The Experiences and Perceptions of Campus Resource Utilization by University Students with Childhood Domestic Violence Exposure Histories

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Research Article

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Abstract

Objective: The purpose of this study was to examine the campus resource utilization experiences of university students with childhood domestic violence exposure (CDV) histories.

Participants: 368 students attending a public, 4-year university in the Southeastern United States.

Methods: Participants completed a web-based survey with variables including CDV, campus resource utilization and perceptions of said resources, and participant resource suggestions.

Results: Most students utilized at least one health-related campus resource, with the student health and counseling centers as the most common and helpful. Suggested areas for institutional and service provider growth include enhanced advertisement and accessibility for existing resources and added support groups.

Conclusions: College campuses provide unique opportunities to support young adults with CDV histories. Tailoring programming to students with CDV histories has the potential to improve student’s success in and beyond college.

Background Information

Millions of children and adolescents are exposed to interparental domestic violence, referred to hereafter as childhood domestic violence, each year (Duval et al., 2019; Edleson et al., 2007; Finkelhor et al., 2013). Childhood domestic violence (CDV) exposure occurs when children or adolescents less than 18 years of age see, hear, or become directly involved in or experience the aftermath of physical or sexual assault occurring between their caregivers or parent and their romantic partner (Holden, 2003). The pernicious impact of domestic violence (DV) exposure, particularly violence perpetrated by one parent or caregiver towards another (or bidirectionally perpetrated) that is chronic, severe, rooted in patterns of coercive control, and interlocked with other types of childhood trauma, on children, adolescents, young adults, and adults is well established in the family violence and adverse childhood experiences (ACES) literatures (Evans et al., 2008; Felitti et al., 1998; Haselschwerdt, 2014; Ravi & Casolaro, 2018; Ravi et al., 2022). Researchers, practitioners, and policymakers remain committed to understanding the explanatory mechanisms linking childhood traumas (i.e., CDV, other family-based ACES) and increased health challenges in adulthood, but also explanatory mechanisms linking CDV and bonadaption. Obtaining resources like social support from and forming bonds with trusted adults (e.g., nonviolent parent, teacher, coach) and systems (e.g., mental health, educational), or formal help-seeking, is a well-documented, protective, or ameliorative factors that can disrupt pathways from childhood trauma to adulthood health and wellbeing challenges (Leung et al., 2022; Masten & Coatsworth, 1998). Despite its developmental significance, less is known about how CDV-exposed young adults engage with potential resources (e.g., counseling centers, student organizations) and support service providers and systems, as well as how they perceive the services they seek.

Young adulthood is a particularly salient developmental stage, as it is a period of massive personal and interpersonal transformations, positioning this stage as an optimal time for prevention and intervention measures that could disrupt pathways between CDV and adulthood challenges. For example, during this stage, many young adults, particularly those attending college or enlisting in the military, begin living away from parents or caregivers, providing more autonomy and independence. Therefore, they may gain access to resources without parental consent, may enter more stable and committed romantic relationships, explore their identities, shift their worldviews, and increasingly demonstrate an ability to process and contextualize unhealthy family dynamics in their family of origin (Amett, 2000; Black et al., 2010; Haselschwerdt et al., 2019). Yet, young adults today are more intertwined and dependent on their family of origin than youth historically in this developmental stage (Berlin et al., 2010). The implications of this historical shift are likely more complicated for college-attending young adults with CDV histories or those navigating ongoing family violence (e.g., as a supportive sibling, emotional support to victimized parent), warranting an examination of CDV-exposed young adults and their help-seeking behaviors and perceptions of resources available. To address this gap, we collected web-based survey data from 368 college-attending young adults in the Southeastern United States with CDV histories. Though still small, the majority of published studies have focused on community-based resources and support, with scant research on college campus-specific resources and support. Thus, this study centers on the campus specific help-seeking needs, experiences, and recommendations of CDV college students. Findings from this study provide notable implications for campus service providers as well as CDV-specific programmatic efforts on college campuses.

Wellbeing and Help-Seeking Experiences of CDV Young Adult College Students

Approximately half of children in the United States (45%) experience at least one type of adverse childhood experience (ACE), and one in ten children experience three or more ACEs. Family (e.g., CDV, child abuse, and maltreatment) and community violence exposure are the most common ACEs (Finkelhor et al., 2015). Among all the ACES, family violence has the largest and most negative impact compared to the other
ACEs (Colburn et al., 2021). For example, CDV is associated with poorer mental and physical health (e.g., anxiety, depression, post-traumatic stress disorder), behavioral concerns (e.g., verbal aggression, lack of familial closeness), and relationship issues (Colburn et al., 2021; Duval et al., 2019). In a recent study on college students with CDV, examining the relationship between CDV exposure, perceived academic success, and physical and mental health found that those exposed to CDV reported diminished perceived college success and poorer physical and mental health (Ravi et al., 2022). Though CDV impacts many aspects of children and adolescent’s lives, most studies examining DV exposure on college students focus on the mental health effects of CDV (Colburn et al., 2021; Duval et al., 2019; Watt et al., 2020) with the Ravi et al. (2021) study being one of few that considers CDV’s impact on other developmental domains.

**Resource and Support Help-Seeking Among CDV-Exposed Young Adults**

Despite the thoroughly documented, deleterious effects of ACES like CDV, having access to resources, generally, and help-seeking, more specifically, disrupts pathways from trauma to adult wellbeing (e.g., behavioral, relational, and mental health) for CDV-exposed young adults (Bottoms et al., 2016). For example, in a sample of 703 CDV-exposed young adults, Howell, and colleagues (2015) found that those who sought help from community-based formal resources (e.g., mental health professionals, law enforcement) reported lower levels of depression compared to those who did not seek help for their experiences.

Yet most young adults who seek help for CDV choose informal social support (e.g., friends, family), with few disclosing to or contacting formal (e.g., therapists) or legal support (e.g., police; Bottoms et al., 2016; Howell et al., 2015). Numerous factors influence CDV-related help-seeking during young adulthood, including prior negative help-seeking experiences before young adulthood, hypothesized helpfulness of the services and resources, wanting to keep the DV “within the family,” and fearing a legal system involvement and following the family’s culture around disclosure, as well as violence escalating (Bottoms et al., 2016; Karatiken, 2019; Kahovec & Haselschwerdt, 2023). Though these study’s findings are important and informative to the current study, they largely focused on retrospective disclosure and help-seeking before adulthood, or an open time frame from childhood through the present and focused on community and K-12 school-based resources and support. These gaps expose a need to examine CDV-related help-seeking among college students to better understand the prevalence, utilization, and perception of university campus-based resources, support, and help-seeking.

College enrollment is a transition-linked turning point ripe for CDV-specific interventions that can disrupt maladaptive developmental cascades from ACES like CDV to poor health and life challenges in adulthood. Beyond academic and social opportunities, colleges provide free or greatly reduced cost resources and supports through campus health and mental health centers, programming created in student life and student affairs offices that either are currently or could be leveraged as intervention sites for students with CDV histories. Based on findings from the Fall 2022 survey conducted by the American College Health Association (2023), of the 11,504 students who sought psychological or mental health services in the past 12 months, 39% sought these services from their campus health and/or counseling center. Of the 23,681 students who sought medical health for non-psychological and mental health services in the past 12 months, 31% sought these services from their campus health center. Similarly, and consistent with Xiao’s (2017) findings on a gradual and steady increase of counseling center utilization, drawing upon the 2013–2021 Health Minds Study of over 350,000 college students, Lipson et al. (2023) documented a substantial uptick in help-seeking (23.5% increase), including past-year therapy (25.6%), demonstrating increased awareness of and access to help-seeking services that also coincides with the staggering decline in college students’ mental health. Lipson et al. (2022), for example, documented a steady decline in students’ mental health, noting a 32% negative change in the percentage of students categorized as “flourishing” and a 135% in positive screens for depression. In one study of 239 college students, students with more than two ACEs were twice as likely to meet screening criteria for a depressive or anxiety disorder (Karatekin, 2018). Thus, better understanding the college campus resource and help-seeking needs of CDV-exposed students is urgent for empirical, theoretical, but even more importantly, practical and intervention purposes.

**The Current Study**

Building upon the current literature, this study explored the help-seeking behaviors of young adults with CDV histories enrolled in a public, four-year public university in the Southeastern United States in the Spring of 2018. We focused on the resources offered by this university, as these resources are specifically created for college-attending young adults at reduced costs or free, reducing some barriers to resource provision and adding to the broader help-seeking literature that predominately focused on community-level resources. We answered three descriptive research questions and an additional question focused on variations due to differential CDV experiences. RQ1: How many CDV-exposed students sought university-specific resources? RQ2: Which resources did CDV-exposed students access, and were they perceived as helpful? Since inaccessibility and perceptions of helpfulness are barriers to help-seeking among college students with various interpersonal violence histories (Voth Schrag et al., 2021), we added RQ3: What additional suggestions do CDV-exposed students have for improving and expanding existing campus resources?
We were also interested in potential variations in CDV exposure context, help-seeking, and resource use based on findings from a few studies documenting an association between greater ACEs and help-seeking (Karatekin, 2019) and a qualitative pattern whereby college students recalling more severe, frequent, and coercive controlling violence exposure engaging in more help-seeking before college (Kahovec & Haselschwerdt, 2023). Yet, the students with greater CDV exposure or ACES reported less helpful or positive experiences upon seeking help when compared to those with fewer ACEs (Howell et al., 2015; Karatekin, 2019). Thus, RQ4: Is there a difference in help-seeking based on the CDV context? We hypothesized that students who experienced cumulative CDV exposure, more types of CDV, severe CDV, and those forced to participate in the violence would be more likely to have sought help.

**Method**

**Sampling Procedures**

Undergraduate and graduate students were eligible to participate in the study if they were at least 18 years of age and were enrolled in the Spring 2018 semester. Upon approval by the university’s institutional review board, the principal investigator (fourth author) obtained a list of students enrolled for the Spring 2018 semester from the university registrar. A total of 26,944 students were sent a Qualtrics web survey invitation and three reminder emails. Students were entered in a drawing to win 1 of 12 $50 university store gift cards.

**Participants**

Eight hundred and twenty-two (822) students participated in the survey. Table 1 provides participant details. Of these, 368 students reported exposure to CDV. Of the 368 students, 65.2% ($n = 240$) identified as female, and 29.9% ($n = 110$) identified as male. Approximately 58.2% of the students were undergraduates ($n = 214$). Their ages ranged from 16–64 (median = 22.00). Consistent with this campus’s racialized identity demographics, most participants identified as White (83%; $n = 305$). Of the racially and ethnically minoritized students (17.1%), 5.4% identified as Asian ($n = 20$), slightly over 5% percent identified as Latino/a/e ($n = 20$), almost 4% ($n = 14$) identified as Black/African American, approximately 2% identified as Indigenous ($n = 8$), and almost 3% ($n = 10$) marked another race or ethnicity not listed here.

<Table 1 about here>

**Measures**

**Childhood Domestic Violence Exposure**

Since there is no validated measure for adult CDV exposure, items were adapted from a children’s exposure to domestic violence scale, which has been shown to be valid and reliable (Edleson et al., 2008; Ravi & Tonui, 2020). We adapted the CEDV to include other individuals as victims and perpetrators, such as mothers, stepparents, grandparents, and other individuals living in the home since some children have stepparents or grandparents serving in a parental role. Verbal CDV exposure was established by an affirmative answer to the (yes/no) survey questions asking whether the student had witnessed a parent or parental figure being “verbally threatened, yelled at, cursed at, or called names by another adult." Physical CDV exposure was established by an affirmative answer to the (yes/no) survey questions asking whether the student saw a parent figure “being hit, pushed, slapped, or have something thrown at them by another adult.” Severity of IPV was assessed based on whether the violence "left marks for more than a few minutes” and “whether medical attention was needed.”. Forced participation in the violence was identified if the student answered affirmatively to the item, asking if they have been “used as a hostage or weapon against a parent” or “forced to spy on a parent.” The categories for cumulative IPV included “no exposure,” “verbal IPV or physical IPV” (1 type), “verbal IPV and physical IPV” (2 types), and “verbal IPV, physical IPV, and forced to participate in IPV” (3 types).

**Help-seeking, Perceptions of Source of Help, and Suggested Help-seeking Resources**

Students were asked to answer whether they sought help (1 = yes, 0 = no) from a list of university resources, including the student counseling center, campus ministry council, alcohol education program, drug education program, or student health center. The list of available campus resources was created by reviewing the available resources for students’ physical and mental health and substance use from the university website. From this list, we also consulted a campus center for health, education, and wellness for their recommendations of additional resources. A variable measuring any help-seeking (0 = no, 1 = yes). A total score was created to determine the total number of resources the students utilized, ranging from one to five.

The perceived helpfulness of each campus resource was examined by asking students to rate how helpful each resource they utilized was using a Likert-type scale ranging from 1 (not at all helpful) to 5 (very helpful). A standard definition of helpful was not provided. Students were also asked, “What existing campus resources do you think would be helpful for students who witnessed
parental/stepparent/grandparent violence in the past?" Students were asked to select all campus resources from a list that included the student counseling center, campus ministry center, alcohol education program, drug education program, and student health center. One open-ended question was offered to students, "Describe any additional resources that the [large, public university in the Southeast United States] should consider to support students who have been affected by abuse against a parent/stepparent/grandparent in the past" to better understand what is currently missing from university resource offerings for students with CDV exposure.

**Data Analysis**

SPSS 28.0 was used for descriptive and bivariate analyses. Since the variables were all categorical, the descriptive analyses consisted of frequencies, and bivariate analyses were conducted using chi-square. Chi-square was used to examine differences in whether students sought help and the type of help sought based on cumulative CDV exposure (No exposure, exposure to 1, 2, or 3 types), CDV severity, and whether the student was forced to participate in the violence. Chi-square analyses were also conducted to assess differences in help-seeking (i.e., whether help was sought and from where) based on the type of exposure. All missing data were less than five percent indicating that the missing data can be ignored and complete case analysis is permissible (Jakobsen et al., 2017). Thematic analysis (Braun & Clarke, 2006) was used to examine the responses to the open-ended question. The first and third authors coded the written responses, categorizing the raw quotes into two main categories (creating additional versus enhancing existing resources) that were then further categorized into six main themes. Different examples and quotes are provided within each theme to demonstrate why specific examples were categorized together (e.g., “support groups,” “Alcoholics Anonymous-like group”) while demonstrating within theme variability.

**Results**

Table 2 details where students sought help for CEDV, how helpful they found the resource, and whether they would recommend it to someone with CEDV regardless of whether they utilized the resource. Among the 368 students who reported exposure to CDV, nearly 72% (n = 256) sought help from at least one university resource. There were no differences in whether students sought help based on gender, race, or academic rank (undergraduate vs. graduate). The mean number of resources accessed was 1.12 (SD = .94). The most utilized resources were the student health center and the student counseling center. Approximately 65% (n = 231) of students sought help from the student health services, and 33.1% (n = 118) sought help from the student counseling center. Fewer students (7.3%, n = 26) accessed the campus ministry center and alcohol education program (8.4%, n = 30). Very few students accessed help from the drug education program (1.7%, n = 6).

Most students rated the student health center (98.2%, n = 228) and the student counseling centers (87.3%, n = 206) as the most helpful to some degree. Although only approximately seven percent (n = 26) of the sample sought help from the campus ministry center, found it helpful or very helpful. Most students (40%, n = 12) who utilized the alcohol education program rated it somewhat helpful. Most students (66.6%, n = 4) who participated in the drug education program found it not at all helpful or only somewhat helpful.

Students recommended the following campus resources for students who have experienced CDV. An overwhelming majority (88%, n = 324) of students recommended the student counseling center, followed by the student health center (45.9%, n = 169). A total of 41% (n = 151) recommended the campus ministry center. Less than a quarter of students recommended alcohol education (22%, n = 81) and drug education programs (19.3%, n = 71), respectively.

Chi squares were used to examine differences in whether the student sought help and where they sought help based on cumulative CDV exposure, type of CDV (verbal vs. physical), CDV severity, and whether they were forced to participate in the violence. Contrary to the study hypotheses, the chi-square analyses results indicated no significant differences in whether the students sought help or from where they sought help. There were no differences in the perceived helpfulness of the resource based on cumulative exposure, type of CDV, CDV severity, or whether the student was forced to participate.

Seventy-one (71%) of participants responded to the open-ended question, “Describe any additional resources that the [large, public university in Southeast United States] should consider to support students who have been affected by abuse against a parent/stepparent/grandparent in the past" with analyzable responses. This specific study focused on CDV-exposure, whereas the larger study asked about other forms of family violence, hence this question is broader than resources specific to CDV-exposure. Nevertheless,
these suggestions are consistent with the existing literature and certainly apply to students with CDV exposure experiences and other forms of family violence experiences. Aside from stating that they want general, unspecified safe spaces or a safe campus community (7%), most of the responses (85.9%) aligned with two main categories (additional resources, enhanced resources), which were broken into six main themes CDV student support groups (45%), CDV-focused education (14%), opportunities to enhance healthy coping strategies (5.6%) and logistical and financial support (4.22%) were the most described resources that participants would like added to the current university offerings. Better advertisement of existing resources (22.5%) and trauma-informed and culturally responsive training (7%) were the most described suggested enhancements to existing resources.

Most participants typed a general “support groups” suggestion, whereas others specifically suggested anonymous support groups more akin to Alcoholics Anonymous or groups in which students with similar experiences could vent, learn they are not alone, and grow together. One student referenced a successful support group at their high school for students who experienced parental death, reminiscing that the group was “always very close.” CDV-education suggestions had more variability, including parenting classes for parents, courses aimed towards breaking cycles of violence in romantic relationships and as current or future parents, and recognizing signs of abuse. One residence hall assistant (RA) said:

Working as an RA, I feel I have a unique perspective on this situation. There needs to be more educational resources rather than ‘treatment’ resources. Right now, I feel RA’s are one of few resources in identifying that an issue exists.

Many of these suggested resources are interconnected, such that a support group could include CDV-specific education, including relationship education as providing hands-on strategies specific to coping and mindfulness-based education (e.g., journaling, yoga, exercise, breathing). For example, one student said they wanted “ways to cope with stress, anxiety, depression, self-blame, lack of self-confidence” as especially needed, which could be accomplished by “offering something like a mindfulness course once a semester.” For some college students with CDV histories, having a multi-purpose group in which a support group is facilitated by a professional who infused CDV-specific and relationship education along with health coping tools and ongoing peer support would be ideal. A few additional suggestions include a university investment in logistical and financial support to help students less connected or estranged from their families navigate college and adult life (e.g., the importance of and reasons for filling out financial aid papers, how credit hours work), as well as logistical and financial support for moving out of their parent’s home.

For some students, they did not see the need for additional services, but rather the university needed better advertisement, increased awareness and cultural humility, and enhanced accessibility of existing services, as well as continued opportunities for involvement in non-DV-related organizations. The main concerns were that students might not know about existing resources and their relevance to CDV exposure, how joining student organizations unrelated to CDV exposure might be beneficial for coping (e.g., Veterans Resource Center), and dissatisfaction when they sought particular resources. Noting that the services were stretched too thin (e.g., forced group versus individual therapy, outsourcing to community centers that necessitated transportation, long waitlists), and thus, could not provide adequate or student-centered resources that met other counseling needs like couples/marriage therapy. One noted institutional area for growth was enhancing trauma-informed training, specifically around CDV exposure and other ACES relevant to college students’ college experiences. Participants noted that faculty and Student Counseling Center staff would benefit from more trauma-informed and enhanced cultural humility training to better understand the unique needs and experiences of subgroups of students, such as international and distance education students.

Discussion

The purpose of this study was to build upon the current CDV and help-seeking literature by examining CDV-exposed college students’ awareness and utilization of campus resources from a public, four-year university in the Southeastern United States, as well as students’ suggestions for existing program enhancement or additions of other help-seeking resources. This study emphasized the importance of help-seeking programs and services on university and college campuses, specifically noting that students seek help through these resources related to and unrelated to CDV exposure. Overall, these CDV college students engaged in at least some formal help-seeking, with 72% of the sample utilizing health-related campus resources, most commonly utilizing the student health and counseling centers. Most students found on-campus resources such as the health center, counseling center, and campus ministry to be somewhat helpful, helpful, or extremely helpful, highlighting the importance of accessibility and availability to help-seeking resources on campus. Open-ended response patterns document some areas for institutional and service provider growth, including enhanced advertisement and accessibility for existing resources for CDV students, existing services being stretched too thin, which impacts accessibility, and suggestions for increased service provider training specific to trauma-informed and cultural competence/humility and unique student care (e.g., international, distance education).
Contrary to our hypotheses, we did not detect differences in services sought or perceived helpfulness based on DV contextual factors, such as greater exposure to more severe CDV or forced involvement in CDV. The lack of significant differences may be due to measurement limitations (see Limitations below); however, our findings emphasize the reality that CDV students are accessing resources regardless of the extent to which they were exposed to DV, finding the resources mostly helpful. It may be that the young adults who are living away from parents or caregivers (e.g., attending college) have access to resources that they can now access without parental consent, resulting in the ability to process and contextualize unhealthy family dynamics in their family of origin (Arnett, 2000; Black et al., 2010; Haselschwerdt et al., 2019). Though our scale did not ask about their help-seeking experiences specific to CDV, these findings demonstrate the importance of help-seeking resources on campus for those with CDV exposure, providing rich information about the utilization of help-seeking resources on college campuses. It may be that when students have more access to resources (e.g., campus health centers, counseling centers), they are more likely to seek help, regardless of contextual factors such as the severity of their experiences, or for CDV students, greater exposure to more severe CDV. It is important to note that the CDV sample is proportionately larger when compared to similar studies of CDV among young adults and help-seeking, which is potentially due to our novel use of a using CDV scale modified for young adults, or also because eligibility did not require physical CDV unlike similar studies, which led to a greater number of students seeing their experiences in the recruitment flyers.

**Enhancing Awareness of and Accessibility to Existing Resources**

This study's findings have implications for enhancing existing help-seeking resources on college and university campuses. More specifically, the participants provided substantive feedback on the available resources and services, their awareness and access, and suggestions for modified or additional resources. For example, 16 participants stated that resources are not widely advertised or that students were unaware of the resources available to them specific to CDV. There are several ways college campuses can ease the help-seeking process for students. For instance, college participants with DV victimization experiences in Voth Schrag and colleagues (2021) study suggested having DV education early, like during freshmen orientation, to ensure this information is accessible to all students. Similar to alcohol education courses, for example, highlighting existing campus resources specific to navigating family-of-origin relationships while in college and during young adulthood would be ideal.

In addition to enhancing awareness of resources on campuses, colleges and universities should be mindful of how accessibility to resources and services impacts students. One accessibility concern colleges and universities should be aware of is the negative impact that clinicians and practitioners being stretched too thin can have on students. For example, when students are unable to see individual counselors or face long wait lists, this can deter them from seeking help, though we do acknowledge that this is a common barrier in help-seeking professions due to a variety of challenges (e.g., staffing) out of the hands of counseling center staff and administrators. One potential enhancement of accessibility would be to provide students with multiple modes of scheduling and providing information. For example, students in a study by Voth Schrag and colleagues (2021) reported how online scheduling and information provided on websites as particularly helpful in mentally preparing for their Title IX engagement. Technology streamlined help-seeking and facilitated greater access via phone calls, text messaging, chat, and online resources.

**Expanding Existing Service Offerings**

Twenty-two of our participants noted that group therapy or support groups (hereafter referred to as group interventions) for college students with CDV histories would be particularly useful in processing their experiences and finding other college students with similar experiences. Additionally, participants suggested colleges create CDV psychoeducation education, more opportunities to learn about DV more broadly, and healthy coping strategies. Many of the suggestions made by the participants are interconnected or could be integrated into one group intervention. For example, a clinician-facilitated group intervention that combined CDV psychoeducation, including health and adaptive coping skills, group processing, and peer support, could be an excellent alternative to individual interventions. In fact, group interventions might be as helpful, if not more helpful, to college students experiencing CDV or ACE's (; Karatekin, 2019) in addition to offering opportunities for providers to reach a larger quantity of college students patients in a cost-effective manner (Deblinger et al., 2016; Roy, 2008). This study’s findings and the existing literature are in keeping with shifts occurring at college student counseling centers across the country, adding sought-after and well-attended “family-centered” support groups, including CDV group interventions (e.g., After Silence: Navigating Complicated Family Dynamics at the University of Texas at Austin; Healing from Family Challenges at the University of Missouri; All in the Family at the University of North Carolina, Chapel Hill). Testing group interventions’ efficacy, feasibility, and acceptability is an important next direction for the field.

In addition to enhancing current sources of help and expanding the existing sources of help, colleges should provide tools and resources that help to combat the potential toxic stress associated with ACE’s, such as witnessing DV. As well as noting that it may be important to acknowledge other additional factors impacting college students, such as being first-generation or experiencing multiple ACE’s or...
victimations during their childhood (Howell et al., 2021; Miller-Graff et al., 2015). Seon and colleagues (2021) state that it may be particularly useful to assess cumulative and childhood trauma in addition to whether trauma caused by ACE’s has continued and how those experiences may impact their current help-seeking behaviors. Colburn and colleagues (2021) discuss the importance of campus counseling centers having the ability to screen for ACE’s to effectively meet the needs of young adults, as the addition of screening for ACE’s could be an external protective factor fostering positive outcomes. Tools and resources to screen for cumulative and childhood traumas or ACE’s can also aid in creating more trauma-informed care. Examples of tools and resources to screen for cumulative and childhood traumas or ACE’s can include providing counseling centers with specific tools to screen for ACE’s or childhood trauma or providing additional resources like support groups (Colburn et al., 2021).

**Limitations**

This study’s findings should be understood in the context of several limitations. First, the participants in this study were disproportionately White and female, limiting the generalizability of the study beyond this demographic group. For example, differences based on racialized identities in help-seeking, particularly formal help-seeking, are impactful on help-seeking utilization. Specifically, findings suggest that individuals with racially minoritized identities are less likely to seek formal help and often utilize other resources before seeking help from a system due to historical and contemporary experiences of exclusion, marginalization, and discrimination (e.g., familial resources; Anyikwa, 2015; Decker et al., 2019). Second, the sample was limited to one school in the Southeastern U.S. and does not represent the entire university’s student population.

Though a greater proportionately of participants recalled CDV who were eligible to participate, the relatively low response rate may have been due to specific eligibility criteria of having experienced CDV, which previous research demonstrates can be as low as 6.6% among college students (Wilcox et al., 2010). Third, since there is not a known validated CDV scale for young adults, the CDV items we used were adapted from a valid and reliable (Edleson et al., 2008; Ravi & Tonui, 2020). Additionally, though this study was framed as a survey specific to CDV, participants were asked about their general (versus CDV-specific) help-seeking experiences, potentially impacting their responses (utilization and perceived supportiveness). Further, both the CDV and help-seeking variables are dichotomous, thus limiting the nuances (e.g., frequency, unsuccessful attempts) of help-seeking. For example, those who may have attempted to seek help but were unable to access resources would have responded “no,” when they had attempted and wanted help but did not access it. Although the study was introduced as focused on college students “who witnessed domestic violence as a child,” implying interparental CDV, the actual CDV questions allowed for exposure experiences with perpetrating and/or victimizing “mother/stepmother/grandmother” and “father/stepfather/grandfather,” meaning our sample may contain participants whose CDV experiences are inter-grandparental. Lastly, the age of DV exposure was not collected (e.g., preschool, school age, adolescence), which could have provided information about the differing effects of CDV based on the age of exposure.

**Conclusion**

Exposure to domestic violence during childhood impacts college effects a magnitude of students and can impact their mental and physical health. The findings from this study emphasize the significance of accessibility and utilization of help-seeking resources and services on college campuses. For example, most CDV-exposed students who sought help reported a positive experience with services such as the campus counseling center and health center. Students are already accessing resources on campus for CDV and other experiences, and although the majority report a positive experience, students also provided feedback on ways to enhance the current resources. The suggestions and strategies for enhancing and expanding campus resources and services (e.g., accessibility, support groups, trauma-informed care) should be taken into consideration to provide students with a more positive and effective experience with campus help-seeking resources.

**Declarations**

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We have no conflicts of interest to disclose.

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Tables


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Tables 1 to 4 are available in the Supplementary Files section

Supplementary Files

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