Published in final edited form as:

J Interpers Violence. 2019 February ; 34(4): 712–740. doi:10.1177/0886260516645574.

Differential Adjustment Among Rural Adolescents Exposed to Family Violence

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Abstract

This study examines differences in psychological adjustment in a sample of rural adolescents who have been exposed to family violence. Self-report questionnaires were administered to 580 adolescents and their primary caregivers. The results revealed that over two thirds of the study participants (68.8%) had been exposed to violence in their families. As hypothesized, cluster analysis identified several profiles among adolescents, distinguished by their psychological and emotional functioning: well adjusted (46.2%), moderately adjusted (44.3%), and struggling (9.5%). Discriminant function analysis confirmed the groupings and revealed that family functioning was among the most influential factors explaining adjustment differences. Multivariate analyses of variance (MANOVAs) further showed that adolescents from each of the three adjustment profiles reported significantly different levels of family social support, parental involvement, and perceived neighborhood safety. Overall, the results confirm heterogeneity of adolescent adaptation in the aftermath of family violence and provide insights into family and neighborhood factors that account for variability in adolescents' reactions to violence. Implications for future research and practical interventions are discussed.

Keywords

children; adjustment; domestic violence; exposure; rural

Globally, between 133 and 275 million children report witnessing violence in their homes, usually violence between parents or primary caregivers (United Nations Secretary General's Study on Violence Against Children, 2006). In the United States, the 2011 National Survey of Children's Exposure to Violence revealed that over a quarter of America's children, about 19.4 million, are exposed to family violence prior to adulthood (Finkelhor, Turner, Shattuck, & Hamby, 2013). Although there have been few studies of children's exposure to family violence specific to rural areas, state and local reports suggest the problem is especially distressing in the countryside, where higher rates of more severe types of interpersonal violence among rural couples have been found (Edwards, 2015; Peek-Asa et al., 2011).

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Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Although the numbers are straightforward, they provide only a few glimpses into the complex and pervasive nature of family violence. Questions related to the dynamics of violence exposure, including developmental and gender influences, the role of communities, and cumulative interactive effects of risk and protective factors, are yet to be examined (Davies, Evans, & DiLillo, 2008; Graham-Bermann, Gruber, Howell, & Girz, 2009; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003). Especially understudied is the impact of witnessing family violence on children's mental, physical, and social development. Although detrimental influences of family violence on child functioning are well-established (for reviews, see Davies et al., 2008; Holt, Buckley, & Whelan, 2008; Kitzmann, Gaylord, Holt, & Kenny, 2003; McCloskey & Lichter, 2003; Wolfe et al., 2003), there is also evidence that many children who grow up in violent households may not develop any negative outcomes and may even thrive (Edleson, 2004; Howell, 2011). However, the heterogeneity of adolescent reactions to family violence and their short- and long-term adjustment remains under explored and hindered by conceptual, definitional, and methodological challenges (Hughes & Luke, 1998; Margolin & Gordis, 2004).

This study extends the literature on differential adjustment of children and youth exposed to family violence and examines the question of why exposure to violence is linked to negative outcomes among some adolescents but not others. Identifying youths who display positive adaptation in the aftermath of family violence could provide insight into how and under what conditions young people develop resilience to buffer them from the deleterious effects of witnessing family violence. To set up the context for the present study, a brief review of the following scholarship is provided: (a) the impact of exposure to family violence, (b) differential adjustment in the aftermath of family violence, and (c) challenges of studying adjustment.

Impact of Exposure to Family Violence on Children's Outcomes

A vast body of robust research documents various detrimental effects of household violence, including maladjustment, depression, low self-esteem, posttraumatic stress disorder, problematic and aggressive behaviors, and engagement in risky activities (Anderson & Bang, 2012; Cummings, Pepler, & Moore, 1999; Graham-Bermann, 2002; Kitzmann et al., 2003; Lang & Stover, 2008; Rossman & Ho, 2000; Wekerle & Wolfe, 1999). Links have been established between exposure to violence and poor academic outcomes (Goldblatt, 2003). Children who see the abuse of their caregiver are also more likely to have contact with the juvenile justice system (Ford, Chapman, Mack, & Pearson, 2006) and are at increased risk of involvement in teen pregnancy (Anda et al., 2001). More generally, exposure to violence has been framed under a broader category of child abuse (Graham-Bermann et al., 2009) and as one of the adverse childhood experiences linked to various negative consequences in adult mental and physical functioning and even mortality (Dube et al., 2003; Russell, Springer, & Greenfield, 2010). Not surprisingly, children's exposure to family violence has been referred to as a public health concern and a criminal justice problem (Margolin & Gordis, 2004).

Negative impacts of exposure to family violence have been established across developmental stages and in various cultures. For example, a study of Palestinian university students

revealed that witnessing or experiencing family violence during any major developmental stage—childhood, adolescence, or young adulthood—was positively and significantly related to posttraumatic stress symptoms among participants (Haj-Yahia & Bargal, 2015). Another study found that witnessing violence in the home may place children at risk of involvement in violent dating relationships later in life (Foshee et al., 2015). Additional evidence suggests that the effects of witnessing family violence might be long-lasting. For example, a national survey of youth revealed that more than half of victims of dating violence had witnessed violence at home when growing up (Hamby, Finkelhor, Turner, & Ormrod, 2010). In a small-sample study ($n = 68$) of women exposed to family violence in childhood, nearly half (48.5%) reported experiencing intimate partner violence in adulthood (Anderson & Bang, 2012). Similar findings have been reported for males (O’Keefe, 1997; Reitzel-Jaffe & Wolfe, 2001).

At the same time, a small body of empirical studies and reviews has emerged in recent years suggesting that many children do not suffer negative consequences when exposed to violence in the family. For example, a retrospective study of 280 emergency department patients, a third of whom had reported witnessing family violence as children, did not show a significant association between a history of exposure to violence and present involvement in a violent dating relationship (Ernst et al., 2007). Another group of researchers questioned previous findings on the lasting effects of exposure to family violence in a large longitudinal study of children from New Zealand, concluding that the effects of childhood exposure to family violence on later interpersonal violence were statistically weak (Fergusson, Boden, & Horwood, 2006). In addition, a meta-analysis revealed that 37% of children who witnessed or personally experienced family abuse fared as well or better than children with no reported experience of exposure to violence (Kitzmann et al., 2003). Another study found that over a third of children residing in battered women’s shelters did not show adjustment problems (Grych, Jouriles, Swank, McDonald, & Norwood, 2000) and a similar study found that over two thirds (69%) of teens participating in a program for victims of domestic violence did not meet criteria for internalizing or externalizing problems (Spilsbury et al., 2008). While findings from the reviewed studies are intriguing, they do not negate or diminish the harm that results from violence exposure. Rather, they provide an additional insight into how children may react to violence.

Although more research is needed to clarify variation in children’s responses to violence in the home, it is important to acknowledge that for many children, exposure to family violence does not disrupt normal development (Edleson, 2004; Howell, 2011; Hughes & Luke, 1998; Kitzmann et al., 2003). In light of this, there has been a shift toward resilience and positive coping among children and youth exposed to violence in the family (Edleson, 1999; Margolin & Gordis, 2004; van Heugten & Wilson, 2008; Wortham, 2014).

Empirical and theoretical work on understanding children’s adjustment has uncovered a variety of factors that might shield children against negative consequences of witnessing violence in the home. Of those, supportive relationship with a caregiver, child’s easy temperament, high IQ, positive family relationships, socioeconomic advantage, and social and community support systems have been found to minimize the harmful effects of

violence exposure (Cox, Kotch, & Everson, 2003). Other studies identified trusting peer networks and parental acceptance as protective factors (Bacchini, Miranda, & Affuso, 2011).

In sum, concerns about children who witness or know of a violent situation at home have shaped research efforts to produce evidence on prevalence of the problem and its impacts. Equipped with this evidence, researchers have started investigating more nuanced implications of exposure to family violence, partly due to recognition that not all children are affected in the same way (Wortham, 2014). Understanding how various protective and risk factors interact to influence children's adjustment is essential to advance efforts that mitigate or prevent harm to child's physical, emotional, and social development.

Differential Adjustment and Person-Oriented Approach

At the heart of differential impact of family violence are the unique characteristics of the child, caregiver, and the context in which violence takes place (Haskett, Nears, Ward, & McPherson, 2006; Ungar, 2015). As Ungar (2011, 2013) argued, children who experience varying levels of stress are often affected differentially by the same protective factors. He further claimed that that the level of adversity dictates how a specific factor influences child's outcomes. There has been some support in the literature for this theoretical argument. For example, in a study of drug use initiation among rural adolescents exposed to family violence, Sullivan, Kung, and Farrell (2004) found that the protective effects of supportive parents significantly diminished with very high levels of violence exposure. Evidence from studies that investigated child outcomes in the context of household violence further established that some factors in the ecology of children's lives might differentially affect externalizing and externalizing behaviors. For example, Levendosky, Huth-Bocks, and Semel (2002) found that adolescents' peer support mitigated some negative effects of exposure to family violence but only in terms of adolescent behaviors, such as teens' abusive relationships with dating partners. They did not find support for the protective role of peer support for adolescent mental health functioning.

Other studies estimated the level of damage attributed to exposure to family violence in light of other negative experiences that often accompany victims or witnesses of violence in the home. In their study of male involvement in teen pregnancies, Anda and colleagues (2001) found that boys who grew up witnessing abuse of their mothers and reported physical or sexual abuse were almost twice as likely to be involved in a teen pregnancy as those who did not report those experiences. More generally, a study of risk and protective factors established that accumulation of protective factors at multiple levels was not only significantly related to less violent behaviors among youths but also diminished the association between risk factors and violent behaviors (Stoddard et al., 2013). Research on the association between family violence and violence outside the home also suggests that children might become more reactive to violence when they witness it in and outside of home and on multiple occasions (Mitchell & Finkelhor, 2001).

In an effort to understand the differential power of various protective factors, some have called for a person-oriented approach to studying children's outcomes in the face of adversity (Martinez-Torteya, Bogat, von Eye, & Levendosky, 2009). Intentionally broad, a

person-oriented approach primarily emphasizes the interaction between the unique experiences of individuals and specific settings in which such experiences occur. Person-oriented approaches further assume that this complex interaction results in predictable patterns of behaviors and attitudes that exist within individuals. Consequently, exploring these patterns might help explain how and why “variables are related to one another in different ways for different groups of people” (Goodman, De Los Reyes, & Bradshaw, 2010, p. 378). In the context of child’s adaptation to family violence, this approach allows researchers to identify and explore patterns of outcomes that reflect the multidimensional nature of each child’s adjustment.

An example of a person-oriented approach is to use adjustment profiles to study patterns of adjustment. Studying profiles of adolescent adjustment provides insights into the differential nature of the impact of family violence on child development. Hughes and Luke (1998) identified five distinct profiles of children based on internalizing and externalizing behavior problems. Interestingly, the majority of their sample (62%) were characterized by low to moderate levels of maladjustment. In a similar study, Grych and colleagues (2000) found that almost half of the children (49%) residing in shelters for victims of domestic abuse did not have any adjustment problems and identified them as belonging to either no problems (31% of the sample) or mild distress (18% of the sample) profile groups.

Another study identified four profiles of children exposed to violence based on their social and emotional functioning (Graham-Bermann et al., 2009). Unlike other studies, the group of well-adjusted children was small (20%) compared with groups identified as struggling (45%), severe adjustment (24%), and depression (11%). Finally, Spilsbury and colleagues (2008) used cluster analysis to identify profiles of behavioral problems in a community-based sample of children exposed to family violence. They found that the largest cluster (69%) consisted of children who did not display any internalizing or externalizing problems.

Inconsistencies and Challenges of Studying Adjustment

Although a number of protective factors at the individual, family, and community levels have been identified, findings have been inconsistent. For example, Wolfe and colleagues (2003) did not find support for the differential impact of violence exposure at different stages of development. In a similar vein, Holt and colleagues’ (2008) review of the literature on children’s exposure to domestic violence found contradictory evidence for the influence of gender. Some evidence suggests that boys respond to violence at home differently than girls, while other researchers suggested that gender is not a significant influence. There is also conflicting evidence on the effects of contextual risk factors on witnessing violence, such as the effect of geographic location (Marquart, Nannini, Edwards, Stanley, & Wayman, 2007).

Some researchers have linked inconsistencies in studies of children’s exposure to violence to methodological weaknesses (Haskett et al., 2006; Ungar, 2015; Wolfe et al., 2003). For example, Wolfe and colleagues explained discrepancies in research findings by a lack of theoretically sound frameworks, and highly heterogeneous conceptual and operational definitions. Others have viewed the problem of differences in research findings in light of

sampling inadequacies. Investigators frequently utilize specific settings to carry out their research (e.g., domestic violence shelters, child protection system programs).

Another common limitation in studies of child and adolescent adaptation is the lack of children's perspectives (cf. Cater, 2014). Parents report on how their children are coping, teachers report on children's achievement and behaviors at school, and therapists are asked to assess aspects of children's psychological and emotional well-being. Although valuable, these adult-oriented perspectives are limited because they do not convey a child's reaction to witnessing violence, which can differ drastically from that of an adult (Goodman et al., 2010).

Furthermore, a growing number of scholars have lamented the fact that exposure to family violence often is studied in isolation and that more needs to be done to consider this problem "in tandem with other risk factors" (Wolfe et al., 2003, p. 185). A growing body of research shows that exposure to family violence happens in "a broader context of violence" and that effects of such exposure need to be considered in light of other contextual influences. Yet, many studies continue to investigate individual outcomes and do not account for family- and community-level factors. As Haskett and colleagues (2006) noted in their review of studies of resilience among maltreated children, "... there has been far greater attention to personal attributes of children than to environmental influences" (p. 806).

Present Study

The study utilized participants from a general population to examine the extent to which adolescents in rural areas are exposed to family violence. This is a distinction from other studies on adjustment profiles that primarily have involved residents of domestic violence shelters, participants of special programs, or another narrowly defined subsample. In addition, this study adopted a flexible multidimensional definition of adolescent psychological and emotional adaptation based on young persons' perspectives. The study also focused on adolescent positive adaptation in the face of family violence, as opposed to delineating negative outcomes. Finally, the study adopted a person-oriented approach, thus allowing for consideration of unique contextual and individual differences.

The following research questions are addressed:

Research Question 1: To what extent do adolescents and caregivers in rural areas report violence in families?

Research Question 2: Do children who witness family violence differ in their self-assessment of psychological and emotional functioning?

Research Question 3: Do distinct patterns of psychological and emotional adjustment emerge among adolescents who have witnessed family violence?

Research Question 4: What individual and community-level factors distinguish well-adjusted adolescents from poorly-adjusted adolescents?

Method

Participants

This study is part of a larger, multi-year research initiative examining the developmental trajectory of dating violence victimization and perpetration among adolescents in a rural southeastern community in the United States. The sample of the study consisted of 580 adolescents in Grades 6 through 9 and their caregivers. All adolescent participants were students of public schools from the same school district.

Procedure

After Institutional Review Board approval, all adolescents in Grades 6 through 9 from 10 schools were invited to participate. In total, parents of 3,256 eligible students in four grade cohorts received invitations to take part in the research project, and 589 adolescents and 484 caregivers¹ agreed to participate. Informed consent procedures were conducted before surveys were administered. Data collectors administered paper-and-pencil surveys to participants, primarily in participants' homes. All data collectors were trained in mandated reporting and safety planning, and appropriate procedures were put in place to intervene with the respondent if warranted. Children and caregivers each received gift cards for their participation.

Measures

Adolescents and caregivers completed self-administered questionnaires that collected basic demographic information, such as age, ethnicity, education, and employment status. In addition, a number of measures were included to address the research questions.

Exposure to family violence—Several items in the student and caregiver questionnaires were used to identify adolescents who were exposed to family violence. Specifically, family violence was measured with the question “Have any of the following happened in your household on a regular basis?” The response options included name calling or aggressive personal comments; slapping, punching, or hitting; slapping, punching, or hitting so that medical attention was required; and being forced into a sex act. Two more items were introduced as follows: “Here are some questions about some experiences you might have had. Please check the box that best answers the questions for you.” The questions were, “In the past 12 months have you been frightened for your safety or the safety of a family member or friends because of the anger or threats of one of your parents?” and “Have you ever seen one of your parents being shoved, slapped, hit with a fist or an object, beaten, forced into sexual activity, choked, threatened with a weapon, or hurt with a weapon?” The items were modified from two sources: (a) the Conflict Tactics Scale for Partner and Spouse (Earls, Brooks-Gunn, Raudenbush, & Sampson, 2007) and (b) Violence and Injury Optional Module of the STEPS Surveillance tool (World Health Organization [WHO], 2007). The items were selected to encompass a broad range of physical and psychological aggression, using perspectives of both students and caregivers.

¹The number of caregivers is smaller because of the presence of siblings in the study. On such occasions, caregivers were matched with more than one adolescent.

Adolescents were assigned to the family violence group if they or their caregivers endorsed one or more domestic violence items. Of note, in cases where adolescents shared a caregiver (sibling pairs), caregiver responses were matched with both siblings (in rare cases with three siblings). However, for analyses of caregiver responses only, unique caregiver responses were used. Adolescents who did not meet the family violence criteria were coded separately to serve as a comparison group for follow-up analyses.

Adjustment variables—Three measures were selected to group adolescents based on similarity of their responses to measures of psychological and emotional adjustment: depression, problem-solving attitudes, and self-efficacy.

Depression: Depression was measured using an adapted version of the Center for Epidemiologic Studies Depression scale (CES-D; Devins & Orme, 1985; Radloff, 1977). Response options were on a 4-point scale from *none of the time* to *all of the time*. Example items included “I was bothered by things that usually don’t bother me” and “I felt hopeful about the future.” The scale was designed for use with general populations and has demonstrated good validity and high international consistency, with reliability coefficients ranging from .85 to .92 (Cole, Rabin, Smith, Kaufman, 2004). For the present study, the alpha coefficient was .71.

Problem-solving attitudes: A 13-item self-report measure assessed adolescents’ problem-solving beliefs and attitudes (McDonell, Kelly, & Sterling, 1994). Exploratory factor analysis identified two factors, problem-solving planning and problem-solving attitudes. Example items included “When I have a problem, the first thing I do is stop and think about it” and “Problems are just a part of living.” Both subscales demonstrated high to moderate internal consistency, $\alpha = .89$ and $\alpha = .71$, respectively. The scores were averaged and the total problem-solving scale ($\alpha = .91$) was used in the analysis.

Self-efficacy: The self-efficacy measure included a series of 23 statements describing various situations that can happen in everyday life and how an individual might react (e.g., “If I can’t do a job the first time, I keep trying until I can”). Response options were on a 5-point scale from *disagree strongly* to *agree strongly*. The scale demonstrated high internal consistency, with Cronbach’s alpha for the original study reported at .82 (Sherer et al., 1982) and .79 for the present study.

Variables describing adjustment profiles—A combination of child, caregiver, and family-level predictors was used to differentiate among children with varying levels of adjustment. A review of selected scholarship provided the basis for including variables at different levels of child ecology (individual, family, and neighborhood factors). Practical considerations included steps to ensure responses varied among participants and no predictable pattern of missing responses was observed.

Family functioning: This construct was assessed using a 13-item general family functioning subscale from the McMaster Family Assessment Device (Epstein, Baldwin, & Bishop, 1983). Example items included “In times of crisis we can turn to each other for support” and “Planning family activities is difficult because we misunderstand each other.”

Response options were on a 4-point scale from *strongly disagree* to *strongly agree*. Responses were averaged into a single score, with higher scores indicating a more positive family functioning environment. The scale demonstrated high internal consistency, with Cronbach's alpha of .79.

Family social support: Family social support was assessed using a 4-item subscale of the Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet, & Farley, 1988). Example items included "My family really tries to help me" and "I get the emotional help and support I need from my family." Responses were based on a 7-point scale with options ranging from *very strongly disagree* to *very strongly agree*. Responses were averaged into a single score, with higher scores indicating greater perceptions of family social support. The Cronbach's alpha for this scale was .95.

Parent engagement: This measure used three items to assess the frequency of teens' communication with parents about life situations, including talking about future plans, and problems with friends and teachers. Response options were on a 5-point scale from *nearly every day* to *never*. Responses were averaged, with higher scores indicating greater parental involvement. The scale showed acceptable internal consistency, with Cronbach's alpha at .64.

Parental monitoring: Students were asked whether or not they were monitored by their parents. The three statements included "My parents want me to tell them where I am if I don't come home right after school"; "In my free time, my parents want to know who I'm with and where I am"; and "My parents want me to tell them where I am if I don't come home right after school." Response options were *no* and *yes*. Responses were summed into a cumulative measure of parental monitoring.

Attitudes toward substance use: Five items asked about the risk students attributed to different kinds of substance use, including tobacco, alcohol, marijuana, and prescription drugs. Response options were on a 4-point scale from *no risk* to *great risk*. Responses were averaged with higher scores denoting greater perception of risk resulting from the use of substances. The scale showed high internal consistency, with Cronbach's alpha at .91.

Friends' attitudes toward substance use: Five items measured adolescents' perceptions of peer attitudes toward substance use, including tobacco, alcohol, marijuana, and prescription drugs (e.g., "How wrong do you think your close friends would say it is for you to smoke cigarettes?"). Response options were on a 4-point scale from *not at all wrong* to *very wrong*. Responses were averaged with higher scores denoting a higher perception of negative attitudes toward substance use among peers. The scale demonstrated high internal consistency, with Cronbach's alpha at .93.

Neighborhood safety: Eight items measured participants' perceptions of their neighborhoods as safe places (Coulton, Korbin, & Su, 1999). Items included "I feel safe being out in my neighborhood alone during the day" and "I feel safe going to, and coming home from, school." Response options were on a 4-point scale from *strongly disagree* to *strongly agree*. Responses were averaged with higher scores indicating greater perceptions

of neighborhood safety. The scale demonstrated acceptable internal consistency with Cronbach's alpha at .60.

Use of community services: Adolescents chose "yes" or "no" to a series of statements concerning use of local community services, including health and mental health, social service, library, after-school programs, and others. Responses were summed across 24 items, with higher scores indicating a greater use of community services.

Results

The results are organized in several sections to correspond to the questions of the study. The first subsection reports results of descriptive statistics used to describe the sample and investigate the extent to which students and caregivers in rural areas reported exposure to family violence. The section that follows presents the results of cluster analysis used to group adolescents based on their psychological and emotional adjustment. Next, discriminant function analysis validates the results from the previous analysis and presents variables that best differentiate among clusters. Finally, MANOVAs reveal a set of variables that describe how adolescents in each cluster differ from those in other clusters.

Characteristics of the Sample

Adolescent participants aged 10 to 17 ($M = 12.98$, $SD = 1.50$) and their caregivers. Just more than half of adolescents were girls (51.4%), while caregivers were overwhelmingly female (92.4%). The proportion of African Americans exceeded that of Whites in the study (48% vs. 39%, respectively). Hispanic or other minorities comprised 14.2% of the adolescent sample and only 3.5% of the caregivers. More than half of caregivers were married, lived in the same household on average for 14 years, and had a family income below the median income of US\$32,979. Table 1 provides additional background information on study participants.

Exposure to Family Violence Among Rural Adolescents

Results showed that 399 adolescents (69% of the sample) belonged to families where at least one violent situation was reported by adolescents, caregivers, or both. Caregivers and adolescents differed in their reports of types of violence experienced at home (Table 2). On average, 44.7% of caregivers reported experiencing violence at the hands of their partner in the past year, while 17.9% of teens stated that they witnessed the abuse of their caregiver in the same time period. Caregivers were twice as likely to report severe forms of violence and forced sex than adolescents, 12.3% and 5.8%, respectively. Overall, the most frequent form of witnessed violence among adolescents was name calling or offensive personal comments, where two out of five teens (40.5%) stated that slapping, punching, kicking, or hitting was common in their families. A slightly higher proportion of caregivers (44%) admitted to that type of violence. Approximately equal proportion of teens and caregivers reported being afraid of parent or partner anger in the past 12 months, 14.1% and 12.3%, respectively. Similarly, slapping or hitting was reported as common by almost a fifth of both teens and caregivers, 21.6% and 18.1%, respectively.

Importantly, caregivers reported being exposed to multiple forms of family violence more often than adolescents. Overall, more than a half of adolescents (56.8%) said that they were exposed to two or more violent situations at home, while approximately seven out of 10 caregivers (73.3%) admitted to being involved in or witnessing two or more violent situations in their homes. There were no significant gender differences in prevalence rates of any types of violence reported by adolescents.

Furthermore, a closer look at the households with family violence (Figure 1) revealed that a substantial number of caregivers (39.9%) endorsed one or more items indicative of violence, while their children did not report a single episode of violent behavior in those families. Similarly, a substantial number of teens admitted to having experienced a violent situation at home while their caregivers said they did not witness or experience any violence. Teens were the sole reporters of family violence in 28.6% of the cases. About a third of the sample (31.4%) lived in households where violence was reported both by teens and caregivers. Of note, the overwhelming majority of households (80%) where both adolescents and caregivers admitted some form of violence were characterized by both psycho-emotional and physical violence.

Adjustment Profiles

Adolescents' reports of depression, self-efficacy, and problem solving provided the basis for clustering. Scales were standardized to account for differences in the unit of measurement. A hierarchical, agglomerative method with Ward's minimum variance technique and squared Euclidian distance was used to assign adolescents to groups. This approach maximizes within-group similarity and between-group differences (Tabachnick & Fidell, 2007). The results showed that a three-cluster solution appeared the best fit for the data. Table 3 presents the results of the cluster analysis, including the number of adolescents in each group and means and standard deviations of the clustering measures. In addition, descriptive statistics on the clustering variables are presented for those adolescents who were excluded from further analyses because they did not satisfy the criteria for domestic violence exposure.

The first group was labeled as well-adjusted and had the largest number of adolescents accounting for 46.2% of the sample. Teens in this group had the highest levels of self-efficacy and problem-solving attitudes and the lowest levels of depression. In addition, the second cluster, moderately adjusted accounted for 44.2% of the sample and included teens who reported low to moderate levels of depression and moderate levels of self-efficacy and problem-solving attitudes. The third group, labeled struggling, was the smallest in size, about 10% of the sample, and consisted of teens scoring high on depression and low on self-efficacy and problem solving. In terms of group differences in the level of exposure to violence, clusters were not significantly different from each other, $F(2, 397) = 2.77, p = .06$. However, it should be noted that almost twice as many adolescents in the well-adjusted group (43.2%) reported exposure to a single episode of family violence in comparison with adolescents in the struggling group (23.7%). Similarly, more than two thirds of adolescents (76.3%) in the struggling group were exposed to two or more violent situations at home in comparison with adolescents with well-adjusted (57.6%) and moderate-adjustment (62.5%) profiles.

Describing and Differentiating Adjustment Profiles

Discriminant function analysis—To validate the clusters and determine what adolescent characteristics and environmental features contribute the most to their adaptation clusters, a follow-up descriptive discriminant function analysis was performed. Two functions emerged as the main underlying dimensions differentiating adolescents in the adjustment clusters. While both functions were significant (Wilks's $\Lambda = .63$, $\chi^2(16) = 170.67$, $p < .001$; and Wilks's $\Lambda = .95$, $\chi^2(7) = 15.46$, $p = .03$, respectively), the first function explained 92.4% of the variance in discriminant functions.

Overall, classification fit was acceptable, with more than 67% of adolescents correctly classified. A closer look at the classification results revealed that the model had the most accurate classification for adolescents in the well-adjusted group (71.7%), followed by adolescents in the moderately adjusted group (67.6%). The classification had the lowest proportion of correctly identified cases for adolescents in the struggling group (44.7%).

The stability of classification was checked by dividing the data file by gender and running the analysis for females and males separately. Interestingly, the model provided slightly more accurate classification results when only female participants were used, with 71.2% of cases correctly classified. In contrast, the model with male participants showed that 60.6% of cases were correctly identified as belonging to a particular cluster.

MANOVA—Two MANOVA models further described adolescent psychological and emotional functioning. The first examined whether there were significant differences among adolescents on the variables used for clustering. Overall, the results revealed that the three groups were significantly different on all clustering measures, $F(3, 394) = 111.51$, $p < .001$. In addition, a series of pairwise comparisons, with post hoc procedures accounting for unequal group sizes, resulted in significant differences among all profiles on each of the three clustering variables (Table 3).

The second MANOVA identified additional individual and family characteristics that differentiated adjustment profiles. The model was significant, indicating that adjustment status influenced or was influenced by adolescents' individual attitudes, family characteristics, and community context, $F(8, 367) = 23.93$, $p < .001$ (Table 4). The clusters were relatively homogeneous, with no significant differences in terms of gender and age. However, a disproportionately higher percentage of students in the struggling cluster lived in families with income 10 K or less. More than two thirds of caregivers of teens (69.3%) in the struggling cluster had earned a high school diploma compared with 47.8% and 45.5% for caregivers of those students in the well- and moderately adjusted groups, respectively. The struggling cluster had more racial and ethnical diversity, with a higher percentage of teens in this group speaking a language other than English.

Overall, adolescents in the well-adjusted group had several advantages compared with adolescents from moderately adjusted and struggling clusters. These teens lived in safer neighborhoods, in households with higher income, had more positive peer networks, and had better grades in school. Interestingly, a greater proportion of students in the vulnerable group stated that they would not call police if they witnessed one or more violent situations in their

neighborhood. An overwhelming majority of adolescents in the well-adjusted group (90.3%) admitted to having a supportive positive adult in their lives that they could turn to in time of need in comparison with 61% of those in the struggling group.

Discussion

Exposure to violence is a complex problem that not only harms physical, emotional, and social development of many children but can also negatively affect public health and criminal justice systems (Margolin & Gordis, 2004). On the other hand, limited empirical literature and reviews suggest that exposure to violence in the family does not always disrupt child's normal development (Edleson, 2004; Fergusson et al., 2006; Howell, 2011; Hughes & Luke, 1998). This study examined family violence in a rural community and focused on characteristics of well-adjusted children, to identify conditions that might improve outcomes for children who are growing in families where violence is common. Several findings contributed to the growing body of scholarly work on adolescents' exposure to family violence.

First, rural adolescents are exposed to family violence at substantial rates, with about seven in 10 adolescents reporting having witnessed psychological or physical abuse of their caregiver. Of these, 56.8% reported being a witness to two or more violent situations at home. This extends previous research on household violence by revealing the magnitude of the problem in rural communities in southeastern United States, in contrast to other studies that typically involved urban or suburban youth (cf. Wolf & Foshee, 2003). Although comparing rates is difficult due to differences in sample sizes and definitions of family violence, the findings are consistent with research on interpersonal violence among rural couples (Edwards, 2015; Marquart et al., 2007). Given the number of adolescents exposed to family violence, screening for domestic violence during routine health care visits is recommended (Moore, Probst, Tompkins, Cuffe, & Martin, 2007).

Second, the study showed that family violence is not a uniform experience among adolescent witnesses. Importantly, discrepancies between caregivers' and children's reports of family violence underscore the unique, often contradictory perspectives of residents of the same household. Only a third of adolescents matched their caregivers' views on the incidence of family violence. In the remaining two thirds, either caregivers or adolescents were the sole reporters of family violence. This finding reflects the need to account for more than one perspective when establishing the extent to which violence takes place in families (Graham-Bermann et al., 2009). It is also consistent with research on discrepancies between caregiver and child reports of various forms of violence (Goodman et al., 2010).

In addition, this study is the first to examine profiles of adjustment in a rural, ethnically diverse sample of adolescents from a general population rather than sheltered populations in urban or suburban areas. A related contribution is that assessments of adolescent adjustment were based on self-reports of psycho-emotional functioning rather than caregivers and teachers' ratings of children's behaviors. It is especially timely as researchers are beginning to consider youths as active participants in the coping process (van Heugten & Wilson, 2008). For example, research with children who received community-based interventions for

exposure to family violence, led Cater (2014) to suggest that considering children's and young people's views in intervention programs enhances program effectiveness. She further argued that effective interventions focus not only on *what* to provide to children but also on *how* to provide help in ways that are meaningful and beneficial to young people.

Similar to other studies of adjustment profiles, this study identified several groups of adolescents based on their psychological and emotional functioning (Graham-Bermann et al., 2009). Specifically, three groups were differentiated: (a) well-adjusted, (b) moderately adjusted, and (c) vulnerable. The heterogeneity of children's outcomes in the face of family adversity confirms earlier findings about differential adjustment (Ungar, 2015). Perhaps the most important and promising result is confirmation that adolescents' positive adjustment in the face of adversity is common (Masten, 2001). Almost half of study participants were classified as belonging to the well-adjusted group, while only a small number were characterized as vulnerable. Similar to other research, adolescents from the well-adjusted group resembled their counterparts who did not experience family violence (Spilsbury et al., 2008). Furthermore, identification of three groups with high, low, and moderate levels of adaptation suggests that adjustment should be viewed as a continuum rather than a dichotomous outcome. A more flexible definition of psycho-emotional functioning as reported by young people helps clarify the often inconsistently defined concept of adjustment (Ungar, 2015).

This study also revealed that perceived availability of family social support and positive perceptions of family functioning were the most important factors determining adolescent psychological adjustment. This concurs with other studies that emphasized a protective role family plays in shaping adolescents' responses to violent situations, including those within their homes (Haskett et al., 2006). Because mothers are often the core of a supportive family environment, efforts should be made to strengthen mother-child relationships. Importantly, members of extended family, such as grandparents, and other relatives who often assume caretaking responsibility for children should be included in efforts to promote relationships with a supportive adult for all children who have been exposed to violence in the family or are at risk of living in a violent household.

Similarly, the protective role of positive peer influences and friendships should be underscored. However, because friendships are diverse, attention should be given to clarifying the type of peer network an adolescent may belong to. For example, being around peers who are involved in delinquent activities may elevate the risk of harm for those adolescents who witness parental problems. Importantly, the extent to which adolescents might be influenced by or resist peer influence is critical. At the same time, because peers are often the first ones to find out about a violent episode in their friends' home, thoughtful efforts should be made to encourage young people to seek help on behalf of their friends who might be in an unsafe situation at home. Thus, understanding peer influence is a core component in deciphering the impact of family violence on adolescent adjustment.

In addition, the importance of perceived neighborhood safety in differentiating among adjustment groups should be noted. Although household violence involves individuals within the family, the larger community context within which the exposure occurs might

influence adolescents' outcomes in unique ways. The ecological context in which violence occurs may be just as, or more influential than the witnessing of violence per se (van Heugten & Wilson, 2008). Similarly, Fergusson and colleagues (2006) claimed that the psychosocial context within which childhood exposure to violence occurs is more predictive of certain subsequent outcomes than the exposure. Other studies also suggested that contextual factors—the quality of child's family, school, or community—are more predictive of child developmental outcomes than characteristics of each individual child (Ungar, 2013, 2015). This research suggests that additional avenues, outside immediate family or peer networks, should be explored as part of efforts to boost positive adjustment among adolescents exposed to family violence. This finding is consistent with literature showing that perceptions of neighborhood safety are associated with increased physical activity and reduced obesity in children (Franzini et al., 2009; Miles, 2008), parenting practices (Ceballo & McLoyd, 2002; Gracia, Fuentes, Garcia, & Lila, 2012), and child conduct problems, among other outcomes. More generally, this study adds to a burgeoning body of research on neighborhood influences on adolescent well-being.

Taken together, these findings underscore the importance of acknowledging positive adaptation as part of normal development and suggest that strength-based approaches should be a priority when dealing with children who are living in homes where violence is common. Importantly, the emphasis on strength-based perspectives should not be viewed at the expense of robust body of research with documented negative influences. Rather, it should be viewed as complementary to existing scholarship and practical efforts that have a common goal of improving outcomes for children and families.

Limitations, Directions for Future Research, and Implications for Practice

The study has several limitations. First, the cross-sectional nature of the data makes it impossible to establish causality among the outcomes and predictors. Second, the use of self-report measures means that children and caregivers may not have disclosed their experiences of witnessing violence fully. Third, the data were obtained in the context of research on teen dating violence, and the measures used to evaluate adolescents' exposure to family violence were not designed to capture the frequency of various violent experiences and thus may not have been comprehensive. Similarly, other potential adverse experiences in the family and the specific situations in which violence occurs were not considered. Consequently, their influence on adjustment could not be examined. This is especially important in light of existing research on poly-victimization and children's outcomes (Finkelhor, Ormrod, & Turner, 2007).

A related methodological limitation concerns measurement invariance of the violence exposure measures. Given that items were worded in the same way in adolescent and caregiver questionnaires, it is important to ensure that the measure has the same meaning for both. Given discrepancies in self-reports of family violence, construct bias is an especially salient concern. Moreover, that caregivers and adolescents were from the same household raises concerns about correlated responses. An alternative would be to employ multilevel techniques by looking at parents and adolescents as nested within households. However, due to very small numbers in each group, this approach was not pursued.

Finally, caution must be exercised when interpreting the adjustment profiles. Adolescents' attitudes and behaviors that form the basis of differential adjustment can be viewed both as normal responses to abnormal events or as indications of psychological or emotional problems (Martinez & Richters, 1993). Determining long-term consequences of violent exposure might help clarify the blurred boundary between normal reactions to a stressful situation and abnormal development among adolescents.

Several directions for future research may be suggested. First and foremost, more research is needed to describe more thoroughly the context and individual features that account for variation in adjustment, including school climate, crime in the community, and community beliefs about relationship violence, perhaps in conjunction with developmental differences among adolescents.

While understanding the deleterious consequences of household violence is essential, it is far more important to understand adolescent short- and long-term adaptation. Toward this end, more research is needed to uncover combined influence of individual and community characteristics on adjustment. As well, it is not enough to acknowledge young people's resilience. Understanding the link between exposure to violence at home and adolescents' immediate and long-term responses are essential for exploring pathways to positive adaptation (Margolin & Gordis, 2004).

Consequently, valid and reliable measures that incorporate the context within which exposure occurs are needed. Despite a growing recognition that "the use of multiple terms for a single concept is a barrier to scientific progress and scientific communication," definitional challenges persist in the literature on adolescent exposure to family violence (Hamby & Grych, 2016 p. 67). As Walthen et al. (2012) noted,

I'm not sure we'll ever reach consensus on definitions but measurement is a very important issue that requires quite a bit of additional work. Perhaps we would have better success developing common measures that would lead us to widely used indicators rather than definitions. (p. 9)

It is critical to develop measures that are sensitive to children's age and developmental stages.

Summary

In sum, this study extended the research on differential adjustment in the face of family violence by highlighting the continuous and complex nature of positive adjustment, which is a common outcome for many children who live in families where violence happens. Findings from this study stress the need for a continued person-oriented multidimensional perspective on the effects and outcomes of exposure to family violence. Family environment, caregiver's involvement, peer networks, and neighborhood context all play an important role in children's positive adaption, suggesting the complex, interactive nature of influences on children's adjustment (Martinez-Torteya et al., 2009; Ungar, 2015). These influences are often as diverse as the families in which violence takes place. The major implication of this

study is the need to focus on family-oriented programming that acknowledges the importance of family support and family functioning in positive coping.

Acknowledgments

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This research was sponsored by Grant 5R01HD0607505 from the Eunice Kennedy Shriver National Institute of Child Health and Human Development. Principal investigator: James R. McDonell.

References

- Anda RF, Felitti V, Chapman D, Croft J, Williamson D, Santelli J, ... Marks J. 2001; Abused boys, battered mothers, and male involvement in teen pregnancy. *Pediatrics*. 107:1–8. [PubMed: 11134427]
- Anderson KM, Bang EJ. 2012; Assessing PTSD and resilience for females who during childhood were exposed to domestic violence. *Child & Family Social Work*. 17:55–65. DOI: 10.1111/j.1365-2206.2011.00772.x
- Bacchini D, Miranda MC, Affuso G. 2011; Effects of parental monitoring and exposure to community violence on antisocial behavior and anxiety/depression among adolescents. *Journal of Interpersonal Violence*. 26:269–292. [PubMed: 20234055]
- Cater AK. 2014; Children's descriptions of participation processes in interventions for children exposed to intimate partner violence. *Child & Adolescent Social Work Journal*. 31:455–473. DOI: 10.1007/s10560-014-0330-z
- Ceballo R, McLoyd VC. 2002; Social support and parenting in poor, dangerous neighborhoods. *Child Development*. 73:1310–1321. [PubMed: 12146749]
- Cole JC, Rabin AS, Smith TL, Kaufman AS. 2004; Development and validation of a Rasch-derived CES-D short form. *Psychological Assessment*. 16:360–372.
- Coulton C, Korbin JE, Su M. 1999; Neighborhoods and child maltreatment: A multi-level analysis. *Child Abuse & Neglect*. 23:1019–1040. [PubMed: 10604060]
- Cox CE, Kotch JB, Everson MD. 2003; A longitudinal study of modifying influences in the relationship between domestic violence and child maltreatment. *Journal of Family Violence*. 18:5–17.
- Cummings JG, Pepler DJ, Moore TE. 1999; Behavior problems in children exposed to wife abuse: Gender differences. *Journal of Family Violence*. 14:133–156. DOI: 10.1023/A:1022024702299
- Davies CA, Evans SE, DiLillo DK. 2008; Exposure to domestic violence: A meta-analysis of child and adolescent outcomes. *Aggression and Violent Behavior*. 13:131–140.
- Devins, GM, Orme, CM. Center for Epidemiologic Studies Depression Scale. In: Kayser, JD, Sweetland, RC, editors. *Test critiques*. Vol. 2. Kansas City, MO: Test Corporation of America; 1985. 144–160.
- Dube SR, Felitti VJ, Dong M, Chapman DP, Giles WH, Anda RF. 2003; Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: The adverse childhood experiences study. *Pediatrics*. 111:564–572. [PubMed: 12612237]
- Earls, F, Brooks-Gunn, J, Raudenbush, R, Sampson, R. Project on Human Development in Chicago Neighborhoods (PHDCN): Conflict Tactics Scale for partner and spouse, wave 3, 2000–2002. Washington, DC: U.S. Department of Justice; 2007.
- Edleson JL. 1999; Children's witnessing of adult domestic violence. *Journal of Interpersonal Violence*. 14:839–870.
- Edleson, JL. Should childhood exposure to adult domestic violence be defined as child maltreatment under the law?. In: Jaffe, PG, Baker, LL, Cunningham, A, editors. *Ending domestic violence in the lives of children and parents: Promising practices for safety, healing, and prevention*. New York, NY: Guilford Press; 2004. 8–29.

- Edwards KM. 2015; Intimate partner violence and the rural–urban–suburban divide: Myth or reality? A critical review of the literature. *Trauma, Violence, & Abuse*. 16:359–373.
- Epstein NB, Baldwin LM, Bishop DS. 1983; The McMaster family assessment device: Reliability and validity. *Journal of Marital and Family Therapy*. 9:171–180.
- Ernst AA, Weiss SJ, Del Castillo C, Aagaard J, Valls E, D'Angelo J, ... Coffman B. 2007; Witnessing intimate partner violence as a child does not increase the likelihood of becoming an adult intimate partner violence victim. *Academic Emergency Medicine*. 14:411–418. [PubMed: 17379595]
- Fergusson DM, Boden JM, Horwood J. 2006; Examining the intergenerational transmission of violence in a New Zealand birth cohort. *Child Abuse & Neglect*. 30:89–108. DOI: 10.1016/j.chiabu.2005.10.006 [PubMed: 16466785]
- Finkelhor D, Ormrod RK, Turner HA. 2007; Poly-victimization: A neglected component in child victimization. *Child Abuse & Neglect*. 31:7–26. [PubMed: 17224181]
- Finkelhor D, Turner H, Shattuck A, Hamby S. 2013; Violence, crime, and abuse exposure in a national sample of children and youth: an update. *Journal of American Medical Association Pediatrics*. 167:614–621. DOI: 10.1001/jamapediatrics.2013.42
- Ford JD, Chapman J, Mack JM, Pearson G. 2006; Pathways from traumatic child victimization to delinquency: Implications for juvenile and permanency court proceedings and decisions. *Juvenile & Family Court Journal*. 57:13–26. DOI: 10.1111/j.1755-6988.2006.tb00111.x
- Foshee VA, Dixon KS, Ennett ST, Moracco KE, Bowling JM, Chang L, Moss JL. 2015; The process of adapting a universal dating abuse prevention program to adolescents exposed to domestic violence. *Journal of Interpersonal Violence*. 30:2151–2173. [PubMed: 25287405]
- Franzini L, Elliott MN, Cuccaro P, Schuster M, Gilliland MJ, Grunbaum JA, ... Tortolero SR. 2009; Influences of physical and social neighborhood environments on children's physical activity and obesity. *American Journal of Public Health*. 99:271–278. [PubMed: 19059864]
- Goldblatt H. 2003; Strategies of coping among adolescents experiencing interparental violence. *Journal of Interpersonal Violence*. 18:532–552.
- Goodman KL, De Los Reyes A, Bradshaw CP. 2010; Understanding and using informants' reporting discrepancies of youth victimization: A conceptual model and recommendations for research. *Clinical Child and Family Psychology Review*. 13:366–383. [PubMed: 20799062]
- Gracia E, Fuentes MC, Garcia F, Lila M. 2012; Perceived neighborhood violence, parenting styles, and developmental outcomes among Spanish adolescents. *Journal of Community Psychology*. 40:1004–1021.
- Graham-Bermann, SA. Child abuse in the context of domestic violence. In: Myers, JE, Berliner, L, Briere, J, Hendrix, CT, Jenny, C, Reid, TA, editors. *The APSAC handbook on child maltreatment*. Thousand Oaks, CA: Sage; 2002. 119–129.
- Graham-Bermann SA, Gruber G, Howell KH, Girz L. 2009; Factors discriminating among profiles of resilience and psychopathology in children exposed to intimate partner violence (IPV). *Child Abuse & Neglect*. 33:648–660. [PubMed: 19804905]
- Grych JH, Jouriles EN, Swank PR, McDonald R, Norwood WD. 2000; Patterns of adjustment among children of battered women. *Journal of Consulting and Clinical Psychology*. 68:84–94. [PubMed: 10710843]
- Haj-Yahia MM, Bargal D. 2015; Exposure to family violence, perceived psychological adjustment of parents, and the development of post-traumatic stress symptoms among Palestinian university students. *Journal of Interpersonal Violence*. 30:2928–2958. [PubMed: 25392383]
- Hamby S, Finkelhor D, Turner H, Ormrod R. 2010; The overlap of witnessing partner violence with child maltreatment and other victimizations in a nationally representative survey of youth. *Child Abuse & Neglect*. 34:734–741. [PubMed: 20850182]
- Hamby, S, Grych, J. The complex dynamics of victimization: Understanding differential vulnerability without blaming the victim. In: Cuevas, CA, Rennison, C, editors. *Handbook on the psychology of violence*. Hoboken, NJ: Wiley-Blackwell; 2016. 66–86.
- Haskett ME, Nears K, Ward CS, McPherson AV. 2006; Diversity in adjustment of maltreated children: Factors associated with resilient functioning. *Clinical Psychology Review*. 26:796–812. [PubMed: 16797807]

- Holt S, Buckley H, Whelan S. 2008; The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse & Neglect*. 32:797–819. [PubMed: 18752848]
- Howell KH. 2011; Resilience and psychopathology in children exposed to family violence. *Aggression and Violent Behavior*. 16:562–569.
- Hughes, HM, Luke, DA. Heterogeneity in adjustment among children of battered women. In: Holden, GW, Geffner, R, Jouriles, EN, editors. *Children exposed to marital violence: Theory, research, and applied issues*. Washington, DC: American Psychological Association; 1998. 185–221.
- Kitzmann KM, Gaylord NK, Holt AR, Kenny ED. 2003; Child witnesses to domestic violence: A meta-analytic review. *Journal of Consulting and Clinical Psychology*. 22:318–330.
- Lang J, Stover C. 2008; Symptom patterns among youth exposed to intimate partner violence. *Journal of Family Violence*. 23:619–629. DOI: 10.1007/s10896-008-9184-5
- Levendosky AA, Huth-Bocks A, Semel MA. 2002; Adolescent peer relationships and mental health functioning in families with domestic violence. *Journal of Clinical Psychology*. 31:206–218.
- Margolin G, Gordis EB. 2004; Children's exposure to violence in the family and community. *Current Directions in Psychological Science*. 13:152–155.
- Marquart B, Nannini DK, Edwards RW, Stanley LR, Wayman JC. 2007; Prevalence of dating violence and victimization: Regional and gender differences. *Adolescence*. 42:645–657. [PubMed: 18229502]
- Martinez P, Richters JE. 1993; The NIMH community violence project: II. Children's distress symptoms associated with violence exposure. *Psychiatry: Interpersonal and Biological Processes*. 56:22–35.
- Martinez-Torteya C, Bogat GA, von Eye A, Levendosky AA. 2009; Resilience among children exposed to domestic violence: The role of risk and protective factors. *Child Development*. 80:562–577. [PubMed: 19467011]
- Masten AS. 2001; Ordinary magic: Resilience processes in development. *American Psychologist*. 56:227–238. [PubMed: 11315249]
- McCloskey LA, Lichter EL. 2003; The contribution of marital violence to adolescent aggression across different relationships. *Journal of Interpersonal Violence*. 18:390–412.
- McDonell, JR; Kelly, K; Sterling, T. Personal and social skills training for disadvantaged middle school age children. Paper presented at Social Work 94', NASW's Meeting of the Profession; Nashville, TN. 1994 Oct.
- Miles R. 2008; Neighborhood disorder, perceived safety, and readiness to encourage use of local playgrounds. *American Journal of Preventive Medicine*. 34:275–281. [PubMed: 18374240]
- Mitchell KJ, Finkelhor D. 2001; Risk of crime victimization among youth exposed to domestic violence. *Journal of Interpersonal Violence*. 16:944–965.
- Moore CG, Probst JC, Tompkins M, Cuffe S, Martin AB. 2007; The prevalence of violent disagreements in US families: Effects of residence, race/ethnicity, and parental stress. *Pediatrics*. 119:68–76.
- O'Keefe M. 1997; Predictors of dating violence among high school students. *Journal of Interpersonal Violence*. 12:546–568.
- Peek-Asa C, Wallis A, Harland K, Beyer K, Dickey P, Saftlas A. 2011; Rural disparity in domestic violence prevalence and access to resources. *Journal of Women's Health*. 20:1743–1749.
- Radloff LS. 1977; The CES-D Scale a Self-Report Depression Scale for research in the general population. *Applied Psychological Measurement*. 1:385–401.
- Reitzel-Jaffe D, Wolfe DA. 2001; Predictors of relationship abuse among young men. *Journal of Interpersonal Violence*. 16:99–115.
- Rossman BBR, Ho J. 2000; Posttraumatic response and children exposed to parental violence. *Journal of Aggression, Maltreatment & Trauma*. 3:85–106.
- Russell D, Springer KW, Greenfield EA. 2010; Witnessing domestic abuse in childhood as an independent risk factor for depressive symptoms in young adulthood. *Child Abuse & Neglect*. 34:448–453. [PubMed: 20409587]

- Sherer M, Maddox JE, Mercandante B, Prentice-Dunn S, Jacobs B, Rogers RW. 1982; The Self-Efficacy Scale: Construction and validation. *Psychological Reports*. 51:663–671.
- Spilsbury JC, Kahana S, Drotar D, Creedon R, Flannery DJ, Friedman S. 2008; Profiles of behavioral problems in children who witness domestic violence. *Violence and Victims*. 23:3–17. [PubMed: 18396578]
- Stoddard SA, Whiteside L, Zimmerman MA, Walton MA, Cunningham R, Chermack ST. 2013; The relationship between cumulative risk and promotive factors and violent behavior among urban adolescents. *American Journal of Community Psychology*. 51:57–65. DOI: 10.1007/s10464-012-9541-7 [PubMed: 22744013]
- Sullivan TN, Kung EM, Farrell AD. 2004; Relation between witnessing violence and drug use initiation among rural adolescents: Parental monitoring and family support as protective factors. *Journal of Clinical Child & Adolescent Psychology*. 33:488–498. [PubMed: 15271606]
- Tabachnick, BG, Fidell, LS. Using multivariate statistics. 6. Boston, MA: Allyn & Bacon; 2007.
- Ungar M. 2011; The social ecology of resilience: Addressing contextual and cultural ambiguity of a nascent construct. *American Journal of Orthopsychiatry*. 81:1–17. DOI: 10.1111/j.1939-0025.2010.01067.x [PubMed: 21219271]
- Ungar M. 2013; Resilience after maltreatment: The importance of social services as facilitators of positive adaptation. *Child Abuse & Neglect*. 37:110–115. [PubMed: 23260114]
- Ungar M. 2015; Practitioner review: Diagnosing childhood resilience—A systemic approach to the diagnosis of adaptation in adverse social and physical ecologies. *Journal of Child Psychology and Psychiatry*. 56:4–17. [PubMed: 25130046]
- United Nations Secretary General's Study on Violence Against Children. World report on violence against children. Geneva, Switzerland: United Nations; 2006. Retrieved from [www.unicef.org/lac/full_text\(1\).pdf](http://www.unicef.org/lac/full_text(1).pdf)
- van Heugten K, Wilson E. 2008; Building resilience in young people who have witnessed intimate partner violence. *Te Awatea Review*. 6:9–13.
- Wathen CN, MacGregor JCD, Hammerton J, Coben JH, Herrman H, Stewart DE, MacMillan HL. 2012; Priorities for research in child maltreatment, intimate partner violence and resilience to violence exposure: Results of an international Delphi consensus development process. *BMC Public Health*. 12doi: 10.1186/1471-2458-12-684
- Wekerle C, Wolfe DA. 1999; Dating violence in mid-adolescence: Theory, significance, and emerging prevention initiatives. *Clinical Psychology Review*. 19:435–456. [PubMed: 10429844]
- Wolf KA, Foshee VA. 2003; Family violence, anger expression styles, and adolescent dating violence. *Journal of Family Violence*. 18:309–316.
- Wolfe DA, Crooks CV, Lee V, McIntyre-Smith A, Jaffe PG. 2003; The effects of children's exposure to domestic violence: A meta-analysis and critique. *Clinical Child and Family Psychology Review*. 6:171–188. [PubMed: 14620578]
- World Health Organization. Violence and injury optional module. 2007. Retrieved from <http://www.who.int/chp/steps/riskfactor/modules/en/>
- Worham T. 2014; Intimate partner violence: Building resilience with families and children. *Reclaiming Children and Youth*. 23:58–61.
- Zimet GD, Dahlem NW, Zimet SG, Farley GK. 1988; The Multidimensional scale of perceived social support. *Journal of Personality Assessment*. 52:30–41.

Biographies

Natallia Sianko, PhD, is a social scientist interested in understanding how contextual, family, and individual factors interact to maximize positive outcomes for children and youth. She has particular interest in creating and improving measures of child and family well-being in complex contexts. Currently, she is a consultant on a multi-year, multi-site project on dating violence among adolescents in rural communities. In this role, she is working on several publications to advance understanding of youth involvement in violent relationships,

including an article that uses a person-oriented analytic approach to model risky and beneficial outcomes among youth with a history of family violence.

Jasmine M. Hedge is a research associate at Clemson University and the project director of a longitudinal study of adolescent dating violence in rural South Carolina. She has particular interest in protecting children's rights and in strengthening families and communities by engaging children and youth in research and action. Currently, she is conducting research on children's perspectives of contact and visitation with an incarcerated parent as part of her doctoral work in International Family and Community Studies at Clemson University.

James R. McDonell, PhD, is leading a program of research to understand the typical experiences of families living in the rural Southeast, to understand the opportunities and challenges of communities across the Southeast to support families, and to extend knowledge, policies, and practices to strengthen community support for young people and their families. He is currently conducting research to better understand the factors that influence the growth trajectory of violence in adolescent dating relationships and to test the efficacy of school-wide interventions to reduce bullying and improve behavior among elementary and middle school students.

Figure 1.
Exposure to family violence by participant and type of violence.

Table 1

Adolescent and Caregiver Characteristics as Percentage of the Sample.

Characteristic	Adolescent (<i>n</i> = 580)	Caregiver (<i>n</i> = 480)
Sex		
Female	51.4	92.4
Grade		
6th	16.1	
7th	23.9	
8th	24.4	
9th	22.9	
10th or higher	12.1	
Ethnicity		
African American	46.3	48.1
Caucasian	39.5	48.4
Hispanic or other minority	14.2	3.5
Education		
High school or less		44.7
Vocational training		44.7
College		6.9
Postgraduate		3.8
Employment		
Full-time		45.3
Part-time		8.2
Keeping house		17.1
Looking, in training, or other		29.4

Note. *N*'s vary due to sibling pairs (who share a caregiver) and occasional missing data.

Table 2

Reports of Family Violence by Participant.

	Caregiver % yes	Adolescent % yes
Afraid of partner/parent anger in the past 12 months	12.3	14.1
Witnessed violence at hands of partner/parent in past 12 months	44.7	17.9
Name calling is common in my family	44	40.5
Slapping, punching, kicking, or hitting is common in my family	18.1	21.6
Severe (requiring medical attention) slapping, punching, kicking, or hitting	12.3	5.5
Forced sex in family	12.6	5.8

Table 3

Descriptive Statistics for Adjustment Variables.

	Cluster			“Control” Group (No Exposure; <i>n</i> = 175)
	Well Adjusted (<i>n</i> = 184)	Moderate Adjustment (<i>n</i> = 176)	Struggling (<i>n</i> = 38)	
Depression	1.43 (.26)	1.90 (.53)	2.34 (.66)	1.57 (.48)
Problem-solving attitudes	3.76 (.22)	3.37 (.39)	2.18 (.74)	3.51 (.53)
Self-efficacy	3.95 (.34)	3.41 (.41)	3.07 (.43)	3.69 (.47)

Note. *N*s in cluster groups vary due to occasional missing data. One case with unidentified cluster membership was dropped from the analysis. All pairwise comparisons were significant.

Table 4

Means and Standard Deviations for Variables Describing Differences in Adjustment.

	Cluster		
	1. Well-Adjusted <i>M</i> (<i>SD</i>)	2. Moderate <i>M</i> (<i>SD</i>)	3. Struggling <i>M</i> (<i>SD</i>)
Individual factors			
Attitudes toward substance use	2.90 (0.89) ^a	2.77 (0.92) ^b	2.11 (1.04)
Peers' attitudes toward substance use	3.50 (0.88) ^a	3.40 (0.86) ^c	2.83 (1.17)
Family environment			
Family functioning	3.24 (0.41) ^{a,d}	2.86 (0.42) ^b	2.52 (0.41)
Family social support	6.08 (0.98) ^{a,d}	5.23 (1.18) ^b	3.86 (1.87)
Parent engagement	3.37 (1.04) ^a	3.17 (1.03) ^c	2.50 (1.02)
Parental monitoring	2.92 ^{a,d} (0.31) ^{a,d}	2.78 (0.63) ^b	2.32 (0.96)
Community influences			
Neighborhood safety	3.57 (1.18) ^{a,d}	3.03 (2.0) ^c	2.83 (2.02)
Use of community services	1.31 (1.5)	1.76 (2.93)	3.18 (4.61)

^aCluster 1 to Cluster 2, $p < .001$.^bClusters 1 to 3, $p < .001$.^cClusters 2 to 3, $p < .001$.^d $p < .05$.