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## Child Abuse &amp; Neglect

journal homepage: [www.elsevier.com/locate/chiabuneg](http://www.elsevier.com/locate/chiabuneg)

## Research article

## Coping styles in youth exposed to maltreatment: Longitudinal patterns reported by youth in foster care

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## ARTICLE INFO

## Keywords:

Coping style  
Foster care  
Longitudinal  
Youth self-report  
Child maltreatment

## ABSTRACT

Coping styles in youth living in foster care with a history of maltreatment were examined to determine the nature and stability of self-reported coping behavior over time. Participants included 542 (time 1), 377 (time 2), and 299 (time 3) youth ages 8–22 years ( $M = 13.28$  years,  $SD = 3.04$ ). Using the Behavioral Inventory of Strategic Control, a dimensional, continuous measure of coping, across four possible coping styles endorsed in reference to specific potentially stressful situations, the results indicated that direct action coping was the most frequently endorsed or preferred style for more than 50% of the sample at each time point. A number of youth endorsed using more than one coping style, indicating some flexibility in the approach to coping when problems occur. Although most youth endorsed a preferred style, coping style endorsed did vary somewhat over time. The coping style endorsed also varied depending on the type of problem referenced, but no statistically significant differences were noted across situations, including social, academic, general, and foster-specific situations. Effects for age were also examined and the results indicated no significant differences across the age range for type of coping most commonly endorsed. The present study is the first large-scale, longitudinal assessment of coping styles in youth in foster care and the results suggest that coping is not a simple, categorical-only construct and the implications for the endorsement of the direct approach for youth in foster care along with the other findings are discussed.

## 1. Introduction

Determining how youth in foster care cope with stress is essential for understanding the impact of maltreatment and other adverse events on current and future adjustment and psychopathology (Compas, Connor-Simth, Saltzman, Harding Thomsen, & Wadsworth, 2001). That is, the type of coping strategy employed may explain differences in adjustment among children who have been maltreated. For instance, Sesar, Šimić, and Barišić (2010) found that for youth with a history of child maltreatment, the use of emotion-focused coping predicted anxiety and depression symptoms, whereas the use of problem-focused coping strategies was negatively related to maladjustment in young adulthood.

Although youth in foster care have likely had to cope with many more adverse life events than their non-foster care peers, relatively little attention has been paid in research to how youth in foster care cope with the various stressors they experience (Greer, 2011; Krattenmacher et al., 2013). Moreover, youth in foster care are a heterogeneous population of youth who vary not only in the kinds of experiences that lead to their placement in care, but also in the kinds of experiences they have while in care. Before clear links can be made between experiences and (mal)adjustment, it is important to document the kinds of coping this important

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<http://dx.doi.org/10.1016/j.chiabu.2017.05.001>

Received 28 November 2015; Received in revised form 27 April 2017; Accepted 2 May 2017

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population of youth endorse so that any relevant mental health outcomes found in other studies can be placed in context of the child's response style.

The present study did not seek to describe the function of the coping response (i.e., helpful or unhelpful), but rather, to address the gaps in the literature relative to youth in foster care to document (a) the kinds of coping strategies commonly reported by youth in foster care and, (b) to determine the stability of these coping approaches over time. Knowing how youth cope with events or the strategies they use when faced with a challenge is important for the field of foster care interventionists who often seek to provide youth methods to encourage mental health. By knowing which kinds of approaches youth tend to take in responding to events, the field will increase its basic understanding of how youth in foster care function beyond only documenting pathology, and thus potentially augment the effectiveness of interventions. The goal of the study was to provide the field with first-time evidence of the nature and consistency of coping styles for a large sample of youth in foster care.

### 1.1. Conceptualizations of coping

Lazarus and Folkman's (1984) adult model of stress, cognitive appraisal, and coping, has dominated the youth coping research literature, and provides an important historical context for the conceptualization and methodology of the current study. This widely-used approach defines coping as: "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (p. 141). The popular notions of problem-focused coping, or directing responses toward resolving the stressful relationship between the self and the environment, and emotion-focused coping, or working to alleviate the negative emotions that arise because stress, were derived from this model (Compas et al., 2001). Research indicates that in general, youth who endorse using emotion-focused coping tend to also have emotional instability and maladjustment (Carlo et al., 2012).

Most studies of youth coping commonly include highly specific samples (i.e., natural disasters, chronic illness) and findings may not generalize to samples of youth exposed to other kinds of nonnormative traumatic experiences like removal from biological caregivers. In a rare study of youth in foster care, Browne (2002) found that adolescents who had been abused were more likely to use emotion-focused—or nonproductive—coping than the adolescents with no maltreatment experience. Among adult survivors of child maltreatment, emotion-focused coping was significantly associated with physical health concerns (Hager & Runtz, 2012). Although the two previous studies represent different samples, taken together, they suggest the potential for stability of an emotion focused coping approach over the lifespan. However, this common way of considering coping has been criticized as having too narrow of a focus (e.g., coping confined to one of two categories such as problem- or emotion- focused).

Expanding on Lazarus and Folkman's model (1984), Hobfoll, Dunahoo, Ben-Porath, and Monnier (1994) developed the Dual Axis Model of Coping to address this problem. This model suggests that coping strategies vary along two dimensions, action or what one does (active, passive) and sociability (prosocial, asocial), whether one approaches stressors alone or solicits the help of others. Direct action strategies are any behavior where the individual does something about the stressor, or moves toward the event, while indirect strategies are aimed at any behavior that separates the individual from the stressor. Prosocial strategies include any behavior that seeks out others to help the individual with the stressor, and asocial strategies include any efforts by the individual to resolve the stressor alone. It was this approach that formed the basis for the present study given the strong theory and empirical support behind the model, the lack of assumptions about whether certain types of coping are helpful or unhelpful, and the broader focus of the model (i.e., four strategies varying along two dimensions).

In this way, approaches to coping are neither dependent on nor restricted to emotions or objective strategies alone, or conflated with mental health/illness behaviors. Moreover, this approach allows for a given youth to endorse both asocial and indirect styles or prosocial and indirect styles and other combinations in their response to different types of stress events allowing for possible variability in coping behaviors. Because this model allows for youth coping to be placed along two overlapping continuum (resulting in scores anywhere in the four-square), it was hoped that the Dual Axis Model would provide a new, specific and non-subjective illustration of what youth in foster care do when stress events occur and avoid the possible pitfalls of oversimplification (i.e., reduce coping to one approach only) and confounding coping response with maladjustment categories.

Beyond the theory of how the Dual Axis Model *should* work, several studies have demonstrated empirical support for the model. In a sample of military-dependent children living abroad who were facing closure of their community and imminent relocation, the hypothesized dimensional structure of the Dual Axis Model was strongly supported (Little, Lopez, & Wanner, 2001). Further, the Dual Axis Model of coping strategy was linked to emotional adjustment in children (Lopez & Little, 1996). These studies demonstrated that while the dimensions outlined in the Dual Axis Model may not be exhaustive, they do encompass a broad range of behavior, and that behavior is significantly associated with important mental health outcomes. More recently, Vanlede, Little, and Card (2006) tested the Dual Axis Model of coping in a sample of young adolescents transitioning from elementary to middle school, and again found it to be a useful paradigm. Specifically, the authors found that asocial coping consistently predicted negative changes in adjustment variables (greater depression, more aggression) in youth and that the coping scores were stable over time. Some preliminary evidence for the use of the Dual Axis Model with youth in foster care comes from Elzy, Clark, Dollard, and Hummer (2013), where approach and avoidance coping was examined in a sample of adolescent girls in group homes and residential facilities. The results indicated that the use of avoidant coping was related to less pathology in girls with the most trauma exposure, but use of approach coping was not related to trauma symptoms.

A final, important consideration related to the conceptualization and measurement of coping is the type of reporter. In their review of coping theory and measurement, Compas et al. (2001) found that self-report was the most common methodological approach in measurement of coping (Compas et al., 2001), and continues to be so (Rosenberg, Burt, Forehand, & Paysnick, 2016),

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