

Use of the Kidcope to identify socio-economically diverse Spanish school-age children's stressors and coping strategies

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Abstract

Background The process by which children cope with stressful events is a very relevant topic. However, few systematic efforts have been made to design age-specific measures.

Methods This study examined problems commonly experienced by children, ages between 7 and 12 years, from two different sources: a primary school mainly enrolling families of medium

socio-economic status, and an after-school social care centre from a socially and economically deprived neighbourhood. Data were obtained using the younger version of the Kidcope.

Results Almost 55% of the sample reported a problem related to others with no differences observed in age, gender or school group. The strategies that children considered the most effective were 'social support' (35%), 'emotional regulation' (33%) and 'wishful thinking' (32%). The children from disadvantaged backgrounds reported different problems mainly related with 'victimization and violence', 'moving house' and conflicts with 'norms and rules' and tended to use avoidant strategies to face them, which could be related to the perception of uncontrollability of these stressors.

Conclusions This study reported the first descriptive results in the type of problems and coping strategies of two different social groups of Spanish children using the Kidcope. The Kidcope can be useful to screen children for coping abilities at an early age living under stressful conditions in underprivileged sectors of society.

Introduction

The process by which children cope with stressful events is a very relevant topic, from a theoretical point of view, as well as regarding its clinical implications. However, few systematic efforts have been made to design age-specific measures (Knapp *et al.* 1991; Fields & Prinz 1997; Compas *et al.* 2001). One of the first measures designed for the assessment of coping strategies in children is the Kidcope.

Kidcope

The Kidcope is a brief self-report measure of children's and adolescent's use of coping strategies (Spirito *et al.* 1988). The 15-item younger version of the questionnaire is designed for children between the ages of 7 and 12. The rationale underlying this questionnaire assumes that coping is a process measure rather than a stable personality trait. Following Lazarus and Folkman's (1984) perspective, the concept of coping refers to the use of

cognitive, emotional and behavioural strategies that intervene in responding to stressful situations. These authors suggested that the coping process may change according to situational demands. This transactional conceptualization underlined the importance of the individual's appraisals of the stressor, considering individual differences in interpretation of life events. In accordance with this definition of coping (Knapp *et al.* 1991), the Kidcope allows children to expose the problem they consider the most stressful in their lives, and also assesses 10 coping strategies (distraction, social withdrawal, cognitive restructuring, self-criticism, blaming others, problem solving, emotional regulation, wishful thinking, social support and resignation) related with the specific problem.

The Kidcope has been developed and used in a wide variety of settings and applications, especially in the paediatric area, such as chronically ill children and their healthy siblings (Madan-Swain *et al.* 1993; Spirito *et al.* 1994, 1995; Tyc *et al.* 1995); children and adolescents with diabetes (Zangerle & Rathner 1997; Edgar & Skinner 2003); teenagers infected with sexually transmitted diseases (Baker *et al.* 2001); families with haemophilia (Miller *et al.* 2000); children and adolescents with chronic fatigue syndrome (Garralda & Rangel 2004); paediatric headache patients (Wall *et al.* 1998); and young patients with thalassaemia major (Goldbeck *et al.* 2000).

It has also been used to assess how children cope with war and the refugee situation in Northern Uganda (Paardekooper *et al.* 1999); children's coping styles following a natural disaster (Jeney-Gammon *et al.* 1993); adolescent psychiatric patients and suicide attempters (Spirito *et al.* 1989, 1996); coping in children involved in road traffic accidents (Stallard *et al.* 2001); and normal children and adolescents (Stark *et al.* 1989; Spirito *et al.* 1991; Donaldson *et al.* 2000).

The Kidcope has become a widely used instrument for measuring coping in various samples of children from different cultures and countries, including Chinese (Cheng & Chan 2003); German (Rathner & Zangerle 1996; Goldbeck *et al.* 2000); Sudanese and Ugandan (Paardekooper *et al.* 1999); Netherlander (Jeney-Gammon *et al.* 1993); or Slovakian (Ficková 1998). In spite of the wide use of the Kidcope in various cultures, the studies carried out with Spanish children are very scarce.

Many studies have suggested that children living in socially and economically deprived neighbourhoods face stressors that may differ from those experienced by children from other different backgrounds (e.g. exposure to community violence, poverty and economic hardship, limited resources). Barrera and colleagues (2002) presented a model where living in a deprived and underprivileged neighbourhood affected children's development both indirectly, through its effect on parents and parenting, and directly, through exposure to deviant behaviours, violence and crime. Other authors (Muller *et al.* 2000; Ingoldsby & Shaw 2002; Grant *et al.* 2003) have obtained similar results.

This type of chronic environmental stress also disproportionately affects members of ethnic minority groups, because they are overrepresented in disadvantaged neighbourhoods (Attar *et al.* 1994) and specially affects homeless children (Menke 2000; Huang & Menke 2001). In this respect, the Kidcope might be useful for identifying differences in the type of problems and coping strategies used by children living under stressful conditions in underprivileged sectors of society.

Goals

The main goal of the study was to observe differences in stressors and coping strategies among children from different social and educational backgrounds. Gender differences were also examined, on account of the differences found in other studies using the Kidcope (Stark *et al.* 1989; Spirito *et al.* 1991; Tyc *et al.* 1995; Zangerle & Rathner 1997; Donaldson *et al.* 2000).

Hypotheses

Hypothesis 1 was that children would report different types of problems and coping strategies in relation to social group (e.g. more problems related with violence and victimization found in the after-school social care centre children, see Muller *et al.* 2000; Ingoldsby & Shaw 2002; Grant *et al.* 2003), gender (e.g. more avoiding strategies found in boys, for a review see Tamres *et al.* 2002) and age (e.g. more cognitive-oriented strategies employed in older children, for a review see Fields & Prinz 1997), as reported in previous studies. Hypothesis 2 was that the type of strategies used would vary depending on the type of problems reported (Spirito *et al.* 1991).

Method

Participants

Data were collected from 168 children (85 boys, 83 girls), ages between 7 and 12 years ($M = 10.06$ years; $SD = 1.59$, $min = 6.1$, $max = 12.6$). Children were recruited from two different settings: from a primary school mainly enrolling families from middle class (120 children) (participation rate: 100%), and from an after-school social care centre situated in a socially and economically deprived neighbourhood (48 children) (participation rate: 98%). Both were in Barcelona, Spain. Middle class families were defined following Hollingshead (1957) Index of Social Position classification as those obtaining a mean score between occupational category 3 (administrative personnel, owners of small businesses and minor professionals), and 4 (clerical and sales workers, technicians and owners of small businesses). Families attending the after-school social care centre obtained a mean score of 7 (unskilled employees, unemployed) in the Hollingshead Index of Social Position. The after-school social care centre sample was representative of the underprivileged population living in a deprived area in Barcelona. The social care centre was a place where children and teenagers from very low economic and educational backgrounds have access to resources that are unavailable in their family environment, such as basic hygiene facilities, meals, games, social interaction norms or after-school learning reinforcement.

Measure

The Kidcope (Spirito *et al.* 1988) is an inventory designed to assess coping strategies employed by children (aged 7–12) and youth (aged 12–18). In the younger version, children have to report the major problem experienced in their lifetimes and are then asked

to indicate if they have used the 10 general coping strategies included in the inventory: 'distraction' ('I just tried to forget it'), 'social withdrawal' ('I stayed by myself'), 'cognitive restructuring' ('I tried to see the good side of things'), 'self-criticism' ('I blamed myself for causing the problem'), 'blaming others' ('I blamed someone else for causing the problem'), 'problem solving' ('I tried to fix the problem by thinking of answers'), 'emotional expression' ('I yelled, scream, or got mad'), 'wishful thinking' ('I wished the problem had never happened'), 'social support' ('I tried to feel better by spending time with others like family, grownups, or friends') and 'resignation' ('I didn't do anything because the problem couldn't be fixed'). For each strategy, two total scores can be obtained: the use of the strategy (i.e. 'Did you do this?', rated 'yes' or 'no') and perceived efficacy of each (i.e. 'How much did it help?', rated as 'not at all', 'a little' and 'a lot').

Earlier data for the Kidcope presented test-retest reliability coefficients for shorter intervals (3–7 days), ranging from 0.41 to 0.83 (Spirito *et al.* 1988). Concurrent validity analyses have shown moderate to high correlations between the Kidcope and other standardized coping scales [e.g. from 0.33 to 0.77 with the Coping Strategies Inventory by Tobin and colleagues (1984); from 0.22 to 0.62 with the Adolescent-Coping Orientation for Problem Experiences Inventory by Patterson and McCubbin (1983)]. Preliminary factor analyses have revealed two main strategies: positive/approach and negative/avoidance, although the authors have not categorized the items into any higher order structure because the function of a particular coping strategy was believed to vary by situation (Spirito 1996; Streisand 2000). Control-oriented and escape-oriented coping factors have also been found with exploratory and confirmatory factor analyses in a sample of adolescents in Hong Kong (Cheng & Chan 2003). Procedure

Adaptation of the Kidcope

The translation of the Kidcope was made by two psychologists from the University of Barcelona who were fluent in both English and Spanish. Backwards and forwards translations were performed. The authors of the original version of the Kidcope agreed with the final Spanish version.

Application of the Kidcope

The parents gave their informed consent for all children regarding administration of the questionnaire prior to the start of the study, through the Board of Parents' Association. The questionnaire was administered to children in small groups following the administration procedure used in prior studies with other questionnaires (Kaslow *et al.* 1998). Individual assistance was offered to the children with reading and writing difficulties, and following Spirito's and colleagues' (1988) administration. Measures were administered by trained psychologists.

Codification of children's problems

Children's problems reported in the Kidcope were analysed by means of a simplified

version of Coding System Problems Reported by Adolescents (CSPRA, by Forns *et al.* 2004), which allows classification of the problem reported according to its nature (which identifies who has the problem) and its content (which identifies the type of problem) (Table 1). Two independent psychologists classified 30% of children's problems for this study. The kappa index was $k = 0.953$ for nature of the problem, and $k = 0.967$ for content of the problem. Following Gardner (1995) criteria, the obtained kappa indexes were highly satisfactory.

Data analysis

First, the equality of the socio-economic groups on the characteristic of gender was evaluated using chi-squared tests. The second set of analyses was conducted to test the two hypotheses related to differences in the nature and content of the problems according to the socio-economic groups, and gender. Third, the use of coping strategies in relation to group and gender was also analysed using chi-squared tests. Finally, the efficacy of coping strategies used to solve problems was analysed using percentages.

When required chi-squared unbiased values were computed by means of a Monte Carlo sampling method based on 10 000 contingency tables. Standardized residuals were used to determine which categories (cells) were major contributors to rejecting the null hypothesis. The data obtained were analysed with the statistical package SPSS 14.00 for Windows.

Table 1. Classification of problems reported by children*

Category	Definition	Subcategories	Sub-definition	Frequency <i>n</i> (%)
Nature of the problem	Identifies who has the problem.	Personal 'I failed math'	The problem has happened to the child, without the intervention of other persons (<i>to me</i>).	24 (14.4)
		Interpersonal 'Last Thursday I fought with my friend'	The problem is related to the relationship of the child with others (<i>me + others</i>).	51 (30.5)
		Related to others 'My grandfather is ill at the hospital'	The problem has happened to other person or persons, who can be related to the child (<i>others</i>).	92 (55.1)
Content of the problem	Identifies the topic of the problem: facts, circumstances, characteristics or events related to the problem.	Relationship 'My mother told me off for hitting my brother'	The problem appears in the relationship between: the child and his/her family, the child and his/her peers, and the child and his/her teachers or school authorities.	36 (21.6)
		Moving house, changing school 'I don't like my new teacher'	The problem appears as a consequence of moving home and changing the school.	8 (4.8)
		Conflict with norms and rules 'I stole some money from my father's bag'	The problem is related to breaking norms or rules by the child.	7 (4.2)
		Victimization and violence 'I saw my father slapping my mother'	The problem is related to: physical/psychological aggression, and abuse or rape suffered by the child.	25 (15.0)
		Health, illness, and accidents 'My sister had a car crash last year'	The problem appears as a consequence of physical/mental illness, poor health, and suffering an accident by the child or acquaintances.	35 (21.0)
		Death, suicide 'My grandmother died and we went to the funeral'	The problem is related with the death or suicide of a child's friend, relative or pet.	43 (25.7)
		Others 'My father has discovered that I smoke'	Problems related to money/economy/work, addictions, sports/leisure/holidays, school achievement, or self-guilt.	13 (7.8)

*Adapted from Coding System Problems Reported by Adolescents by Forns and colleagues (2004).

Results

Sample characteristics

The results showed significant differences in terms of social group [$\chi^2 (1, n=168) = 8.86; P \leq 0.003$]; there were more male than female children at the after-school social care centre than at the primary school.

Nature and content of children's problems

Table 1 shows that 55% of the sample reported a problem related to others, 14% reported personal problems and 30% interpersonal problems. Chi-squared analyses showed no significant differences in the nature of the problem by gender [$\chi^2 (2, n = 167) = 0.72; P = 0.696$], and group [$\chi^2 (2, n = 167) = 2.85; P = 0.240$], as shown in Table 2.

For the variable content of the problem, the test showed significant differences between males and females [$\chi^2 (6, n = 167) = 17.76; P = 0.005$], with girls showing more 'relationship' problems. The comparison between groups also showed a significant relationship [$\chi^2 (6, n = 167) = 63.91; P \leq 0.001$], with the after-school social care centre children reporting more problems related to 'moving house', more conflicts with 'norms and rules' and more 'victimization and violence' problems than the school group children. This last group also reported more 'relationship', 'health, illness and accidents' and 'death and suicide' problems than children from the social care centre.

Table 2. Percentages of occurrence of problems (nature and content) by group (school–social care centre) and gender (boys–girls)

	Group (%)		Gender (%)	
	School	Social	Boys	Girls
Nature of the problem				
Personal	15.97	10.42	16.67	12.05
Interpersonal	26.89	39.58	29.76	31.32
Related to others	57.14	50.00	53.57	56.63
Total Nature	100	100	100	100
Content of the problem				
Relationship	28.57***	4.16	11.90	31.32**
Moving house	0.84	14.58***	8.34	1.21
Conflict with norms	1.68	10.4***	4.76	3.61
Victimization and violence	5.04	39.58**	19.05	10.84
Health, illness, accidents	26.05**	8.33	19.05	22.89
Death and suicide	29.41**	16.66	25.00	26.51
Others	8.40	6.25	11.90	3.61
Total Content	100	100	100	100

** $P < 0.01$; *** $P < 0.001$.

Table 3. Percentages of use of coping strategies by group (school–social care centre) and gender (boys–girls)

	Group (%)		Gender (%)	
	School	Social	Boys	Girls
Distraction	85.00	83.33	80.00	89.16
Social Withdrawal	55.83	60.42	54.12	60.24
Cognitive restructuring	57.98	77.08*	64.28	62.65
Self-criticism	28.33	31.25	24.70	33.73
Blaming others	16.67	39.58**	28.23	18.07
Problem solving	69.17	58.33	61.18	71.08
Emotional regulation	89.17	93.75	95.29*	85.54
Wishful thinking	96.67	89.58	90.59	98.79
Social support	71.67	77.08	70.59	75.90
Resignation	38.33	33.33	34.12	39.76

* $P < 0.05$; ** $P < 0.01$; *** $P < 0.001$.

Type of strategies used

Table 3 shows the percentages of the use of coping strategies by group, and gender.

The test showed significant differences between groups on ‘blaming others’ [c^2 (1, $n = 168$) = 10.101; $P = 0.001$] and ‘cognitive restructuring’ [c^2 (1, $n = 168$) = 5.38; $P = 0.020$], with the after-school social care centre children employing these strategies more frequently than the school group children.

The test also showed significant differences between male and female students on ‘emotional regulation’ [c^2 (1, $n = 168$) = 4.63; $P = 0.031$]. Males used ‘emotional regulation’ as a coping strategy more frequently than females.

Table 4 shows the percentages of use of coping strategies by nature and content of the problems. The test showed significant differences in the nature of the problem (personal, inter-personal and related to others) on ‘social withdrawal’ [c^2 (2, $n = 167$) = 9.39; $P = 0.009$] with more children using this strategy when the problem was related to others, and ‘self-criticism’ [c^2 (2, $n = 167$) = 17.84; $P \leq 0.001$], and ‘blaming others’ [c^2 (2, $n = 167$) = 16.02; $P \leq 0.001$] when the problem was interpersonal.

Table 4. Percentages of use of coping strategies by nature and content of the problems

	Coping strategies									
	Distraction	Social withdrawal	Cognitive restructuring	Self-criticism	Blaming others	Problem solving	Emotional regulation	Wishful thinking	Social support	Resignation
Nature										
Personal	11.3	7.3	15.1	18.4	15.8	16.2	12.5	15.1	13.0	9.7
Interpersonal	31.9	34.4	27.4	51.0	55.3	30.6	30.3	29.6	27.6	25.8
Related to others	56.7	58.3	57.5	30.6	28.9	53.2	57.2	55.3	59.3	54.5
Total nature	100	100	100	100	100	100	100	100	100	100
Content										
Relationship	22	20.8	18.9	30.6	18.4	26.1	19.1	22.0	18.7	17.7
Moving house	5	6.3	5.7	8.2	7.9	3.6	5.3	3.8	5.7	4.8
Conflict with norms	5	6.3	2.8	10.2	7.9	2.7	4.6	4.4	4.1	3.2
Victimization and violence	14.9	17.7	16.0	12.2	31.6	13.5	15.8	15.1	14.6	9.7
Health, illness, accidents	17.7	14.6	20.8	22.4	13.2	18.9	20.4	21.4	21.1	24.2
Death and suicide	28.4	29.2	27.4	10.2	7.9	27.0	27.6	26.4	29.3	33.9
Others	7.1	5.2	8.5	6.1	13.2	8.1	7.2	6.9	6.5	6.5
Total content	100	100	100	100	100	100	100	100	100	100

Although the high number of cells did not allow the application of the chi-squared

analyses, data in Table 4 suggested that ‘distraction’, ‘social withdrawal’, ‘cognitive restructuring’, ‘emotional regulation’, ‘wishful thinking’, ‘social support’ and ‘resignation’ were most frequently used in front of ‘death and suicide’ problems. ‘Self-criticism’ was most often used to deal with ‘relationship’ problems, while ‘blaming others’ was most often used to deal with ‘victimization and violence’ problems. Finally, ‘problem solving’ was most frequently used in front of ‘death and suicide’ and ‘relationship’ problems.

Efficacy of the strategies used

The strategies that children considered the most effective were ‘social support’ (35%), ‘emotional regulation’ (33%) and ‘wishful thinking’ (32%) and the least effective were ‘blaming others’ (7%) and ‘self-criticism’ (2%). The total perceived efficacy of the coping strategies used by male and female children was calculated. A significant difference was found between males and females on the efficacy of ‘problem solving’ (Fisher exact statistical test: $P = 0.035$) and ‘wishful thinking’ [$\chi^2 (1, n = 159) = 4.34$; $P = 0.037$] strategies, with more boys than girls considering they were useful to solve their problems.

In addition, a significant difference was found between groups on the efficacy of ‘distraction’ [$\chi^2 (1, n = 141) = 8.42$; $P = 0.004$], ‘wishful thinking’ [$\chi^2 (1, n = 159) = 14.98$; $P \leq 0.001$], and ‘resignation’ strategies [$\chi^2 (1, n = 63) = 5.49$; $P = 0.019$] with more children from the social care centre than from the middle class group rating them as useful.

The test showed significant differences in the nature of the problem on ‘social support’, with more children perceiving efficacy when the problem was related to others [$\chi^2 (6, n = 167) = 9.89$; $P = 0.008$].

Discussion

This research reports the first descriptive results in the type of problems and coping strategies of two different social groups of Spanish children using an assessment instrument compatible with the Lazarus and Folkman (1984) formulation of coping, the Kidcope (Spirito *et al.* 1988). Analysing what children find stressful and identifying the strategies they use to cope with these stressors is important for the understanding of the impact of stress on current and future adjustment and health (Lazarus & Folkman 1984; Compas *et al.* 2001).

Nature and content of children’s problems

More than half of the sample reported a problem related to others with no differences observed in gender or social group. The problems of a personal nature, that has happened to the child, without the intervention of other persons, are the least cited at this age. This fact could be related to the low degree of development of a sense of identity

at this preadolescent stage, as studies with late adolescents show that the type of problem they most frequently cite is of an interpersonal nature (Forns *et al.* 2004).

Regarding the content of the problem, in the current study girls reported more 'relationship' problems as they may be more involved in interpersonal relationships, a fact which other authors have also pointed out (Stark *et al.* 1989; Roecker *et al.* 1996; Forns *et al.* 2004).

Children from the after-school social care centre reported more problems related with 'victimization and violence', and more conflicts with 'norms and rules', than children from the primary school group. This could be explained mainly by the situation of exposure to deviant behaviours and violence which occur more frequently in marginal and disadvantaged contexts such as those analysed (Muller *et al.* 2000; Ingoldsby & Shaw 2002; Grant *et al.* 2003). In addition, the fact that these children feel themselves to be objects of victimization and violence at these young ages may be a reflection of the hostility undergone by socially deprived children at the hands of fellow schoolmates or other non-deprived children. At the same time, it may also be indicating some patterns of upbringing, as children from the after-school care centre informed more frequently of physical punishment and verbal aggressions in the home (Barrera *et al.* 2002).

The problems related to 'moving house', can be explained by social composition of the after-school social care centre group. Some of the children from this group were immigrants, which may imply recent house moving from their original country. Other studies have supported the association between stress and emigration and resettlement in children and youth (Glasgow & Gouse-Sheese 1995; Weine *et al.* 1995).

Type of strategies used

Children used several of the strategies included in the Kidcope to cope with their problems. Some of these strategies such as 'wishful thinking', 'emotional regulation' and 'distraction', which are considered escape-oriented coping strategies, were used by more than 83% of children (Cheng & Chan 2003). 'Emotional regulation' was more often used by boys. 'Distraction' and 'wishful thinking' were used independently of gender and group. Gender differences in the type of strategies used have been reported in a number of studies (Stark *et al.* 1989; Spirito *et al.* 1991); for a review see Tamres and colleagues (2002), but results were not always coincident. Effectively, while some authors found that females had higher scores in avoidant coping (Frydenberg & Lewis 1993), and tended to use emotional expression more frequently than males (Billings & Moos 1981; Spirito *et al.* 1988), other authors indicated that it was males who used more escape-oriented strategies (Stark *et al.* 1989; Causey & Dubow 1992; Roecker *et al.* 1996; Eschenbeck *et al.* 2007). Interaction effects between gender and the stressful situation should be taken into account in future studies with larger samples (Eschenbeck *et al.* 2007).

In the present study the strategies least used by children were 'blaming others' (less than 39%) and 'self-criticism' (less than 31%). 'Self-criticism' was used irrespectively of group and gender. 'Blaming others' was used especially by social care centre children, who tended to attribute the cause of their problems to others. Remember that for these children the most quoted stressor referred to victimization and violence.

Also, 'cognitive restructuring' was used especially by after-school social care centre children. This could be reflecting the educational function and the value of protection in the environment of the social care centres, where an attempt is being made to meet the basic physicals (food, health and educational) and emotional (reception, coexistence, mutual respect, etc.) needs of children from disadvantaged backgrounds.

The nature of the problem is also associated with the type of strategies used, as stated elsewhere (Spirito *et al.* 1991), with more children using 'self-criticism' and 'blaming others', when the problem was interpersonal. These two kinds of strategies reproduced the theoretical dichotomy about internal and external *locus of control*.

The content of the problems also seems to influence the type of strategies used. Results from the present study suggested that 'death and suicide' problems triggered the use of a high number of different coping strategies. The use of different coping strategies in relation to a problem has been related with successful coping and emotional well-being (Aldwin 1994). However, 'victimization and violence' was related with the use of a very specific coping strategy, which is 'blaming others'; as this kind of problem was mainly reported by children from the after-school social care centre, this result may suggest high vulnerability and low controllability of this group to cope with these events.

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Despite these limitations we can delineate some general conclusions. We can highlight that the ability of children to recognize and express the stressors that affect them is detected at a very early age. In addition, it can be assumed that the nature of the problems (personal, interpersonal or related to others) is similarly reported according to social groups, and gender. The content of the problems experienced, with the exception of 'relationship', do not differ according to gender. Gender differences in the type of strategies used have been reported in a number of studies (for a review see Tamres *et al.* 2002), but were not clearly supported in our work. However, the social class clearly differentiated the content of referred problems. Children from the social care centre were those who reported more problems related to moving house, conflicts with norms and victimization, while children from the school group reported more relationship, health and illness, and death and suicide problems. These findings confirm our first hypothesis and are in line with the literature (for a revision of this topic see Ingoldsby & Shaw 2002; Grant *et al.* 2003; or Muller *et al.* 2000).

Finally, differences according to social group suggested that children from the social care centre tend to blame others and use cognitive restructuring strategies more than children from the school context. In the literature on coping these strategies have been linked to the perception of less control of the problems reported (e.g. victimization, moving home) (Vitaliano *et al.* 1990), thus suggesting that children from disadvantaged backgrounds may try to face these problems mainly with indirect coping strategies.

The metacognitive capacity needed to select and describe a major problem and to identify the strategies used to cope with this problem and its perceived efficacy is not an easy cognitive and emotional task for children from 7 to 12 years old. Nevertheless, the present study confirmed that the Kidcope can be useful to identify the problems of children from different social backgrounds and to analyse coping strategies at an early age.

The results may have relevant clinical implications. These findings can help the development of prevention and intervention programmes, both individualized and specific, for different social groups, taking into account the various problems reported. Even though the problems reported by the children may not correspond precisely to what really occurs to them, both the appraisal of stressful events and the strategies they use to face them have important effects on their mental health. Therefore, these two aspects will need to be part of the treatment. These programmes can be addressed to families, as well as teachers and professionals involved in the care of these children.

Key messages

- This study reported the first descriptive results in the type of problems and coping strategies of two different social groups of Spanish children using the Kidcope (Spirito *et al.* 1988).

- Children from different social and economic backgrounds differ in the stressors reported as well as in the use of coping strategies, as analysed by the Kidcope.
- Children from disadvantaged backgrounds reported problems mainly related with 'victimization and violence', 'moving house' and conflicts with 'norms and rules'.
- Children from disadvantaged backgrounds tended to use avoidant strategies to face their problems.
- Analysing what children find stressful and identifying the strategies they use to cope with these stressors is important for the understanding of the impact of stress on current and future adjustment and health.

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