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BELIEFS ABOUT THE EFFECTS OF CHILDREN WITNESSING DOMESTIC VIOLENCE AMONG TITLE IV-E STUDENTS

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BELIEFS ABOUT THE EFFECTS OF CHILDREN
WITNESSING DOMESTIC VIOLENCE AMONG
TITLE IV-E STUDENTS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Lawanda Robinson
Ramon Enrique Suarez

June 2015

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ABSTRACT

This study analyzed the beliefs about the effects of children witnessing domestic violence among Title IV-E students at California State University San Bernardino. The study sample consists of eight Title IV-E students with at least one year of experience working in child welfare. Utilizing knowledge gained from various studies an instrument was developed to interview participants. In analyzing the responses, six core themes emerged as dominant beliefs about the effects of children witnessing domestic violence. Respondents indicated that mental illness, parental attachment, improving treatment, negative effects, external behaviors, and coping mechanisms are issues to consider when discussing the effects of children exposed to domestic violence.

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Lawanda Robinson

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Ramon Suarez

DEDICATION

I dedicate this this work to my aunt Judy, uncle Derek, Mary, and Davion.

Lawanda Robinson

I would like to dedicate this work to my loving parents.

Ramon Suarez

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CHAPTER ONE

INTRODUCTION

Despite social work's ongoing efforts, the issue of domestic violence continues to plague today's society. Society has placed a great amount of focus on the victims and perpetrators of domestic violence but has failed to recognize the children exposed to domestic violence as a social issue. Children exposed to domestic violence suffer a great array of issues. In this section, we will begin to discuss the relationship between witnessing domestic violence and the effects that it has on children. Also, the need for a greater understanding of these effects and how it is relevant to the social work profession.

Problem Statement

Studies estimate that in the United States, roughly, 15.5 million children are being exposed to domestic violence each year, and seven million of those children live in homes where severe domestic violence exists (McDonald, Jouriles, Ramisetty-Mikler, Caetano, & Green, p.139, 2006). This is a small fraction compared to the estimated 275 million children who are exposed to domestic violence worldwide (Miller, Howell, Hunter, & Graham-Berman, p. 67, 2012). Mohr and Fantuzzo (2000) studied five large cities, in the United States, and found that in homes where domestic violence was present children were two times more likely to live in a home where domestic violence occurs than where it does not. In homes where violence was present, children who were five years old or younger were more likely than older children to be exposed to multiple

incidents of domestic violence (Mohr & Fantuzzo, 2000). The cognitive and emotional development of older children provides them with better skills for avoiding traumatic experiences of violence, while younger children probably lack the ability to escape potentially traumatic situations (Miller et al., 2012, p.68). This is very troubling because young children are a vulnerable population. A recent survey of 4,459 children found that 33.9% of the children exposed to domestic violence were also victims of some form of child abuse (Nguyen, Edleson, & Kimball, p.54, 2012).

Considering the amount of traumatic events children are exposed to, it is understandable that they develop negative attributes. Several studies have looked at the difference in the experiences between genders and studies report contrasting findings. A study found that, “women who are exposed to domestic violence develop more alcohol problems as adults and are more likely to perpetrate violence towards their children” (Holmes, 2013, p. 528). The study also found, “men were at higher risk for antisocial personality disorders and perpetrating partner-directed violence as adults” (Holmes, 2013, p. 528). Deboard-Lucas and Grych (2011) researched beliefs and thoughts during violent events and found girls were more likely to be scared during their parent’s violent interaction and boys were not scared (p.349). In regards to children witnessing domestic violence, studies show opposing information. Some studies have found that boys are more likely to externalize negative behaviors while others have found that girls are more likely to externalize negative behaviors. While studies

have found differences in gender Holmes (2013) stated other studies have found no gender difference in problem behaviors (p.523). In order to determine whether gender plays a role in externalized negative behaviors, further research is required. Few studies noted differences in race or ethnicity, with regards to the effects of being exposed to domestic violence. However, one study found that being an African American male, exposed to domestic violence, predicted higher levels of externalized behaviors (Mohr & Fantuzzo, 2000). The same study found Hispanic children had higher levels of anxiety and phobias, compared to children in other ethnic groups (Mohr & Fantuzzo, 2000). Exposure to domestic violence is detrimental to children and is a difficult problem to solve because children have little power or control over their lives. Children have limited control over their exposure to domestic violence, the issue of witnessing domestic violence rests with the much larger issue of domestic violence.

Purpose of the Study

The purpose of this study is to determine the beliefs about the effects of children witnessing domestic violence among Title IV-E students. Witnessing violence in the household can lead to children developing serious developmental, psychological, behavioral, and emotional issues. Exposure to domestic violence can involve a variety of experiences from being directly involved in the violence or witnessing it. Furthermore, the exposure to domestic violence can stunt the development of children. Psychosocial problems often occur in children witnessing domestic violence, as evidenced by the probability of these children

becoming perpetrators, or victims of abuse themselves . Because of the belief that domestic violence is commonplace and acceptable, children residing in homes where domestic violence occurs are susceptible to becoming victims. Compared to children residing in stable homes, children living in households where domestic violence occurs experience greater risks of maladjustment.

This study sought to discover the beliefs about the effects of children witnessing domestic violence among Title IV-E students. To gain better insight on the effects of children's exposure to domestic violence, professionals who assist children exposed to domestic violence were interviewed. Masters level Title IV-E students are professionals rewarded with a stipend to study and work in child welfare. They take specialized courses, find the most up-to-date research, and receive field training to work in the child welfare field. In conducting the study, we will interview several Masters level Title IV-E students that work in child welfare and have experience in working with children exposed to domestic violence. This study explores their beliefs about the effects of children witnessing domestic violence. This information will greatly assist not only child welfare workers but all professionals working with children exposed to this trauma. It is crucial that child welfare workers are able to be effective as possible when working with this population because of the prevalence of domestic violence. This issue should concern everyone, whether it is an agency, colleagues, clients, parents, teachers, or even the public because of the possible negative impact it has on the children in our society.

Significance of the Project for Social Work

Children are exposed to domestic violence at alarming rates. The effects of children exposed to domestic violence can include issues with mental health, attachment, and anger. It is important for child welfare workers to better understand the effects of children exposed to domestic violence to provide interventions that address the child's issues. Child workers can often lack a basic understanding of guidelines for working with children exposed to domestic violence (Nguyen, Edleson, & Kimball, p. 50, 2012). The lack of knowledge can cause practitioners' frustration when working with the children, leading to gaps in the responses to children exposed to domestic violence (Nguyen, Edleson, & Kimball, p. 50, 2012). Masters of Social Work students in the Title IV-E program are educated with the latest research and literature with regards to child welfare. Using their knowledge and experience in working with children exposed to domestic violence, this study seeks to provide a better understanding of children exposed to domestic violence. Title IV-E students specialize in dealing with children's issues and can give an up-to-date perspective on the issues children face when exposed to domestic violence.

As social worker practitioners, we must all abide by the Social Work values and code of ethics. Three social work values pertain to this study. The social work value of service states that as social workers, our primary goal needs to be "help people in need" (N.A.S.W, 2008). Due to children's vulnerability, social workers must pursue social change on their behalf. This study seeks to

discover the beliefs about the effects of children witnessing domestic violence in order for child welfare workers to better help these children. The social work value competence is very important when working in child welfare. Workers must have a current and up-to date understanding of the population they are working with to better serve them. As social workers working in child welfare, it is essential to a successful practice to understand the population you are working with.

The findings of this study can be applied to the initial stages of the social work generalist intervention model. In providing a better understanding of children who witness domestic violence, child welfare workers can become more empathetic, engaging, and better at developing a trusting relationship with children. Child welfare workers will be better prepared to conduct assessments by asking the right questions, and gathering relevant information of the child's need for services. Having effectively engaged and accurately assessed the child's needs, the child welfare worker can then adequately plan child's treatment. Having a suitable plan of intervention geared towards children's needs is essential to their well-being.

With increasing reports of domestic violence and the large number of incidents that go unreported, it is alarming to think of all the children exposed to such violence. To be as efficient and effective as possible, it is best that professionals gain a better understanding of the effects that exposure to domestic violence can have on a child. It is important to be able to detect such

effects in the beginning stages of therapy. This study attempts to gain a better understanding of the beliefs about the effects of children witnessing domestic violence among Title IV-E students.

CHAPTER TWO

LITERATURE REVIEW

Introduction

The following is a review on the literature surrounding the issue of children witnessing domestic violence. It begins by giving an overview of domestic violence itself, the theory guided conceptualization of the study, the effects that exposure to domestic violence has on children, and the interventions and prevention strategies that are in place to assist children exposed to domestic violence.

Domestic Violence

The issue of domestic violence has not typically been viewed a social problem, physically punishing your spouse was not socially accepted in the United States until mid-1800's (Barner & Carney, p. 235, 2011). Today's society continues to underestimate the effects that domestic violence, also known as intimate partner violence (IPV), has on both the victims and the children who bear witness to the abuse. Domestic violence is present among people from all socioeconomic backgrounds, no matter if you are rich, poor, or educated, everyone is at risk of being a victim. According to Yamawaki, Pulsipher, Harlos, and Swindler (2012) "between 8% and 12% of women (about 1 million) are battered by their intimate partner each year and this number may actually be much higher (as many as 4 million) due to underreporting" (p. 7). Domestic

violence consists of behaviors used by one person in a relationship to control the other. Acts of violence are deemed as criminal within society as it includes physical assault (hitting, pushing, shoving, etc.), verbal (yelling, shouting, screaming), sexual abuse (unwanted or forced sexual activity), and stalking (physical and cyber-stalking). In contrast to violent abuses, psychological abuses such as isolation, name calling, and threats are not criminal by legal standards, but are forms of abuse that eventually can lead to violence. Along with several other reasons, the cycle of violence keeps many women in abusive relationships. Lenore E. Walker in 1979 introduced the cycle of violence and it stated that relationships where domestic violence exist consist of three phases. The first phase is the tension building phase, during this phase, stress builds and small conflicts arise in the family. The next phase is the acting out phase in which the perpetrator has a violent outburst resulting from the tension that was built in the first phase. The third phase is the honeymoon phase, during this phase, the perpetrator apologizes to the victim and becomes very affectionate to try and make amends for the outburst. This is an ongoing cycle. Several factors including the cycle of violence can make it difficult for a victim to leave their abusive relationship. Such factors can include: fear for self, children, finances, protection of family, lack of support, and having nowhere to go.

Theories Guiding Conceptualizations

Two theories provided the framework for conducting this study of the general effects on children exposed to domestic violence. The first theory is the

social learning theory. The social learning theory states that behaviors are learned and/or acquired from other people. The social learning theory addresses the issue of how children's behaviors can be affected by being witness to domestic violence and possibly learning some of the negative behaviors such as, aggression, defiance, manipulation, or acting out. Considering how pervasive the problem of children witnessing domestic violence is, it is necessary to understand how some children exposed to domestic violence can learn these effects from their parents.

The second theory that guided conceptualization for this study is the person-in-environment theory. The person-in-environment approach emphasizes the importance of understanding a person and how the environment they are in can shape their behavior. This theory makes the connection between children and their behaviors when they are in an environment where domestic violence is present. This theory is important to the study because it provides a better understanding of domestic violence and the environment that these children are growing up in. Therefore, children who grow up in homes with domestic violence will sometimes have behavioral traits such as anger and aggression depression, or anxiety, from witnessing the violence. Understanding the relationship between witnessing domestic violence and the behaviors children display is very beneficial to improving services to children with violence in the home.

Effects of Domestic Violence

In instances where children are exposed to domestic violence they can develop physiological and psychological problems. Meltzer, Doos, Vostanis, Ford, and Goodman (2009) note as a result of witnessing verbal violence in the household, children experience physiological and psychological problems as young as 12 months through preschool age years. When living in violent homes as an infant they tend to experience sleeping and feeding disorders (Meltzer et al., 2009). Pre-school aged children who are exposed to domestic violence display symptoms of withdrawn behaviors, fearfulness, and anxiety (Meltzer et al., 2009). Children who have witnessed domestic violence display characteristics such as: fearfulness, inhibition, increase in anxiety and depression; compared to children who have no exposure to domestic violence (Meltzer et al., 2009).

Nguyen and Larsen (2012) note that witnessing domestic violence during the infant-toddler stage can lead to a disruption in the development of autonomy as it interferes with the development of trust and exploratory behaviors within the child (p. 150). The pre-adolescent child experiencing IPV within the home tend to display symptoms such as nightmares and sleeping and eating disorders” (Nguyen & Larsen, p.151, 2012). Children within this age group may show, low self-concept, isolation or avoidance of peer relations, oppositional-defiant behavior in the school setting, temper tantrums, irritability, and lashing out at objects (Nguyen & Larsen, p.151, 2012).

Consequently, from observing such violence, Nguyen and Larsen (2012) noted, “teens feel lonely and isolated, develop stress related medical and mental health problems, and have difficulties in school” (p. 151). Unfortunately, research has shown that teenagers who come of age in violent homes are, “more likely to engage in destructive behaviors such as drug and alcohol abuse, smoking, risky sexual behavior, and aggressive, antisocial behavior” (Nguyen & Larsen, p. 151, 2012). It is noteworthy to mention that while children may deal with their anger differently at different ages, they remain negatively impacted by these behaviors.

Age, sex, and the amount of exposure is not a determinant when it comes to children’s exposure of violence in the household and them experiencing psychological problems (Bayarri, Ezpeleta, & Granero, 2011, p. 535). Due to the psychosocial problems children exposed to domestic violence experience, the way they externalize and internalize their problems causes very conflicting results in research. Some studies have found, boys to be stronger than girls in regards to externalizing behavior (Bayarri et al., p. 536). Meanwhile, other studies have found higher rates of externalizing behaviors in girls. (Holmes, 2013, p. 53). Considering the aforementioned findings, should a child internalize their behaviors they are more likely to experience symptoms of anxiety, trauma, and depression. If a child externalizes their behaviors, they are more likely to have aggression problems, become unruly, and disobey rules and orders. One possible explanation for the conflicting research can attribute to the fact that not everyone is the same. Each child is equipped with their own unique coping

strategies on crisis-management. Therefore, one child may exhibit better resiliency than another going through similar situations of domestic violence within their homes.

Interventions and Preventions

One form of intervention that is employed is a trauma focused relationship based treatment model known as the Child-Parent Psychotherapy (CPP). CPP is geared toward addressing children, under six years of age, who have been exposed to domestic violence and have developed post-traumatic stress disorder, and children who have difficulties behaviorally and emotionally (Cohen, Mannarino, Murray, & Igleman, 2006, p. 748). Exposure to domestic violence can cause impairment in the child's functioning, in attempts to repair it, CPP implements parent-child relational play, language, and action (Cohen et al., 2006, p. 748). Following up after six months the treatment was determined to be a success. The children who received CPP had significant improvements in their behavior problems (Cohen et al., 2006, p. 749).

Another form of school based interventions that assist children undergoing or bearing witness to domestic violence is bibliotherapy. Thompson and Trice-Black (2012) states, bibliotherapy is an intervention that assists children with processing the content and messages presented in videos and books pertaining to domestic violence (p.236). Bibliotherapy, teaches children conflict resolution in non-violent ways and proven to be an effective tool (Thompson & Trice-Black, 2012, p. 236). The depiction of domestic violence in the videos enables the child

to draw upon the feelings of the characters portrayed in the movies or books. In turn, the children become encouraged to become more vocal upon their personal experiences and sentiments with respect to domestic violence (Thompson & Trice-Black, p.236, 2012).

School-based group interventions help children cope with their problems. Classroom guidance lessons are a component of the school-based group interventions that provide students with safety planning and abuse prevention (Thompson & Trice-Black, 2012, p. 235). Safety plans are developed to help children differentiate between a safe and unsafe place, how to call for police assistance, etc.(Thompson & Trice-Black, 2012, p. 238). In doing such an activity in the classroom setting, it allows the child to meet with a counselor if they do reveal exposure to violence in their homes (Thompson & Trice-Black, 2012, p. 238).

In order to prevent children's exposure to domestic violence it has to start with protecting the individuals who are experiencing the domestic violence themselves. Procedures are implemented within the judicial system to assist child, teen-aged, and adult victims of domestic violence, as well as holding violators and perpetrators of domestic violence accountable for their misdeeds. However, as a majority of people tend to put blame on the victims for initiating the attacks or not leaving their abuser, legislative action was taken to reduce the blaming of the victims through policy reform. For instance, they will not charge the victim with child neglect for leaving the abusive household. Such a measure

was critical to protecting the victims of domestic abuse, as it would incentivize the abused parent to leave the abusive household if they would not be incriminated as a neglectful parent. In addition to policy measures, to better safeguard victims of domestic violence, the U.S. Federal Safe Start Initiative funds projects, attempts to reduce the impact of children's exposure to all violence by using evidence-based strategies (Cross, Mathews, Tonmyr, Scott, & Ouimet, 2012, p. 213). This is done by screening for domestic violence, referrals to services geared toward domestic violence, creating safety plans for adults experiencing domestic violence, and implementing guidelines and protocol (Cross et al., p.213, 2012).

The Violence against Women Act (VAWA) is a law created to assist the victims and government agencies that work to combat violence against women (Petkov & Mindevska, 2012, p. 38). It protects thousands of women and men across the country who are subjected to domestic violence, sexual assault, dating violence, and stalking to get access to necessary resources needed within these communities to aid in coping with the after effects of the trauma domestic violence inflicts on people. It also, "created new punishment for certain crimes and started programs to prevent violence and help victims" (Petkov & Mindevska, 2012, p.38). Moreover, the VAWA enables police officers to have quicker response times to domestic violence and be better equipped to stop domestic assault before it begins. Ultimately, by protecting the victims from domestic violence they are protecting the victim's children as well. Another effective

prevention program is The Family Violence Prevention and Services Act (FVPSA). FVPSA provides the main federal funding to help the victim's children and victims of domestic violence (Petkov & Mindevska, 2012, p. 38). Their programs are funded through FVPSA, and offer activities that prevent violence, improve the way agencies work in their communities, and provide shelter and other help. (Petkov & Mindevska, 2012, p. 38).

Summary

The current literature focuses on the issue of domestic violence itself and a small fraction seeks to understand the effects that it has on children. To better understand the impact that witnessing domestic violence has on children it is important to first understand the issue of domestic violence. Once this issue of domestic violence is familiar then certain theories like the social learning theory can become the guiding principle for understanding the effects that witnessing domestic violence has on children. The literature on the effects of children exposed to domestic violence indicate the effects vary greatly from child to child. The effects often include anxiety, fearfulness, and a propensity for violence. The creation of effective Interventions lessens the effects on children exposed to domestic violence. One such intervention is school-based group counseling, which allows children to reduce the negative effects of witnessing violence.

CHAPTER THREE

METHODS

Introduction

This chapter introduces the methods used to examine the beliefs about the effects of children witnessing domestic violence. Title IV-E students were interviewed for their experience and expertise in working with children who have been exposed to domestic violence. This chapter describes how the sample of students were chosen, how and what data was collected, along with a description of the instrument that was used to measure the beliefs about the effects of children's exposure to domestic violence. This section analyzes data and provides a clear description of how researchers maintain the student's anonymity.

Study Design

The purpose of this research study is to examine the beliefs about the effects of children witnessing domestic violence among Title IV-E students in a School of Social Work. This sample utilized a qualitative research design, using structured interviews. In doing a qualitative research design, it allowed for a better understanding of the beliefs about the effects of children witnessing domestic violence. The weakness to this collection of data is social desirability. Since we are talking to students, they may not want to appear as incompetent to their peers. Researchers sought to discover if perceived effects of children's

exposure to domestic violence are greater than what people believe. Thus, what are the beliefs about the effects of children witnessing domestic violence among Title IV-E students?

Sampling

For this study, we employed a convenience sampling method because of the accessibility and location of the participants. As a result, it is crucial to acknowledge that the sample used in this study is not representative of the beliefs of the total population. However, researchers chose this sample because Title IV-E students are among the most qualified people to provide input as to what the effects of children witnessing domestic violence are.

California State University of San Bernardino Title IV-E students, in the Masters of Social work program, have specialized classes and internships that are directly concerned with child welfare. In this study, we had eight participants, seven women and one male, to gather varying perspectives while remaining true to the population of professionals working in child welfare. Our participants had to meet two criterias: participants were current Title IV-E students and had at least one year of experience with child welfare.

Data Collection and Instruments

The study's data was collected from Title IV-E students. This study utilized an instrument while conducting interviews. After a detailed review of literature, the researchers found the following instrument questions to be cogent to the

research. The location where the interviews took place is at California State University, San Bernardino in the Social & Behavioral Sciences building. This research has both limitations and strengths. The strengths of interviewing Title IV-E students are that they are knowledgeable. A weakness and strength to this data collection is the instrument. Researchers created an instrument specifically for this research study. It is a strength in the fact the study tailored the instrument and weakness because the researchers created it.

Procedures

Susan Culberson, The California State University of San Bernardino's school of Social Work's Title IV-E coordinator, granted approval for researchers to conduct a qualitative study. After the proposal, researchers disbursed a flyer asking for participants from the Title IV-E student cohort (see appendix D). Researchers also sent out a mass electronic email to elicit participation from the Title IV-E student cohort (see appendix D). Students that were interested in participating in the study emailed researchers to schedule a time that was best for them. Researchers provided students with information regarding the purpose of the study, then the researchers directed the student to meet with the researcher in the Social & Behavioral Sciences building to proceed with the interview. The researchers conducted the interviews and data was collected using a digital recorder. Once the interview was completed, participants received a five dollar gift card to one of several local restaurants. The collection of data and analysis took place during a four month window.

Protection of Human Subjects

To protect the confidentiality of all participants each participant signed an informed consent statement (Appendix B) before the start of the interview. Following the interview, researchers provided participants with a debriefing statements (Appendix B). To protect the anonymity of the participants, researchers did not have any identifying information of the participants. To ensure participant's confidentiality, researchers kept all data in a secure locked box with only the two researchers having access.

Data Analysis

After the conclusion of the interviews, researchers listened to the recordings several times to transcribe them onto paper. After the completion of the transcribed recordings, researchers explored participant's responses for common themes. An example of a common theme among the qualitative clusters is that multiple respondents believed that children exposed to domestic violence also have pro-violent attitudes. Exposure to the violence can negatively affect children's mental health and many of the children suffer from anxiety, depression, and post-traumatic disorders is another common theme that participants indicated in their responses. This study will assist researchers in analyzing the relationship between beliefs about the effects of children witnessing domestic violence and what the literature says the effects are. Some of the participants responses are directly included in the thesis to further support common themes.

The results of this study will be available for viewing at the Pfau library in California State university of San Bernardino.

Summary

The research study is comprised of a qualitative design using structured interviews. The participants were Cal State University, San Bernardino Title IV-E students. Researchers will examine the beliefs about the effects of children witnessing domestic violence among Title IV-E students.

CHAPTER FOUR

RESULTS

Introduction

The following tables represent the findings from this qualitative study. The tables depict core themes that appeared in the qualitative interviews. The responses were grouped into six main categories such as, mental illness, improving treatment, negative effects, coping mechanism, external behaviors, and parental attachment. These categories were utilized to guide the discussion in the following chapter

Presentation of the Findings

Table 1. Negative Effects as a Common Factor of the Perceived Effects of Children Witnessing Domestic Violence

Negative Effects
“It would affect their trust, even me being a grown person now that would affect me in trusting people in intimate relationships. “With little boys, they would be violent, not necessarily in the sense of abusing their significant other but just in the sense of acting out in school and things like that because they are not being exposed to quote unquote normal behavior” (Participant 1, personal communication, January 2015)
“I don’t want to say they go out themselves and engage in domestic violence, but a lot of them do”(Participant 2, personal communication, January 2015)
“What they see is what they do so it could become a cycle that just keeps going” if they abuse their children that’s what their children are exposed to and then it’s a generational thing” they could get in trouble at school “They could not have a good academic standing “they may not attend class that

<p>often because of bruises or..." "lack of concentration especially in a school setting where they are expected to sit and take in all these other things, English, Math, whatever they are learning, focus is definitely affected. (Participant 3, personal communication, January 2015)</p>
<p>"Their conflict resolution style. They fight, in a fight or flight situation. They are going to fight instead of wanting to resolve through communication. So they have poor communication styles" (Participant 4, personal communication, January 2015)</p>
<p>"That is why you see a cycle because they grow up thinking this is what love is, this is what a relationship looks like." "Boys tend to repeat what they saw and become physically or emotionally abusive and girls will pick a partner who will probably physically or emotionally abuse them." (Participant 5, personal communication, January 2015)</p>
<p>"When kids witness domestic violence at a fairly young age the more likely they will start using substances" (Participant 6, personal communication, January 2015)</p>
<p>"There is trauma relating to witnessing something like that, the kids tend to be a little more hyper alert, fearful, scared of certain adults even, socially they can be affected negatively, they could have night terrors, insecurities."(Participant 7, personal communication, January 2015)</p>
<p>"Anxiety, depression, withdrawal, aggression, disruptive behaviors, higher risk of suffering from PTSD" (Participant 8, personal communication, January 2015)</p>

Table 2. Mental Illnesses as a Common Factor of the Perceived Effects of Children Witnessing Domestic Violence

Mental Illness
“Being exposed to anything traumatic puts these kids at a higher risk for having more depression” depression is one of the big ones”. (Participant 1, personal communication, January 2015)
“Anxiety would be the main one” (Participant 2, personal communication, January 2015)
“General Anxiety, don’t want to go home, don’t know what is going to happen at home”. ODD, conduct disorder” (Participant 3, personal communication, January 2015)
“A lot of the children have intermittent explosive disorder, conduct disorder, odd, ADHD, (participant 4, personal communication, January 2015)
“Being parentified, witnessing the violence, It definitely causes trauma” “PTSD, Depression, anxiety because of the environment they grow up in” (Participant 5, personal communication, January 2015)
“A lot of them, depression and anxiety” (Participant 6, personal communication, January 2015)
“It’s mostly just anxiety depression”(Participant 7, personal communication, January 2015)
“Yes. PTSD. Chronic Adjustment Disorders. Conduct maybe.” (Participant 8, personal communication, January 2015)

Table 3. Coping Mechanisms as a Common Factor of the Perceived Effects of Children Witnessing Domestic Violence

Coping Mechanisms
<p>“Definitely to write or anything that they like to do that gets their mind off of what’s going on in their house” “ Writing because sometimes you can say things to yourself that you can’t say to other people” (Participant 1, personal communication, January 2015)</p>
<p>“Bottling it all up and not talking to anybody about it, because they will feel ashamed. Especially because they’re in a family where this is actually happening” (Participant 2, personal communication, January 2015)</p>
<p>“When they feel a fight may occur, or tension or conflict, they shut down” (Participant 3, personal communication, January 2015)</p>
<p>“Their coping mechanisms are going to be that they sometimes result in cutting or like self-injurious behaviors, they also tend to result to fighting whenever they get into differences of opinions with others, so they’re quick tempered’ (Participant 4, personal communication, January 2015)</p>
<p>“Trying to make sense of it” (Participant 5, personal communication, January 2015)</p>
<p>“A lot of them would hide it so they will try to repress it but that just translates to acting out, a lot of them will start running away, start acting violently towards others peers and their siblings” “Some of them use school as a way to cope, anytime they don’t have to be in the home they use that as a way to cope rather they are at their friends, family, or even in their own room, a lot of hobbies”(Participant 6, personal communication, January 2015)</p>
<p>“Usually because some of them have been exposed so long that they don’t really understand what’s happening so they tend to stuff their feelings and then just kind of take it out on others in a different way. They can become clingy to individuals they do feel comfortable and safe with. Some can develop like negative coping skills like cutting, girls tend to do that more often than boys. Boys can become aggressive. They can tell another adult; actually verbalize what’s going on, some kids for whatever reason it might not affect them.”(Participant 7, personal communication, January 2015)</p>

“Self-harm, drugs, hanging with the wrong crowd. Good would be burying themselves in positive things or better means of life, journaling, talking to someone, listening to music” (Participant 8, personal communication, January 2015)

Table 4. External Behaviors as a Common Factor of the Perceived Effects of Children Witnessing Domestic Violence

External Behaviors
<p>“Probably get into fights and are defiant in school” (Participant 1, personal communication, January 2015)</p>
<p>“Boys I feel like because they will think it’s normal or okay they will either start shouting back at parents or whoever it is, siblings or some other random person and then eventually they will think physical altercation is the only way to resolve a problem. As for girls I think it will also lead to something like verbal or physical altercations between themselves.” (Participant 2, personal communication, January 2015)</p>
<p>“Aggressiveness, angry outburst, and defiance” (Participant 3, personal communication, January 2015)</p>
<p>“Acting out in class, attention seeking, they might act out in school settings. They don’t know what is socially acceptable” (Participant 4, personal communication, January 2015)</p>
<p>“You wouldn’t know they’ve seen it unless you’ve asked them” “Gender has a lot to do with it, they express how they feel differently, you see a lot more cutting with girls versus boys you see them more angry and acting out that way” (Participant 5, personal communication, January 2015)</p>
<p>“A lot of them will be defiant that’s why they have to move placement to placement. Especially with kids around their age.”(Participant 6, personal communication, January 2015)</p>
<p>“I’ve seen it to the point where they can be extremely violent attacking other kids other adults. Like I alluded to before girls tend to cut because they tend to internalize so they can be emotional cutters have suicidal thoughts, you know those are the extremes” (Participant 7, personal communication, January 2015)</p>
<p>“Withdrawal, isolation, failing grades, disruptive, become abusers, seek abusers.” (Participant 8, personal communication, January 2015)</p>

Table 5. Parental Attachment as a Common Factor of the Perceived Effects of Children Witnessing Domestic Violence

Parental Attachment
<p>“They are angry at the abuser, but I would also think that they would be angry at the person who is being abused” like why won’t you leave, you know, or why aren’t you fighting back “ (Participant 1, personal communication, January 2015)</p>
<p>“Towards the person being abused I feel like they’ll feel scared for that parent as for the other parent they will feel resentment and hate towards that person” (Participant 2, personal communication, January 2015)</p>
<p>“They might feel negatively about it” “unconditional love” (Participant 3, personal communication, January 2015)</p>
<p>“Children will always love their parents regardless of whatever the circumstances may be but they do hold a lot of resentment as they get older and their awareness grows” (Participant 4, personal communication, January 2015)</p>
<p>“They have a different attachment to the perpetrator versus the victim”. “They love them” (Participant 5, personal communication, January 2015)</p>
<p>“They love them, no matter what a parent will do to their kids the kid will always love their parents”(Participant 6, personal communication, January 2015)</p>
<p>“At the core of it it’s their parents so they want to love them regardless of the negative activity that’s going on. I think, as kids get older they may experience more negative feelings towards their parents. For a partner who stays rather it’s the dad or the mom the kids might not understand and might grow to get frustrated with that person because it’s kind of like why would you stay in a situation like that. And I mean overall, I think the feelings especially of the little ones it’s love wanting to protect. Against the aggressor I think there is feelings of fear feelings of mistrust, and just growing fearful of him or her” (Participant 7, personal communication, January 2015)</p>

Table 6. Improving Treatment as a Common Factor of the Perceived Effects of Children Witnessing Domestic Violence

Improving treatment
<p>“ Removing the child never fixes the issue, but it is the best that we can do, because next thing you know, children are the ones getting abused” “what we are doing right is providing them with the services to try and do your best” (Participant 1, personal communication, January 2015)</p>
<p>“I think bringing more awareness to it, woman making them more aware like it's okay to put a stop to it”. “I think providing them services for when they are ready to get out” (Participant 2, personal communication, January 2015)</p>
<p>“If they know that it is happening they do all they can do given the circumstances” (Participant 3, personal communication, January 2015)</p>
<p>“I don’t think we do enough just because of the high caseloads” “Taking the time to understand like the biopsychosocial aspect of each like family and not being so cookie cutter in trying to tailor it to their goals and objectives but really kind of going farther than that. Not just trying to follow the case plan but trying to take a moment to see what is actually going on here because it seems like everything is so rushed that you don’t really care about the you’re not really trying to solve the problem overall.”(Participant 4, personal communication, January 2015)</p>
<p>“It is hard because of the laws, there is a lot of policy that affects how we look at dv, as far as services offered and interventions, the way that timeframes are, there is just not enough time to address the system problems that cause DV” I think having a discussion about it, it can be frustrating if you don’t understand the cycle of abuse and how it operates” (Participant 5, personal communication, January 2015)</p>
<p>“Social workers are doing all they can do right now, we go investigate, we can't get involved If we don’t know what going on then we can't really do anything about it but as soon as we get the referral and its domestic violence we automatically will go out within twenty-four hours to investigate domestic violence” “Something we can do better is hire more workers and even educating teachers and educating kids on domestic violence, other professionals to teach about the signs and about domestic violence” “We need to advocate more for safe homes”(Participant 6, personal communication, January 2015)</p>

“They are doing the best they can in the circumstances that they find themselves in terms of like caseload, and depending on the agency and how the agency structured their rules. I know for me and my placement we’re taking a stance where it is better safe than sorry and making sure that the adults that are surrounding these particular children are stable adults with no criminal history (especially violent history) no domestic violence, no violent offenses, and then ensuring the parents are benefiting from treatment if domestic violence is present”(Participant 7, personal communication, January 2015)

“Educate teachers on the factors that contribute to the behavioral issues or problems the children they teach may exhibit as a means to evaluate what might be going on at home” (Participant 8, personal communication, January 2015)

CHAPTER FIVE

DISCUSSION

Introduction

Chapter five contains a discussion of the six core themes that developed from the study, mental illness, negative effects, coping mechanisms, external behaviors, parental attachment, and improving treatment. The following chapter explores the limitations of the study, areas for improvement, as well as recommendations for social work practice, policy and research.

Discussion

After review of the data, the study presented several negative effects of witnessing domestic violence. The study identified three major negative effects socialization, educational functioning, and the cycle of violence. Socialization is an important process in which individuals learn social norms, values, and behaviors for given social situations. As a result of exposure to domestic violence, the study found that children's socialization skills were affected. Participant 4 stated, "their conflict resolution style. They fight, in a fight or flight situation. They are going to fight instead of wanting to resolve through communication. So they have poor communication styles" (personal communication, January 2015). The ability to resolve conflict effectively is an important part of a child's socialization. Socialization also plays an important role

in a child's education, therefore as a result of exposure to domestic violence children's educational functioning is affected.

Children spend a great deal of their time at school so when the child is being negatively affected by exposure to domestic violence, it is only natural that the negative effects spread to their educational functioning. Participant 3 indicated that children exposed to domestic violence suffered from, "lack of concentration especially when expected to sit there and take in all the information, focus is definitely affected" (personal communication, January 2015). As previously mentioned children who are exposed to domestic violence will often have PTSD and part of PTSD is having excessive anxiety. Children who are exposed to domestic violence could be anxious because they do not know whether or not a fight is going to be occurring later that night at home. As a result of this anxiety, it could be expected that children will have a difficult time focusing in class when they have to worry about what is going on at home.

It is crucial for children to develop a good understanding of what healthy relationships consist of. Children growing up exposed to domestic violence will witness first-hand how the cycle of violence works. The cycle of violence refers to the three different stages that occur in a violent relationship. The first stage is the tension phase where minor incidents such as arguments build tension within the relationship. The second stage is the explosion phase in which a violent incident occurs. The third stage is the honeymoon phase, where the perpetrator apologizes for the violent incident and makes an attempt to reconcile. Once the

perpetrator and the survivor have reconciled then the cycle begins again with the tension building stage. Children are exposed to cycle and develop idea about what relationships and love look like as adults. While several participants discussed the cycle of violence as a negative effect of domestic violence, participant 5 expressed it well,

That is why you see a cycle because they grow up thinking this is what love is, this is what a relationship looks like. . . Boys tend to repeat what they saw and become physically or emotionally abusive, and girls will pick a partner who will probably physically or emotionally abuse them (personal communication, January 2015).

After review of the qualitative data, the researchers found that mental illness was a common theme among Title IV-E responses. In this study mental illness could be better represented as Post Traumatic-Disorder (PTSD), Oppositional Defiance Disorder, and Depression. Many of the respondents expressed that children who are exposed to domestic violence suffer trauma as a result from the exposure. During an interview one of the respondents quickly replied with, “it definitely causes trauma” (participant 5, personal communication, January 2015). Another participant stated, “definitely PTSD which comes with a lot of the acting out behaviors” (participant 1, personal communication, January 2015) when asked about the effects of exposure to domestic violence. This suggests that children who are exposed to domestic violence become traumatized and are impacted in other areas of their mental health as well.

Another common mental illness that was discussed throughout the study was oppositional defiant disorder (ODD). Participant 6 expressed that children who are exposed to domestic violence, “act out, run away, act violently towards peers and siblings, talkback to parents, and won't listen to teachers as much” (personal communication, January 2015). All but running away, are diagnostic criteria for oppositional defiant disorder in the diagnostic and statistical manual of mental disorders (American Psychiatric Association, 2013). When discussing children's mental health, participants often referred to depression. This suggests that depression is common among children who are exposed to domestic violence, participant 1 stated that children who are exposed to domestic violence, “are at more risk for depression” (personal communication, January 2015). Another participant expressed that children who are exposed to domestic violence experience depression because of what she called a non, “normative” childhood and not having a “stable bond between mother and child” (participant 7, personal communication, January 2015). A child's mental health is greatly affected by witnessing domestic violence in various ways.

Coping mechanisms in this study could be repressed feelings in the child. For example a coping mechanism that a child who has been exposed to domestic violence might utilize is “bottling it all up and not talking to anybody about it because they will feel ashamed. Especially because they're in a family where this is actually happening” (participant 2, personal communication, January 2015). Another participant stated “A lot of them would hide it so they will

try to repress it” (participant 6, personal communication, January 2015). In addition, “usually because some of them have been exposed so long they don’t really understand what’s happening so they tend to stuff their feelings” (participant 7, personal communication, January 2015).

Coping mechanisms in this study can also mean hobbies for the child. Participant 6 stated a lot of the “children develop hobbies” (personal communication, January 2015). Some children even, “bury themselves in positive things or better means of life, journaling, talking to someone, listening to music” (participant 8, personal communication, January 2015).

Coping mechanism in this study can also be interpreted as substance use by the child. For example children who witness domestic violence are, “more likely to start using substances” (participant 6, personal communication, January 2015). Another participant stated children exposed to domestic violence partake in, “Self harm, drugs, and hanging with the wrong crowd” (participant 8, personal communication, January 2015).

External behaviors could imply defiance from the child. For boys who have witnessed domestic violence, “they will either start shouting back at parents or whoever it is, siblings or some other random person and then I feel like eventually they will think physical altercation is the only way to resolve a problem” (participant 2, personal communication, January 2015). They may also, “acting out in class, attention seeking, they might act out in school settings” (participant 4, personal communication, January 2015). Another participant

stated, “a lot of them will be defiant that’s why they have to move placement to placement” (participant 6, personal communication, January 2015).

External behaviors in this study could be violent outburst from the child. For example, “I’ve seen it to the point where they can be extremely violent attacking other kids other adults” (participant 7, personal communication, January 2015). Due to the exposure of domestic violence it, “eventually will probably also lead to something like verbal or physical altercations between themselves” (Participant 2, personal communication, January 2015).

External behaviors in this study can be interpreted as cutting from the child. For example, “girls tend to cut because they tend to internalize so they can be emotional cutters have suicidal thoughts” (participant 7, January 2015). Children exposed to domestic violence, “they sometimes result in cutting or self-injurious behaviors” (participant 4, personal communication, January 2015). Another participant stated, “Some can develop negative coping skills like cutting” (participant 7, personal communication, January 2015).

The factor parental attachment in this study could imply anger. For example, “For a partner who stays rather it’s the dad or the mom the kids might not understand and might grow to get frustrated for a partner who stays” (participant 7, personal communication, January 2015). For the parent that is partaking in the abusive behavior, the children “they will feel resentment and hate towards that person” (participant 2, personal communication, January 2015).

The factor parental attachment in this study could also be interpreted as fear instilled in the child. For example, “towards the person being abused I feel like they’ll feel scared for that parent” (participant 2, personal communication, January 2015). Another participant stated, “against the aggressor there is feelings of fear feelings of mistrust, and just growing fearful of him or her” (participant 7, personal communication, January 2015).

Parent attachment in this study could be unconditional love from the child. For instance, “Children will always love their parents regardless of whatever the circumstances may be” (participant 4, personal communication, January 2015). Another participant stated, “They love them, no matter what a parent will do to their kids the kid will always love their parents” (Participant 6, personal communication, January 2015). Similarly, an additional participant stated, “at the core of it it’s their parents so they want to love them regardless of the negative activity that’s going on” (participant 7, personal communication, January 2015).

Upon analysis of the qualitative data, the study ascertained that there is a great need for improving treatment of children who are exposed to domestic violence. With regards to improving treatment three themes were predominant in the study individualized treatment, increased workforce, and the need to educate. In modern social work practice, there are several concepts that define the social work profession. The person in environment approach is key to the social work profession because it places great emphasis on attempting to understand the individual and the environment in which they live in. Several participants

expressed their frustration with treatment and hoped that it could be better tailored for children exposed to domestic violence. Participant 4 stated,

Taking the time to understand the biopsychosocial aspect of each family and not being so cookie cutter in trying to tailor it to their goals and objectives but really kind of going farther than that. Not just trying to follow the case plan but trying to take a moment to see what is actually going on here because it seems like everything is so rushed that you don't really care about them, you're not really trying to solve the problem overall (personal communication, January 2015).

Along with individualized treatment, respondents also believed that treatment could be improved by increasing the workforce. Domestic violence is a growing concern worldwide and unfortunately, the services available to survivors has not been able to keep pace. With such a high demand for services and a small workforce to meet the needs, participant 6 stated, "we don't do enough because of the high case loads" (personal communication, January 2015). This indicates that improving treatment will require an increase workforce to better be able to reduce the effects of children's exposure to domestic violence. However, it is not enough to simply increase the workforce, the workforce must be educated on the issues of domestic violence. The study discovered the importance of educating professionals and the community regarding issues surrounding domestic violence. Educating professionals can lead to improved treatment, improved prevention and improved early intervention of children's

exposure to domestic violence. Educating the community can lead to awareness and prevention of the issue. Participant 8 referred to the importance of education, “educate teachers on the factors that contribute to behavioral issues or problems, the children they teach, may exhibit as a means to evaluate what might be going on at home. Educate parents about the effects intimate partner violence may have on a child” (personal communication, January 2015). This reinforces the importance of education in working with children who are exposed to domestic violence.

Limitations

This study acknowledges that it is not without limitations. One of the study's limitations is the sample size. The sample consisted of eight participants. Due to the time constraints placed on graduate students, it was difficult to elicit desired student participation in the study. In order to grasp a more in-depth understanding of the effects of children's exposure to domestic violence, a larger sample size is required. Considering the participants in the study shared the same social work education, further studies would benefit from including Title IV-E students from additional schools of Social Work. Further research should take these issues into consideration.

Another limitation in the study was the instrument that was utilized. The instrument was created by the researchers and has not been tested for its validity or reliability. The instrument was created by researchers using a culmination of

studies relating to children exposure to domestic violence. Further research should be conducted to test the instrument's validity and reliability.

Recommendations for Social Work Practice, Policy and Research

Clinicians working with children who have been exposed to domestic violence should consider the effects of exposure to domestic violence when developing treatment plans. It is important to understand the child's biopsychosocial factors and include the child and family in developing a comprehensive treatment plan. The treatment plan should address the various effects of children's exposure to domestic violence. Social workers who are advocates for children and families impacted by domestic violence should make an effort to educate the community as well as professionals, on the various components surrounding domestic violence. Some of the components include: how to develop safety plans, who to call for help, awareness of the cycle of violence and for professionals how to identify survivors of domestic violence, how to prevent domestic violence, and how to treat survivors of domestic violence.

Social workers should strive to advocate for making changes to the current guidelines for assisting victims of domestic violence. As one participant stated, "The way that timeframes are, there is just not enough time to address the system problems that cause DV" (participant 5, personal communication, January 2015). Permitting for additional time would allow for the social workers to better understand the survivor's biopsychosocial and develop a treatment plan

that meets their needs. Social workers should become proactive to secure resources and advocate for the needs of families affected by domestic violence.

Research focusing on children exposed to domestic violence should direct their attention to the use of family therapy as an intervention. One of the core themes found in the study was the issue of attachment among children and parents in domestic violence relationships. Family therapy among the children and the adult survivor of domestic violence could prove beneficial in strengthening the attachment and reducing conflict.

Additional research should also focus on the relationship between children exposed to domestic violence and child abuse. A common theme among respondents was the concern that children exposed to domestic violence are also victims of child abuse. Participant 2 expressed, "if abuse is in the household it trickles down to the kids, both emotional and physical" (personal communication, January 2015). Research should be conducted to identify common forms of abuse and children's responses.

Conclusions

Exposure to domestic violence is an increasing problem in society. As a result, children who are exposed to domestic violence suffer from negative effects such as poor socialization skills, educational functioning, and being part of the cycle of violence. Children are developing mental illnesses such as Post Traumatic-Disorder, Oppositional Defiance Disorder, and Depression. To cope with the exposure to domestic violence children repress their feelings, develop

hobbies, or develop substance abuse issues. Children who are exposed to domestic violence will display external behaviors such as actively being defiant, violence outbursts, or self-harm by cutting. The parental attachment of children who are exposed to domestic violence is greatly affected; children display anger, fear, and unconditional love towards their parents. Treatment with children who are exposed to domestic violence could be improved by better individualizing the treatment, increasing the workforce, and educating both professionals and the community on domestic violence. While this study contained several limitations, it provided a good foundation for understanding the effects of children witnessing domestic violence. Social workers should strive to educate themselves on issues surrounding domestic violence and advocate for systemic changes in the treatment of children exposed to domestic violence.

APPENDIX A
QUESTIONNAIRE

Instrument

- 1) What detriments have you seen as a result of children being exposed to domestic violence?
- 2) What strengths, if any do these kids display?
- 3) What coping mechanisms do they implement?(both positive and negative)
- 4) What coping mechanisms seem to be more effective?
- 5) How often would you consider exposure to domestic violence to also be child abuse?
- 6) What are the children's attitudes towards their parents involved in the violent relationship?
- 7) How are the children being affected emotionally by witnessing the violence?
- 8) How are the children's social skills impacted by witnessing the violence?
- 9) What are some of the children's internal behaviors?
- 10) What are the children's external behaviors?
- 11) How often do kids exposed to domestic violence have pro-violent attitudes?
- 12) How many children also suffer physical abuse along with exposure to domestic violence?

13) How many of the children exposed to domestic violence suffer from mental illness? If so what mental illnesses are common?

14) Are children who are exposed to more violence more than children who are exposed to domestic violence only once?

15) Do the children feel responsible for the violence in the home?

16) how often are the children who have been exposed to domestic violence also have been exposed to or experimented with substance abuse?

17) Do children exposed to domestic violence also participate in the abuse of one of the parents?

18) What do the children's support system look like?

19) How are the kids being affected developmentally after being exposed to domestic violence?

20) In your opinion what has had the biggest impact on the children exposed to domestic violence? (Either good or bad)

Developed by: Lawanda Robinson & Ramon Enrique Suarez

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT TO PARTICIPATE IN RESEARCH

We are conducting a study to examine the beliefs about the effects of children witnessing domestic violence. We would like you to participate in this study. If you are interested in participating, please read and sign the attached consent form.

The study in which you are being asked to participate is designed to investigate the beliefs about the effects of children witnessing domestic violence. Ramon Suarez and Lawanda Robinson, Master of Social Work graduate students under the supervision of Professor Thomas Davis, School of Social Work, California State University, San Bernardino. This research has been approved by the Institutional Review Board of California State University, San Bernardino

PURPOSE: The purpose of this research study is to examine the beliefs about the effects of children witnessing domestic violence. This study will utilize a qualitative research design, using structured interviews. Our qualitative research design allowed for better insight into the beliefs people had about the effects of children witnessing domestic violence.

DESCRIPTION: If you agree to participate in our study, you will be asked to participate in a structured interview measuring the beliefs about the effects of children witnessing domestic violence. The interview will be administered in the study carrels in the Pfau Library at California State University, San Bernardino. The interview should take between 15-20 minutes. If you agree to participate, following the completion of the interview you receive a \$5 gift card to one of various local restaurants for your use.

PARTICIPATION: Your participation in this study is voluntary. You are free to withdrawal from participation at anytime and you do not have to answer any questions you do not wish to answer.

ANONYMITY: You will not be asked to state your name during the interviews. No identifying information will be used in this study. All tapes, transcribed interviews, and consent forms will be stored in a locked file cabinet. Ramon Suarez and Lawanda Robinson will be the only people with access to this confidential information. At the conclusion of the study, all tapes will be erased and transcribed interviews, notes, and other information will be destroyed.

DURATION: The interviews should take between 15-20 minutes.

RISKS: There are no foreseeable risks to your participation in the research.

BENEFITS: You will receive a \$5 gift card to various local restaurants for your use as compensation for participating in this study.

VIDEO/AUDIO/PHOTOGRAPH: I understand that this research will be audio recorded Initials____.

CONTACT: If you have any questions about this project, please contact my research supervisor, Dr. Thomas Davis, Professor, School of Social Work, California State University, San Bernardino, 6000 University Parkway, San Bernardino, CA 92407, tomDavis@csusb.edu 909-537-3839.

RESULTS: The results of this project will be available from Dr. Davis, School of Social Work, California State University, San Bernardino after June 2015.

CONFIRMATION STATEMENT:

I have read and understand the consent document and agree to participate in your study.

Agreement:

Date: _____

Place a check mark here

APPENDIX C
DEBRIEFING STATEMENT

Study of Beliefs about the Effects of Children Who Witness Domestic Violence Debriefing Statement

This study you have just completed was designed to investigate the beliefs about the effects of children who witness domestic violence. In this study researchers were interested in interviewing Title IV-E students to gain insight in what they believe were some effects that occur to children who have witnessed domestic violence. The instrument utilized during the interview provided a deeper understanding of what professionals' view are the effects of children witnessing domestic violence. We are particularly interested the relationship between beliefs about the effects of children witnessing domestic violence and what the literature says the effects are.

Thank you for your participation and for not discussing the contents of the interview with other students. If you have any questions about the study, please feel free to contact Ramon Suarez, Lawanda Robinson, or Professor Thomas Davis at (909) 537-3839. If you would like to obtain a copy of the group's results of this study, please contact Professor Thomas Davis at (909) 537-3839 at the end of Spring Quarter of 2015.

APPENDIX D
RECRUITMENT MATERIALS

Dear Social Work Student:

Our names are Ramon Suarez and Lawanda Robinson. You are being asked to participate in a study titled, Beliefs about the Effects of Children Witnessing Domestic Violence, because you are currently a Full-time Title IV-E or a 3rd year part-time Title-IV-E. We are completing this research as part of our Masters thesis.

This research is completely anonymous and your confidentiality will be protected. You will be compensated with a gift card for your participation. Attached to this email is a flyer.

Should you choose to participate in this study, please contact Ramon Suarez or Lawanda Robinson via email at suarr301@coyote.csusb.edu or robiL306@coyote.csusb.edu.

Thank you for your participation.

Sincerely,

Ramon Suarez and Lawanda Robinson

RESEARCH PARTICIPANTS WANTED!!!

Research Topic: Beliefs about
the Effects of Children
Witnessing Domestic Violence



- Are you a Full-Time Title IV-E Student or 3rd year Part-Time Title IV-E Student?
- Do you have 15-20 minutes to spare?
- *Want to receive a gift card?*

Masters of Social Work students are looking for Title IV-E Students to participate in a research study that examines the beliefs about the effects of children witnessing domestic violence. Participants will be asked several questions regarding the subject during a 15-20 minute interview.

- Once the interview has been completed, participants will be rewarded with a gift card to one of several local restaurants.

If interested in participating:

Please email researchers at suarr301@coyote.csusb.edu or at robiL306@coyote.csusb.edu to schedule an interview and receive further instructions as soon as possible. The deadline to participate is 3/3/15.

For any questions, please contact: The researchers above or
Dr. Thomas Davis, Professor, School of Social Work, California State University, San Bernardino, 6000 University Parkway, San Bernardino, CA 92407,
tomdavis@csusb.edu 909-537-3839.

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ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Team Effort by Lawanda Robinson & Ramon Enrique Suarez

2. Data Entry and Analysis:

Team Effort by Lawanda Robinson & Ramon Enrique Suarez

3. Writing Report and Presentation of Findings:

a. Introduction and Literature

Team Effort by Lawanda Robinson & Ramon Enrique Suarez

b. Methods

Team Effort by Lawanda Robinson & Ramon Enrique Suarez

c. Results

Team Effort by Lawanda Robinson & Ramon Enrique Suarez

d. Discussion

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