



**ARTICLE**

## Exposure to Intimate Partner Violence, Core Self-Evaluations, and Psychological Adaptation of Chinese Adolescents

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### ABSTRACT

This study aimed to investigate the link between the exposure to intimate partner violence (IPV), core self-evaluations (CSE), and psychological adaptation of Chinese adolescents, through analysis of the results from the Survey of Children's Exposure to Domestic Violence Scale, Core Self-Evaluations Scale, and Strengths and Difficulties Questionnaire, involving a total of 597 Chinese middle school students. It is indicated that the exposure to IPV is positively correlated with lower levels of psychological adaptation and CSE, and CSE is positively correlated with higher levels of psychological adaptation. Mediation analysis revealed that CSE partially mediated the association between the exposure to IPV and psychological adaptation. These results suggest that educators and parents should help adolescents tackle their emotional and behavioral problems by reducing the risk of IPV exposure and increasing their CSE.

### KEYWORDS

Intimate partner violence; core self-evaluations; psychological adaptation; Chinese adolescents

## 1 Introduction

Intimate Partner Violence (IPV) refers to the aggressive or controlling behaviors between partners or spouses who are or used to be in an intimate relationship [1]. These behaviors include physical attacks (such as pushing, assault, and beating), mental violence (such as intimidation, repeated humiliation, etc.), and sexual violence [2]. A survey conducted in seven provinces and cities in China found that, between husband and wife, the incidence of physical violence and mental violence was 34.8% and 55.6%, respectively [3], indicating that IPV has become a common social problem. Researchers are concerned about the vicious consequences of female victims suffering from IPV, such as endocrine and immune system disorders and increased risk of depression [4,5]. When IPV occurs, women are not the only victims of violence, and their children may perceive or even be involved in the violent conflicts. According to a survey in Hong Kong, China, 26% of children have witnessed their parents being physically assaulted by the spouses or domestic partners, and 73.2% of children have witnessed their parents being subjected to mental violence [6]. Family is a safe nest for children's psychological development. IPV puts children in a disadvantageous family environment, triggers children's negative



cognitive processing and emotional reactions [7], and has a negative impact on their psychological adaptation. Studies have found that children exposed to IPV have a higher risk of precocious puberty and dropout of school [8], and are more likely to become victims of peer bullying [9]. Meta-analysis studies also show that children's exposure to IPV is related to more adaptation problems such as externalizing and internalizing problem behaviors [10].

How to interpret the impact of IPV on children's psychological adaptation? Researchers put forward the spillover theory, which believes that IPV causes pressure and distress for children caregivers, and the adverse effect will spill over to the parent-child system and prevent caregivers from treating their children in an appropriate way [11]. Some researchers have evaluated the mediating role of mothers' psychopathology and family parenting behaviors in the relationship between IPV and children's maladjustment [12,13]. However, these studies neglected the role of children's cognitive processes in the relationship between IPV and children's psychological adaptation. The cognitive-contextual framework believes that children's cognition and evaluation affect their response to parental conflicts, their subjective understanding on parental conflicts plays a key role in their adaptation, and this interpretation and evaluation will be affected by various background factors such as children's characteristics, parent-child relationship, and social culture [14]. Hungerford et al. [15] used this theory to explain the impact of IPV on children's social adaptation. They believe that, compared with those who are not exposed to IPV, children who have been exposed to IPV are more likely to perceive threats to themselves and the safety and completeness of the family, and they tend to believe that they have more responsibility to prevent their mothers from the harm of violence and tend to feel the difficulty for them to effectively cope with the conflicts and violence environments. That causes children's anxiety, self-blame, low self-efficacy, and difficulties in adaptation. Therefore, IPV may have a negative effect on the psychological adaptation by changing adolescents' perception of themselves. Core self-evaluations (CSE), an important part of an individual's self-cognition, is an overall basic evaluation of an individual's abilities and values [16], which mainly includes four core aspects: Self-esteem, general self-efficacy, emotional stability, and psychological control [17]. Individuals with higher CSE use positive ways to evaluate themselves in different situations, believing that they are capable to control their lives. According to the cognitive-contextual framework, the CSE of adolescents may be a significant potential variable in the relationship between IPV and psychological adaptation problems.

The exposure to IPV may affect the CSE of adolescents. Researchers believe that CSE is formed by genetic factors, life experiences, and thinking process, and it can be changed with the changes in the latter two aspects [17]. Some studies have revealed a positive connection between adolescents' CSE and negative life experiences such as stressful life events, discrimination, witnessing marital violence, etc. [18–20]. At the same time, CSE is related to an individual's psychological adaptation. For example, studies have found that CSE is negatively related to depression and externalizing problem behaviors [18,21], and positively related to career adaptability and positive emotions [22,23]. In addition, those adolescents who present positive CSE believe that they are capable and deserve success and have better academic performance [24]. Some studies explore the mediating role of CSE in the relationship between negative life experience and psychological maladaptation [18,25]. Therefore, CSE may play a mediating role in the relationship between exposure to IPV and psychological adaptation. Previous studies have explored the relationship between the exposure to IPV and the components in CSE such as self-esteem, and that between CSE and adolescents' psychological adaptation, but have not examined the mediating role of CSE in IPV and psychological adaptation. In addition, research on the impact of IPV exposure on children's mental health is mainly carried out in Western culture. Some studies have found that there are cultural differences in IPV [26]; considering that Chinese people highly value family harmony [27], the impact of family on Chinese adolescents may be greater. Therefore, whether the findings of previous research can be applied to adolescents in Chinese culture remains unclear and requires further investigation.

The aim of this study is to explore the relationship between exposure to IPV, CSE, and psychological adaptation in adolescents, focusing on the mediating role of adolescents' CSE in IPV and psychological adaptation. Based on the cognitive-contextual framework and previous studies, this study proposes hypotheses as follows:

H1: IPV is positively correlated with psychological adaptation problems, and negatively correlated with CSE;

H2: CSE is negatively related to psychological adaptation problems;

H3: CSE plays a mediating role in the relationship between the exposure to IPV and psychological adaptation problems.

## 2 Method

### 2.1 Research Subject

Using a convenience sampling method, we selected two middle schools in Hubei Province to participate in this study. These schools were chosen because there has been a cooperative research relationship between the schools and South-Central University for Nationalities, with which the first author is affiliated. We randomly selected two classes from each grade in each school. Eventually, 600 adolescents were selected to conduct a questionnaire survey, and 579 valid questionnaires were collected, including 308 boys (53.2%) and 271 girls (46.8%), and 225 urban (38.9%) and 354 rural (61.1%) adolescents. The age of the subjects ranged from 12 to 17 years old, with an average age of 14.20 and a standard deviation of 1.24. Six data collectors informed the subjects of the purpose of the study and distributed questionnaires in the classroom. All Participants were informed that they could withdraw from the study at any time. After all participants filled out the informed consent form, they were asked to answer a series of paper-and-pencil questionnaires anonymously. The questionnaire is designed to assess their IPV exposure, CSE, and psychological adaptation. Students completed all the questions in 10–15 min.

### 2.2 Measurement

#### 2.2.1 Exposure to IPV

Children Exposure to Domestic Violence Scale (CEDV) is used to assess the degree of children's exposure to IPV [28]. The original scale has 42 items, including parental aggressive behaviors that children have been exposed to, perception of these behaviors, intervention, and demographic information. This study adopted the revised version of Harding et al. [29], and only investigated specific violent behaviors, including four types of physical violence (i.e., flapping, hitting, kicking, and pushing) and five types of mental violence (i.e., swearing, cursing, yelling, threatening, and screaming). Children are required to score the nine types of behaviors performed by their fathers and mothers, respectively. Therefore, there are 18 items in the scale, and each item is scored with 5 points (from "1 = never" to "5 = always"); the higher the score on the scale, the more serious the situation of parental IPV. In this study, the Cronbach's Alpha coefficient of this scale is 0.928, which presents good reliability.

#### 2.2.2 CSE

The Core Self-Evaluations Scale (CSES) measures adolescents' basic evaluation of themselves [30]. The questionnaire consists of 12 questions, such as "When I try, I generally succeed". Each question is scored by a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). A higher score indicates more positive CSE. The Chinese version of the CSES has eight questions and is proved with good reliability and validity in research [31]. In this study, the alpha coefficient of the scale is 0.863.

#### 2.2.3 Psychological Adaptation

The Strengths and Difficulties Questionnaire (SDQ) is used to measure the psychological adaptation of children and adolescents [32]. Compiled by Goodman [33], SDQ is suitable for children or adolescents aged

3–16. It can be completed by parents or teachers, or self-reported by children or adolescents. The questionnaire has 25 items, such as “Many worries, often seems worried”, with a 3-level score (from “0 = not true” to “2 = certainly true”). The questionnaire includes five subscales including conduct problems, emotional symptoms, peer problems, attention-deficit/hyperactivity disorder, and prosocial behavior. Among them, the added score of the four subscales, i.e., conduct problems, emotional symptoms, peer communication problems, and attention-deficit/hyperactivity disorder added, can represent the degree of individual psychological adaptation. The higher the score, the more emotional and behavioral problems and the lower the level of psychological adaptation. The students' report of the Chinese version of the SDQ shows good reliability and validity [34]. In this study, the Cronbach's Alpha coefficient of the scale is 0.771.

### 2.3 Data Analysis

All data were processed using SPSS version 23.0. First, a *t* test was adopted to analyze the differences of exposure to IPV, CSE, and psychological adaptation among adolescents of different types, such as gender, location of domicile, age, etc. Second, we conducted Pearson correlation analyses to describe the relationship between exposure to IPV, CSE, and psychological adaptation. Finally, we used Preacher and Hayes' SPSS bootstrap macro program to test the mediation [35]. In this study, psychological adaptation was entered as the dependent variable, the exposure to IPV as the predictor variable, and CSE as the proposed mediator in the SPSS macro, in which we used 5,000 bootstrap resamples via the accelerated and bias-corrected method.

## 3 Results

### 3.1 The Percentage of Adolescents' Reporting Exposure to IPV

Tab. 1 presents the percentages of adolescents' reporting exposure to IPV from fathers and mothers. The proportion of psychological violence that adolescents are exposed to is higher than that of physical violence, and the proportions of IPV from fathers and mothers are close.

**Table 1:** Percentage of specific forms of exposure to intimate partner violence (IPV) reported by adolescents

	Paternal-perpetrated IPV (%)	Maternal-perpetrated IPV (%)
<b>Physical IPV</b>		
hitting	2.2	2.4
punching	2.8	3.1
kicking	2.6	3.1
shoving	5.2	4.7
<b>Psychological IPV</b>		
name calling	11.6	10.2
swearing	4.8	3.5
yelling	11.9	10.4
threatening	3.8	1.7
screaming	11.9	13.5
Total	20	19.9

### 3.2 The Differences of the Exposure to IPV, CSE, and Psychological Adaptation among Different Types of Adolescents

As indicated by [Tabs. 2 and 3](#), adolescents of different genders do not differ in the exposure to IPV and psychological adaptation, but significantly differ in CSE. The CSE of male adolescents is higher than that of female adolescents. Rural and urban adolescents have significant differences in the exposure to IPV with the former being exposed to more IPV than the latter.

**Table 2:** The differences of the variables between male and female adolescents

Gender	Exposure to intimate partner violence	Core self-evaluations	Psychological adaptation problems
Male	19.70 ± 4.92	28.91 ± 6.06	11.16 ± 5.68
Female	19.54 ± 5.21	27.82 ± 6.45	11.14 ± 5.76
<i>t</i>	0.37	2.09*	0.05

Note: \* $p < 0.05$ ; \*\* $p < 0.01$ .

**Table 3:** The differences of the variables between rural and urban adolescents

Location of domicile	Exposure to intimate partner violence	Core self-evaluations	Psychological adaptation problems
Rural adolescents	20.19 ± 6.17	28.13 ± 6.47	11.31 ± 5.71
Urban adolescents	18.74 ± 2.14	28.84 ± 5.89	10.90 ± 5.71
<i>t</i>	4.06**	-1.32	0.84

Note: \* $p < 0.05$ ; \*\* $p < 0.01$ .

### 3.3 Relationship among the Variables

The correlation coefficients for the exposure to IPV, CSE, and psychological adaptation problems are presented in [Tab. 4](#). The results of correlation analysis show that the exposure to IPV is positively correlated with psychological adaptation problems while negatively correlated with CSE. That is, the higher the score of exposure to IPV, the lower both psychological adaptation and CSE. Likewise, CSE is negatively correlated with psychological adaptation problems; that is, the higher the CSE, the better the psychological adaptation. Therefore, Hypotheses 1 and 2 are supported.

**Table 4:** Descriptive statistics and correlations of study variables

	M	SD	1	2	3
1. Exposure to IPV	19.625	5.053	1		
2. CSE	28.403	6.259	-0.245**	1	
3. Psychological adaptation problems	11.153	5.710	0.305**	-0.664**	1

Note: \*\* $p < 0.01$ .

### 3.4 Mediating Effect of CSE in the Relationship between the Exposure to IPV and Psychological Adaptation

We employed the bootstrap approach by Preacher et al. [35] to test the mediating role of CSE in the relationship between the exposure to IPV and psychological adaptation. For this method, one uses

sampling with replacement to estimate the indirect effect and produce a 95% Confidence Interval (CI) for the indirect effect. If 95% CI of the path coefficient does not include zero, the indirect effect is considered to be significant at  $p < 0.05$ .

Tab. 5 presents the results of the test of the hypothesized mediational model. Results of the bootstrap analysis reveal that the partially mediating effect of CSE ( $ab$  path) is significantly different from zero at  $p < 0.05$  with an unstandardized mediating effect = 0.1539, 95% CI = [0.1199,0.2329]. The size of the mediating effect accounted for 51.49% of all the effects. Therefore, CSE was a partial mediator in the relationship between the exposure to IPV and psychological adaptation, partially supporting Hypothesis 3.

**Table 5:** Results of the test of hypothesized mediational model

Path	$\beta$	$B$	$SE$	$p$	CIs for indirect effect	
					Lower	Upper
Exposure to intimate partner violence– core self-evaluation ( $a$ path)	–0.245	–0.303	0.050	0.000	–0.4022	–0.2045
core self-evaluation–psychological adaptation problems ( $b$ path)	–0.628	–0.569	0.029	0.000	–0.6258	–0.5126
Total effect ( $c$ path)	0.305	0.345	0.045	0.000	0.2474	0.4237
Direct effect ( $c'$ path)	0.145	0.163	0.036	0.000	0.0928	0.2329
Indirect effect ( $ab$ path)					0.1199	0.2329

Note: Confidence intervals not including zero indicate a statistically significant indirect effect at  $p < 0.01$ .

#### 4 Discussion

The cognitive-contextual framework believes that children's cognition and evaluation affect their response to parental conflicts, and the exposure to IPV makes them to form negative perceptions of their own responsibilities and abilities, which will lead to adaptation problems [15]. Although researchers have confirmed that the exposure to IPV is positively correlated with adolescents' psychological adaptation difficulties and negatively correlated with self-esteem and other components in CSE [10,20], the relevant research is mainly carried out in Western culture, and the underlying mechanism of the relationship between adolescents' exposure to IPV and their psychological adaptation remains unclear. There are differences in IPV and family attachment in different cultures. It remains uncertain whether the research results of the relationship between IPV exposure and the psychological adaptation of adolescents can be extended to Chinese adolescents. This study examines the relationship between IPV exposure and adolescents' psychological adaptation in Chinese culture, especially the mediating role of adolescent's CSE in this relationship.

Studies have found that there are significant gender differences in CSE among Chinese adolescents; that is, male have higher CSE comparing to female adolescents. In addition, rural and urban adolescents have significant differences in the exposure to IPV; the level of IPV exposure of rural adolescents is higher than that of urban adolescents. These results are consistent with previous research findings on self-concept and IPV exposure among adolescents in other countries [36,37]. Educators should pay attention to the self-concept development of female adolescents and the disadvantaged situation for rural adolescents' development.

Consistent with the hypothesis, the exposure to IPV is positively correlated with adolescents' psychological adaptation problems, which is in accordance with previous research results [38–40]. These results indicate that the exposure to IPV plays an important role in the psychological adaptation of

adolescents. Adolescents who are exposed to more IPV have more behavior problems, emotional symptoms, peer relationship problems, and attention-deficit/hyperactivity disorder. Therefore, social workers should not only pay attention to the needs of female victims of IPV, but also be aware of the risk of maladjustment for children and adolescents exposed to IPV. Parents should also be aware of the harm of IPV to adolescents' psychological adaptation and reduce the risk of IPV exposure.

In addition, this study found that the exposure to IPV was significantly negatively correlated with the CSE of Chinese adolescents, and CSE was negatively correlated with psychological adaptation problems. This is consistent with the results of previous studies on the relationship between negative life experience and CSE and that between CSE and psychological adaptation. Previous studies have found that the CSE of adolescents is related to negative life experience [18,19], and the exposure to IPV, a negative life experience, may reduce the CSE of individuals. The development of self-concept is affected by the family. Good family functions and interactions are linked to more positive self-concept [41,42]. When IPV often occurs in the family, the family is difficult to function normally, the interactions in family tend to have problems, and the CSE of adolescents will be lower. The individual's self-perception shapes the behavior patterns, which will affect his/her feelings, thinking, relationship with others, and behaviors [43]. Therefore, positive CSE is linked to psychological adaptation. This study suggests that IPV has a negative effect on adolescents' self-cognition and psychological adaptation.

The most important finding of this research is that adolescents' CSE plays the role of mediation between the exposure to IPV and psychological adaptation. In other words, adolescents exposed to more IPV have a more negative CSE, which can lead to emotional and behavioral problems. This result supports the cognitive-contextual framework, which believes that children's cognitive processes play a mediating role in the relationship between IPV and adaptation [15]. Adolescents who are exposed to IPV are more likely to perceive threats, feel responsible for the violence, and find it difficult to cope with violent incidents, leading to externalizing and internalizing behavioral problems. Therefore, IPV not only directly affects the psychological adaptation of adolescents, but also indirectly affects psychological adaptation by lowering CSE. In addition to CSE, other factors (such as parent-child attachment, emotional regulation, etc.) may also mediate the relationship between IPV and psychological adaptation, which require further investigation in research.

There are some limitations in this study. First, this study uses a transverse study method to examine the relationship between variables, which hinders the interpretation of the causal relationship between variables. The transverse connection between the parental conflicts and children's psychological adaptation may partly reflect the impact of children's emotional and behavioral problems on parental conflicts [15]. Therefore, it is difficult to infer from the results of this study whether IPV causes adolescents' emotional and behavioral problems, or adolescents' emotional and behavioral problems increase parental violence and aggression. Future studies should use longitudinal research designs to clarify the relationship between IPV exposure and psychological adaptation. Second, this study only explored the relationship between the frequency of IPV exposure and psychological adaptation, and did not examine the impact of the duration of IPV exposure and the severity of violence on psychological adaptation. Studies have found that the severity of IPV that children are exposed to is related to mental health problems [44]. The evaluation of IPV exposure can consider adding indicators such as severity and duration. Finally, the symbiosis risk factors of IPV and adolescents' psychological adaptation in the study were not controlled. This study did not evaluate factors that may be related to both IPV and adolescents' psychological adaptation. For example, family socioeconomic status and spouse alcohol abuse are predictors of women's exposure to IPV [45]. These factors may also increase the risk of children's adaptation difficulties [46,47]; therefore, the relationship between children's exposure to IPV and psychological adaptation may only reflect the influence of related factors such as socioeconomic status and parental substance abuse. Future research should pay attention to potential covariates that may affect IPV and adolescents' psychological adaptation.

Despite the limitations of the study, the results of this study provide an understanding of the underlying mechanism of CSE in the relationship between IPV exposure and psychological adaptation among Chinese adolescents. These findings can provide parents and educators with valuable suggestions to reduce adolescents' emotional and behavioral problems. Parents should be aware of the impact of IPV on adolescents' psychological adaptation, and learn effective methods to reduce the incidence of IPV. In addition, educators should check through students who have exposed to IPV and intervene to improve their CSE and reduce emotional and behavioral problems. For example, the Superheroes Program and Kids' Club Program in communities and schools have been proved to be effective intervention programs [48,49]. Intervention measures can teach adolescents about how to keep safe when IPV occurs, enhance their sense of control, guide them to realize that they have no fault in the violence, help them learn coping skills, and improve general self-efficacy and self-esteem. When their CSE is improved, they will have fewer emotional and behavioral problems.

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