowed to submit any creative work that they might want to share for analysis. The data was collected within a month's time.

A thematic analysis was used for this qualitative research. Each interview was transcribed and coded respectively by the primary researcher. Line by line coding was used to minimize the exclusion of any vital information to provide a dense analysis (Glaser & Holton, 2004). The interviews were read and analyzed for sub-themes to later group into main themes. The themes were discussed with co-investigators for analyst triangulation and further modified based on the analysis of the co-investigators. Furthermore, the researcher discussed findings with the participants to make sure that the results were trustworthy.

## FINDINGS

The participants in the study identified several coping strategies that were beneficial to them during and while overcoming CDVT. Every participant identified physical and emotional trauma occurring in his or her home as a child. All expressed some feeling of helplessness during the trauma. One elaborated:

“I really don’t remember a time when anybody actually spoke to me about what was going on; it was always just kind of always happening around me.” (David)

The analysis of the participants’ stories of overcoming CDVT led to the identification of coping strategies during three phases. The description of the three phases, coping strategies used, and statements from the participants follow. (For a summary chart, see Appendix B).

## COPING STRATEGIES DURING CDVT

The most significant coping strategies identified by the majority of participants included school, focusing on having good grades, writing, avoiding conflict when possible, having sibling support, having a positive professional intervention, having role models, and going with the flow.

Using external resources allowed for a healthy coping process that helped most of the participants define goals to move them towards emotional progress. Having role models present in their lives while experiencing the CDVT allowed half of the participants to begin to establish goals for themselves. Out of the six participants, all but one identified having positive professional intervention growing up that made a significant difference in how they perceived and coped with the conflict. The experiences range from interactions with social workers, counselors, therapists and law enforcement. A participant explains the impact of having that resource available to her:

“The social worker at the rehab center and the counselor at the school were probably the two most vital things in my life that helped me.” (Alice)

All of the participants identified school as their main coping mechanism during their time experiencing the trauma. It proved to be a distracting factor that allowed them to focus their energy on something besides the negative environment at home.

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Being focused on school and channeling their energy towards getting good grades was identified as a motivating factor to begin forming values for themselves at a young age. Going with the flow and using writing as a way to vent, as 66.6% of the participants did, allowed them to express their emotions in a private manner.

“I used to write a lot. Especially during that time period, I had journals and journals full.”  
(Angelina)

Avoiding conflict while growing up was another coping mechanism that allowed participants to emotionally disengage from the negative situation at home. Avoiding conflict involved sneaking out of the house, locking themselves in their room, and not getting physically involved. One participant also stressed the importance of sibling support to help get through rough days and avoid conflict:

“My sister and I are very close.... A lot of the times when my parents would be fighting or whatever, I would read to my sister.” (Claire)

## **COPING STRATEGIES WHILE BREAKING THE CYCLE**

When the participants were old enough to make their own decisions, many were focused on breaking the cycle of abuse, which they defined as wanting to avoid the repetition of the negative behavior patterns they had seen in their parents. Coping methods identified by the participants to break the cycle included moving out, setting goals, and focusing on school. Moving out as soon as possible from the toxic environment at home was something five out of six participants did. Most participants were looking for a safe place away from home and were ready to live a different lifestyle than the one they grew up around. A participant narrates the emotional whiplash of being away from home:

“It’s like it wasn’t normal to not have that chaos.... We were so used to the dysfunction.” (Alice)

Soon after, five out of the six participants unexpectedly found themselves in similar dysfunctional relationships after leaving home. One participant revealed the vulnerability of being alone for the first time:

“When I ran away initially...I didn’t heal from any of it, you know.... I was probably broken in any way I humanly could be.” (Claire)

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Statements from the five participants who found themselves repeating the negative cycle expressed the importance of becoming aware and setting standards for themselves and their future. One participant shared the desperation felt:

“You have no idea what it is to live like that as a child and as an adult, in a situation like that.”  
(Alice)

They ultimately found a way to break the cycle and move on to the final phase of coping.

### **COPING STRATEGIES AFTER CDVT**

Overcoming CDVT later in life proved to be an emotional journey for all of the participants. Some of the coping mechanisms mentioned included having a working relationship with the victim and perpetrator of the domestic violence, staying busy, family, and turning negatives into positives. They also identified school, sibling support, support from a significant other, being responsible, talking about the trauma, working with kids, and learning about DV as protective factors.

All of the participants in this study received or are in the process of receiving a degree from a higher education institution. School became a portal to learning more about DV, staying busy, and being responsible. Learning more about the trauma and the processes involved during CDVT gave all but one of the participants a settling feeling of understanding. One participant shares:

“I’m able to understand more of that time, you know, what they must have been going through.”  
(Claire)

School was also a helpful way to stay occupied. All of the participants mentioned that getting through school was an important part of overcoming the trauma:

“What school really did was put me in my place because it just gave me structure I needed.”  
(Abigail)

Four out of the six participants explained the resourcefulness of focusing energy towards school instead of “wallowing” in the past. 83.3% of the participants shared that taking on responsibility as a core personal value permitted them to become more objective in their views of the world

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and their own life. Assuming responsibility for their emotions became a source of strength that contributed a feeling of control in their daily life:

“You are in control of your emotions, and that’s really all you have control over.” (Abigail)

Taking opportunities to better themselves for the sake of their loved ones was also significant. More than half of the participants also made points to learn from the mistakes of others.

“I had all of the opportunities in the world to be such a horrible person and I—I didn’t.” (Angelina)

Five participants also acknowledged the importance of having support from a sibling or significant other after the trauma had occurred. It gave them the opportunity to voice their feelings and questions to somebody they trust.

“Having somebody to share it with is something I hadn’t I guess experienced before.” (David)

When the participants engaged in a positive relationship with their childhood caregivers from the time of the trauma, they expressed gaining a better understanding of the DV situation. Only one participant expressed having forgiven the perpetrator for his or her actions, and at least half of the participants still feel some sort of resentment towards their caregivers but have worked through it by talking about it with them.

“It always helps to talk about it.” (Angelina)

## DISCUSSION

Transitioning from a difficult childhood in which violence, manipulation, and stress are common in the household, many children grow up to become caught up in the negative cycle of dysfunction as adults. Using silent methods of venting their feelings proved to be an effective way for study participants to stay out of the conflict at hand. Moving out of the home environment and having space away from the conflict always proved to be beneficial for the participants, as they found the time to get to know themselves without the environmental stress.

**“Establishing a sense of who they are and having standards for themselves, their significant others, their children, and their lifestyle gave them control over their emotions concerning the CDVT.”**



Setting up barriers against negative family influence and allowing people back into their lives conditionally was vital in moving forward. Establishing a sense of who they are and having standards for themselves, their significant others, their children, and their lifestyle gave them control over their emotions concerning the CDVT. With school as a major driving force and inspiration, the participants were able to set goals and achieve a successful lifestyle that is completely shaped by them instead of their CDVT. Establishing a relationship with the DV victim and the DV perpetrator gave them the opportunity to talk about and express the emotions that were ignored as children.

## LIMITATIONS

One first limitation of this research study is that the participants were all recruited from Amarillo, Texas, and so the study cannot be generalized to populations beyond those included in the sample. Second, the study depended on self-report; therefore, biases and inaccuracy may be present.

**“Survivors of CDVT may find comfort in knowing that there are several effective informal resources, as outlined by the participants of this study, that they may use to support their well-being.”**

Other research has suggested that professionals who work with clients who have survived CDVT should be thoroughly educated, engage in collaboration, and constantly evaluate their practice (Campbell & Thompson, 2015; Lessard & Alvarez-Lizotte, 2015). Some misconceptions that hinder service delivery include believing that the child is not a victim of the domestic violence because there is no physical injury, that if a child did not see the act they have therefore not been affected, or that a particular child might be too young to be affected (Campbell & Thompson, 2015). These misconceptions lead to gaps in provider education and lessen the strength of service distribution. Child welfare workers who interact with these clients should focus on forming positive conversational relationships that allow for more effective engagement strategies (Melchiorre & Vis, 2012).

## RECOMMENDATIONS

A more child-centered approach is recommended in agencies that interact with victims of DV and their children. Early positive professional intervention has shown to be a standout resource for 83.3% of participants interviewed. These interventions may not always be formal, but people experiencing or overcoming CDVT should be given the information and tools to be able to find their own way to cope. Overcoming CDVT is not limited to formal interventions such as therapy. Survivors of CDVT may find comfort in knowing that there are several effective informal resources,

as outlined by the participants of this study, that they may use to support their well-being. On a micro level, the coping themes found in this article could be utilized to further counseling outcomes. On a mezzo level, collaboration between disciplines provides a better use of expertise and creates a more unified bridge between IPV and child maltreatment experts to find better solutions for their clients (Lessard & Alvarez-Lizotte, 2015).

Finally, macro implications of the findings are rooted in keeping the child's experience in perspective when designing programs or policies aimed at aiding domestic violence victims. Children are often overlooked victims who face a lifetime of challenges to overcome the effects of CDVT. The findings of this study show that children have serious and lasting repercussions from experiencing DV in their homes. Being that most children remember the events and suffer emotionally in the years afterward, they should be considered valuable players in the DV dynamics that occur in the household.

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**APPENDIX A**

Semi-Structured Interview:

- What age were you when the abuse took place?
- What type of abuse was it? (Physical, emotional, etc.)
- What was the level of relationship between you and the perpetrator?
- What type of support was available to you at home?
  - o School?
  - o Church?
  - o Sports...etc.?
- Did your primary caregiver provide support?
  - o What type?
- Was there professional intervention?
- What would you say are some of your personal traits that contribute to where you are now?
- What are some of your present coping strategies?
- What were some of your coping strategies during the trauma?
- What do you value about yourself?\*
- What do you think helps you bounce back?\*
- What makes you feel useful?\*
- What did your transition process look like?\*
- How do you manage difficult situations in the present day?\*
- What are some creative solutions you have tried?\*
- What resources are available to you?\*

\* These questions were inspired and derived from the 50 strength based questions article found on the Changed Lives New Journeys website (Atkins, 2013).

**APPENDIX B**

