Childhood Risk Factors That Impact The Likelihood Of Becoming A Victim Of Domestic Violence

Mallory Ann Gers
California State University - San Bernardino, 004250895@coyote.csusb.edu

Daniela Paola Gomez
California State University - San Bernardino, 005128860@coyote.csusb.edu

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CHILDHOOD RISK FACTORS THAT IMPACT THE LIKELIHOOD OF
BECOMING A VICTIM OF DOMESTIC VIOLENCE

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
Mallory Ann Gers
Daniela Paola Gomez
June 2019
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Approved by:

Dr. James D. Simon, Faculty Supervisor, Social Work

Dr. Janet Chang, M.S.W. Research Coordinator
ABSTRACT

The purpose of this research project was to identify risk factors for becoming a victim of domestic violence. Demographic and qualitative data were collected through in-person interviews with 8 female survivors of domestic violence from San Bernardino County. These interviews were transcribed verbatim and analyzed to determine risk factors that could lead women to becoming a victim of domestic violence and what helped them get out of their relationships. The use of interviews allowed the researchers to connect with the survivors and gain in-depth information about their experiences.

Using content analysis, the following themes arose: risk factors that involved absent parents/divorced parents, childhood history of sexual and/or physical abuse, not being educated on domestic violence, and growing up in an environment where violence is normalized. The most utilized services were group therapy, individual counseling, and community domestic violence agencies. The researchers found that participants had similar experiences that could have led them to being in an abusive relationship. Findings imply that the most effective way to minimize the risk of becoming a victim of domestic violence is to educate individuals on healthy relationships and process adverse childhood experiences that have been identified as risk factors for becoming a victim of domestic violence.
ACKNOWLEDGEMENTS

We want to thank our friends and family for supporting us throughout our MSW journey. When we wanted to give up they encouraged us to keep going. We could not have made it this far without you all.
DEDICATION

We want to dedicate this research to those we have lost due to domestic violence. We also dedicate this research to all survivors. You have overcome tremendous barriers and we are so thankful you are with us today. You are loved, valued, and strong. We support you and believe you.
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CHAPTER ONE
INTRODUCTION

The introduction will begin with a problem statement that introduces the population that will be the focus of this research, the policy and practice contexts that influence how the needs of this population are addressed, and a description of the proposed study. The second part of the introduction will describe the purpose of the study and its significance for the social work profession.

Problem Statement

Many people are concerned about domestic violence considering that 30% of women aged 15 or older have experienced domestic violence worldwide (Wihbey, 2015). According to the National Coalition Against Domestic Violence (2018), domestic violence in the United States occurs at a rate of 20 people per minute. This is a very large portion of the population and something must be done to figure out why so many women are becoming victims of domestic violence. This also means that many children are continuously being exposed to domestic violence and the cycle of violence is continuing from generation to generation.

According to the National Coalition Against Domestic Violence (2018), 1 in 15 children are exposed to domestic violence every year with 90% of these cases being direct eyewitnesses to the violence. These staggering statistics mean that many people including mothers and their children, as well as
professionals, are affected by domestic violence because it occurs at such high rates. The professionals that are impacted include, domestic violence agencies, advocates, survivors, social workers, and schools. With research in this area we can figure out ways to better prepare women and children for healthy relationships. Researchers can also then look further into why perpetrators commit domestic violence in order to begin to break the cycle of domestic violence. This is a vital area of study due to the importance of educating adults and youth on domestic violence and work towards breaking the patterns of violence that exist in today’s society.

It is vital to understand this problem further because many children are negatively impacted by domestic violence. This, in turn, causes many children to end up in the foster care system and potentially continue the cycle in their own interpersonal relationships. There has been research done that underlines a correlation between female children witnessing domestic violence and then becoming victims of domestic violence in their future relationships (Hilton, 1992; Mihalic & Elliott, 1997; Pingley, 2017; Stith et al., 2000). Social learning theory explains this best because female children learn from their mothers (the victim) about being victimized by their father (the perpetrator). Social learning theory (Bandura, 1978) says that this exposure to aggression teaches children that it is “normal” to be mistreated, or abused, in interpersonal relationships and they begin to accept the role of being a victim.

Our research questions are:
1. What are adverse childhood experiences and risk factors for female victims of domestic violence in interpersonal relationships?

2. What helped survivors leave the domestic violence relationship?

The current research is a qualitative study; therefore, it does not contain specific independent or dependent variables.

Policy Context

On a macro level the need for an increased respect for women who are victims of domestic violence and greater accessibility to resources is needed. Our culture needs to shift away from the victim blaming mentality and continue to offer support and services for survivors in urban and rural areas. Unfortunately, women in rural areas tend to be on the receiving end of more severe physical abuse that women in urban areas (Pee-Asa et al., 2011). Pee-Asa et al. (2011) also found that rural areas have a higher prevalence of domestic violence than urban areas. However, these victims in rural areas have less access to resources as they live more than 40 minutes from the nearest service that aids victims and survivors of domestic violence. Although many services are out there and positively impacting women who experience domestic violence, there are not enough accessible resources for the growing demand of those who become victims of severe domestic violence in isolated areas. With these victims and survivors not having the accessibility to resources, it is likely that the cycle of violence will continue in those areas and continue to affect children and families. Intervention and resources serving both sides of the spectrum, abuser and
victim, will aid in breaking the cycle of violence. However, more research into the geographic locations most affected by domestic violence need to be considered in order to spread resources to the communities most in need.

Practice Context

On a micro level more domestic violence shelters and services throughout the United States are needed. This would bring forth more awareness on the issue and would encourage more educational resources to be offered in communities. Many times, social workers come into contact with victims of domestic violence either at shelters, support groups, or in the child welfare system. Although it is recommended that victims of domestic violence need more long-term services to fully recover from the traumatic events that they have endured, interventions used today are primarily short term and solution focused. Currently there is very little research into what specific adverse childhood experiences or risk factors leads a person to become a victim of domestic violence. Thus, our study will make contributions to this body of research.

Purpose of the Study

The purpose of the research study was to examine if specific adverse childhood experiences and/or risk factors can put a woman more at risk for becoming a victim of domestic violence. Derived from past research on domestic violence it is hypothesized that adverse childhood experiences and other risk
factors such as poverty, violence in the home as a child (domestic violence and/or child abuse), drug history, employment status at the time of abuse, and academic achievement, and etc. can lead to becoming a victim of domestic violence as an adult. In looking at the topic of domestic violence, a problem of significant importance, which warrants the most attention, is what risk factors could lead a person to becoming a victim of domestic violence, positive social supports that helped survivors leave their relationships and what services survivors utilize before and after leaving their domestic violence relationship.

The research design that was used for the current study was a qualitative design and data was collected through in-person interviews. This research design was selected because working with victims of domestic violence can be an emotional topic and we wanted to gain the most insight into the participants backgrounds. In doing this we decided we would not gain as valuable information if done in a survey format, so we opted to choose face-to-face interviews. Through the interviews we were able to connect with the survivors and in doing this we gained more in-depth information about their background that a survey would not have been able to collect. Data were collected by the researchers by asking the participants open ended questions. Because the sample size was 8 women, generalizability of the findings is limited. However, the data generated by this study will be useful for its specific purpose. Since domestic violence victims are a vulnerable population, we found that the face-to-face interviews reassured the participants that we value their time in sharing their personal information with
us and that we safeguarded the information that we gained. Additionally, this research will be helpful to furthering research on risk factors for becoming a victim of domestic violence, positive social supports help survivors leave domestic violence relationships and services that helped victims exit these relationships.

Significance of the Project for Social Work Practice

The findings could change social work practice in general by raising more awareness about risk factors that could lead someone to be a victim of domestic violence. With the findings we can start educating those with presenting risk factors about the importance of healthy relationships and increase their awareness on the signs of domestic violence.

This research has the potential to impact social work practice on a variety of levels. Data gathered within the study will help the participants gain insight into the adverse childhood experiences and risk factors that potentially led them to becoming a victim of domestic violence, and the impact, or importance, that social supports and services had on them throughout and after their domestic violence relationship.

In terms of social work practice on the mezzo level of domestic violence agencies that provide services to survivors, this study provided vital information to why a person is more likely to become a victim of domestic violence. This can help with future prevention tactics such as educating youth on healthy
relationships and empowering youth and their parents to discuss the signs of domestic violence to decrease the likelihood of further victimization in the future. This study also has a favorable impact on raising awareness on domestic violence to help funding sources understand the importance of preventative programs and work towards breaking the cycle of domestic violence. In terms of social work practice, exploring the adverse childhood experiences and risk factors for becoming a victim of domestic violence is important to assist social workers in understanding the most effective ways to approach and intervene with those at risk of becoming victims.

In terms of social work research, this project contributes to the lack of literature on risk factors and adverse childhood experiences that put an individual at risk of becoming a victim of domestic violence. Although, due to our limited sample size, the findings of the current study will not be generalized to all victims of domestic violence, they encourage future research to develop research hypotheses, or theories on the topic.

The current study is relevant to child welfare because domestic violence impacts many children both physically and psychologically. The National Domestic Violence Hotline (2018) found that 22% of domestic violence cases reported to the hotline involved children that had directly witnessed some form of domestic violence. It was also found that children who witnessed domestic violence were 15 times more likely of being physically or sexually abused themselves (The National Domestic Violence Hotline, 2018). This project
determined that there are specific adverse childhood experiences and/or risk factors that could put someone more at risk for becoming a victim of domestic violence. This was done by interviewing victims of domestic violence to gain insight on their experiences that may have put them more at risk.
CHAPTER TWO
LITERATURE REVIEW

Introduction

This chapter consists of an examination of the research relevant to the topic of domestic violence. The subsections will include the causes and definitions of domestic violence, the effects of domestic violence on children, and risk factors. The final subsection will examine theories that are relevant to domestic violence which include, feminist theory, learning theory, and systems theory.

Causes and Definitions of Domestic Violence

Researchers and the criminal justice system use a variety of definitions for domestic violence. Some definitions are very simplified and other are very extensive and complex. Warshaw, Sullivan and Rivera (2013) define domestic violence as an ongoing pattern of manipulative control over another individual through psychological, physical, and/or sexual abuse that varies in severity and length of time. This definition reveals the complexity of domestic violence by indicating that the violence can vary by duration, frequency, and type. Barocas, Emery and Mills (2016) define domestic violence as including both family violence and intimate partner violence, with both male and female offenders. The violence could include physical assault, sexual abuse, and stalking. The most severe types of domestic violence have the potential to leave the victim
hospitalized. However, many instances of domestic violence can hardly be
detected by another person. Although abusers cannot be charged for
emotional/psychological and financial abuse, they are still forming of
manipulation that have the potential to progress into other types of violence.
Males can fall victim to domestic violence as well, however, the vast majority of
research has found that such violence is typically enacted by a male against their
partner and/or children. Domestic violence is something that can happen
gradually, constantly, or just one time, but regardless of its frequency it is
important to explore its effects and potential risk factors that may put someone at
risk for being an offender or becoming a victim.

There are many studies that attempt to explain the causes of domestic
violence and rationalize the perpetrators behavior. Domestic violence can begin
when there is a power differential between two partners. One partner seizes all of
the power and begins to control the other partner. Goldsmith (2016) gives
examples of why abusers may feel the need to have control over their partner.
These include the abuser having low self-esteem and internal suffering that
causes them to project aggression towards their partner. Abusers are often
jealous and do not want to share their partner with anyone, causing them to
slowly isolate their partner from others. This makes it very difficult for victims of
domestic violence to leave the relationship. Goldsmith (2016) also found that
another cause of domestic violence is that abusers tend to have trouble
managing their anger and lack a sense of self-control. Abusers might try to seek
control over their partner because they feel inferior in aspects of their life, for example education or finances. Another common reason abuser had for acting in violent ways is that they were under the influence of drugs or alcohol. This can often cause their tendency to act aggressively to increase because they have less control over their actions due to being intoxicated. Children who grow up in violent homes are raised with the idea that violence in relationships is normal and is used as a way to solve problems.

Effects of Domestic Violence on Children

Research findings suggest that children’s social, cognitive, behavioral, physical and emotional development are all affected by being exposed to domestic violence (Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003). Wolfe et al. (2003) gathered information from 41 different studies in order to identify direct effects of childhood exposure to domestic violence. They found that children who were exposed to domestic violence experienced more difficulty connecting and interacting with peers, and exhibited difficulty controlling impulses. They also found that these children had more emotional and behavioral problems that carried on into adulthood. An increased difficulty in controlling impulsivity has also been linked to children exhibiting aggressive behaviors that can also carry on into adulthood. Exposure to domestic violence can have long-term effects on the brains and behaviors of a child.

Domestic violence can happen at any developmental stage and has negative effects at all stages. However, if a child is still in the infancy stage while
hearing and observing domestic violence they will have more negative outcomes than the older siblings, who tend to use coping skills such as “zoning out.”

According to Perry (2011) in the film “First Impressions,” they discuss the negative effects children endure at different ages. They first looked at the oldest boy, who was about eight-years-old, that had witnessed chronic abuse in the home. They observed that he used “zoning out” and “numbing” as a way to cope and protect himself when he realized the violence was starting. They also observed a six-year-old girl who was blaming herself for the abuse that was happening between her parents. Lastly, was a six-month-old infant in a crib which the investigators did not think was affected by the violence. However, years later the infant severely injured another child at preschool and investigators realized how the stress response of the violence negatively impacted the infant's brain development and impulses. The investigators then realized that the younger the child, the more their brain absorbs and takes in stimuli, like the stress responses of witnessing domestic violence. Infants are unable to zone out and use other coping mechanisms to try and forget about the violence around them and it causes a severe amount of damage to their brains and hinders development (Perry, 2011).

According to the Domestic Violence Roundtable (2018), some of the consequences that children endure due to domestic violence include becoming fearful and anxious. Children who grow up in domestic violence households are typically coerced to be secretive about the household violence and are always on
edge because they do not know what will set off the abuser. This can wear on their mental health and cause them to blame themselves and become shameful or withdrawn. It can also cause them to become enraged and angry towards others. Additionally, children tend to feel abandoned psychologically and physically by their peers, parents, and other adults. There are also physical responses that children endure from the domestic violence, which include stomach aches, headaches, not being able to concentrate, and bedwetting. This can cause them to act out or withdrawal from people. They can also exhibit signs of anxiety, have a short attention span, and perform poorly in school. Children can also express themselves in violent ways and act out violently either towards themselves or towards peers.

The long-term effects on children who are exposed to domestic violence can follow them adulthood and negatively impact their relationships in adulthood. These children learn that it is okay to use intimidation and force against a partner and they begin to think that is a healthy component to relationships. If children are exposed to domestic violence where the male is the perpetrator and the female is the victim, children learn that it is appropriate to disrespect women and treat them as less (Domestic Violence Roundtable, 2018). Children who grow up in violent homes have a higher risk of being involved in domestic violence relationships due to the perception that violence among partners is normal, and an effective form of conflict resolution. These adults are also at a higher risk of substance abuse, experiencing posttraumatic stress disorder (PTSD) symptoms,
committing crimes, struggling with their mental health, and experiencing difficulty controlling their impulses.

**Risk Factors for Domestic Violence in Adulthood**

Research has also found an overlap in the experience of child abuse and domestic violence. Herrenkohl, Sousa, Tajima, Herrenkohl, and Moylan (2008) conducted a review that explored the predictors of child outcome who were exposed to family violence, and the intersectionality between child abuse and domestic violence, and risk factors. They found a correlation between experiencing child abuse and domestic violence and an increased rate of lifetime violence. They found a few indicators that could reduce the long-term effects of negative childhood experiences. These include a positive self-image, a desire to be different from their abusive caregiver, higher intelligence and an adult in their life who is not abusive. These findings indicate that childhood exposure to abuse and domestic violence is a risk factor for increased violence in adulthood.

Additional studies have also found a correlation between childhood experiences and domestic violence. Mair, Cunradi, and Todd (2012) explored the relationship between adverse childhood experiences (ACE) and an increased likelihood of experiencing domestic violence in adulthood. They collected a sample size of 1861 married/cohabiting couples from California and tested whether psychosocial factors impact associations between domestic violence and ACEs. They found that alcohol consumption and depression were positively related to domestic violence and ACEs. This means that adverse childhood
experiences can increase the likelihood of experiencing domestic violence in adulthood, especially when those ACEs have a psychosocial impact on the individual. These psychosocial factors include depression, problem drinking, anxiety and impulsivity. These finding indicate that a way to decrease the likelihood of experiencing domestic violence in adulthood is to treat their ACEs and subsequent psychosocial outcomes.

Prior studies have also explored the likelihood that victims of domestic violence will be re-abused. Cattaneo, Bell, Goodman, and Dutton’s (2007) study sample consisted of women who were victims of domestic violence and seeking help. They were asked to rate their own belief on the likelihood that they might be a victim of domestic violence again in the future, and then were assessed again 18 months later to see if their predictions were valid. They found that the majority of the participant’s predictions were right, whether they said they would or would not experience violence again. Some of the significant predictors of being a victim to domestic violence again, were the previous and current partner’s use of substance use, symptoms of PTSD and history of violence. A limitation of this study was that due to it being longitudinal about 125 participants ended up dropping out before being able to make it to the 18-month assessment. Another limitation is that they limited the study to victims who were seeking help. However, this could be due to the accessibility to a vulnerable population like this one. Additionally, Casanueva et al. (2008) found a difference among the quality of maternal parenting from mothers that were currently experiencing domestic
violence and mother’s who were previously victims of domestic violence. They found that mothers who were currently in a domestic violence relationship presented significantly lower quality parenting than those mothers who were already out of their domestic violence relationship. This finding indicates that children are not only exposed to the violence and stressors of domestic violence, but also receive a lower quality of parenting when their mother’s remain in a relationship with their abuser.

Similar to the direction of the current research study, Schewe, Riger, Howard, Staggs, and Mason (2006) explored the relationship between a lifetime exposure to domestic violence and its effects throughout participant’s experiences. They used stratified random sampling through a welfare recipient agency and gathered a sample of 1,899. Participants were then interviewed three different times in the course of three years where information was gathered that included their experience with domestic violence. They found that childhood exposure to domestic violence was a significant risk factor for becoming a victim of domestic violence, along with experiencing child abuse. Both exposure to domestic violence and physical abuse in childhood were associated with a lifetime risk of domestic violence victimization. Schewe et al. (2006) also found that an increase in education level and job skills were risk factors to becoming a victim. This could be due to the likelihood that a partner will feel threatened by the more affluent partner and seek power in the relationship. Unlike previous studies, alcohol and drug use were not shown to be risk factors of victimization.
This study primarily involved middle-aged African American women in a geographical location where the rates of domestic violence were higher than in the general population. Due to this it could be difficult to generalize these findings to the general population but regardless are valuable. These findings are valuable to our study because they found that childhood exposure to domestic violence can lead to a lifetime risk of domestic violence victimization. This is vital to consider because this can be one of the risk factors that could have potentially put our research participants at risk for becoming a victim of domestic violence.

**Theories Guiding Conceptualization**

Three theories used to conceptualize the components of this study are feminist theory, systems theory, and social learning theory.

Theories that are widely used to help explain domestic violence are feminist theories. Feminist theories typically see domestic violence as being an issue of men trying to have dominance or take control over their partner (Lawson, 2012). Feminist theories also propose that gender and gender roles of power and passivity are at the root of the problem of domestic violence. Men typically have greater access to resources, and are the primary decision makers in a household, whereas women are typically perceived as inferior and secondary in households. This theory also suggests that men use violence as a means to maintain control, authority, privilege, and power in today's society (Zosky, 1999). Feminist theories do have limitations when applying them to domestic violence because they are based upon assumptions that all men are socialized into being
in these power roles. Thus, feminist theories cannot be applied to the entire population.

Another theory that is commonly used to explain the cycle of domestic violence is systems theory. Systems theory sees the entire family as a system where the actions of one member impacts all of the others. It emphasizes the concepts of reciprocity, circular causality and maintaining homeostasis. Zosky (1999) explains violence as purposeful mutual interactions that intend to maintain balance within the organism, or family. Violence is used in families to maintain balance and correct behaviors to keep everyone in their appropriate roles and help the family function. Systems theory sees the family as a unit all working together and responding to one another to maintain balance, when domestic violence is used as a way to keep order within the family, homeostasis is thrown off and everyone within the family is impacted.

A behavior theory that has been found to influence learning behavior's as a child exposed to domestic violence is social learning theory. Behavior theories focus on the behavior's children learn through observation and experience (Bandura 1978). Social learning theory is a theoretical framework that finds the social environment critical to learning through a behavior, events that occurred prior to the behavior, and consequences that follow after that behavior. The primary source of a child's learning and socialization occurs within the home and the environment they are raised in. Social learning theory also focuses on the idea that behaviors develop by learning and observation. For example, children
who are raised in a home where they are exposed to domestic violence, social learning theory says that it is possible that child can grow accustomed to violence and learn to use aggression throughout their lives. Another important part of social learning theory is that due to behaviors being learned through observation it allows for the possibility that behaviors can also be unlearned through behavior modification. Therefore, a child who learns to use violence to solve their problems can learn to use alternate methods that do not include violence; however, it is very difficult to change their behavior without proper intervention and support. Interventions within social learning theory that may help with changing aggressive behaviors include reinforcement, behavior modeling, conditioning and etc. Research has also found a relationship between domestic violence and social learning theory. Weldon and Gilchrist (2012) suggest that social learning theory speculates that aggression and violence are learned behaviors, typically through the observation of that behavior. They also explain how child abuse, neglect, or insecure attachment can result in abusive intimate relationships in the future.

Summary

This study explored the adverse childhood experiences and risk factors for female victims of domestic violence in interpersonal relationships. The definition of domestic violence is vital to understanding what is classified as domestic violence. Focusing on the effects of domestic violence on children helps to
explain what adverse childhood experiences and risk factors that could put someone more at risk to becoming a victim of domestic violence. The theories that were examined in relation to domestic violence include, feminist theory, systems theory, and learning theory. This study adds more information about the adverse childhood experiences and risk factors for becoming a victim of domestic violence to current literature.
CHAPTER THREE

METHODS

Introduction

This chapter includes a detailed description of the research methods and procedures that will be used in this research study. Specifically, this section addresses the design of the study, sampling methods used, data collection and interview instrument, procedures, protection of human subjects, and data analysis that was used to explore the research question.

Study Design

In response to the lack of research on the adverse childhood experiences and risk factors for becoming a victim of domestic violence, this research study examined the adverse childhood experiences and risk factors among survivors of domestic violence primarily in San Bernardino County. Derived from the knowledge based on the adverse childhood experiences and risk factors for becoming a victim of domestic violence, the purpose of this study was to explore, in-depth, what adverse childhood experiences and risk factors put a woman more at risk for becoming a victim of domestic violence.

The research design employed in this research study was an exploratory, qualitative design, using in-person interviews. A package that includes an informed consent, a copy of interview questions, and a debriefing statement, was
handed to the participants prior to the interview. The sampling criteria for the study consisted of adult women who had experienced domestic violence in an interpersonal relationship at any point in their life. It was anticipated that by using a qualitative research design, we would have a smaller sample size (i.e. 8-10 participants). This is a vulnerable population, so researchers were able to interview 8 participants.

The rationale for choosing a qualitative research design was due to the study’s limited time frame, low cost, and the ability to gain an in-depth understanding of participants experiences and views. Due to the vulnerable population it is understood that researchers bias needed to be controlled and personal values would not impact the study’s results. This was done by the researchers communicating about the results and utilizing a research advisor for support as needed. Additionally, a face-to-face interview design was appealing as it was intended to collect broad amounts of data from a small group of people.

Contrary to the strengths of this qualitative research design, several methodological limitations apply. First, face to face interviews have been known to be smaller scaled and cannot be generalized to entire population. Unfortunately, this limitation could not be addressed due to the time restraints for this project. Another limitation was the potential that the participants’ responses would be biased or untruthful, as the participants could have felt anxiety about being completely honest about their past history.
Specifically, our research focused on adverse childhood experiences, risk factors for female victims of domestic violence, the role of positive social supports for the survivors throughout their relationship, and what services they utilized during or after the relationship, if any.

Sampling

The data source that was used was adult women who had been victims of domestic violence in an interpersonal relationship. Participants for this study were recruited primarily through interpersonal social networks and a domestic violence support group (for confidentiality purposes and protection of our research participants, the location of the support group shall remain confidential). This study used snowball and convenience sampling. Snowball sampling was used when an interviewee knew someone else who has been a victim of domestic violence and they believed they would benefit our research. We also used convenience sampling by utilizing resources at a California State University such as the campus advocate and on-campus organizations.

Sampling criteria for this study included adult women who had experienced domestic violence in an interpersonal relationship at any age but at the time of the interview they had to be at least 18 years old. The researchers included participants from a variety of cultural backgrounds including Caucasian, African American, Hispanic, and other ethnicities. The age ranges fluctuated from early 20s-40s. The socio-economic statuses of the research participants also
ranged from low income-middle class. It was understood that domestic violence could happen to anyone of any race, ethnicity, gender, and social class and this study tried to include members of various categories to be inclusive.

Data Collection and Instruments

The data for this study was collected by a questionnaire containing demographic information as well as in-person interviews. The interviews were about 15-45 minutes long for each participant and were administered by the researchers. Due to the qualitative design of this study, there was not any independent or dependent variables measured. The interview guide was comprised of open-ended questions that included topics on poverty, violence in the home as a child (domestic violence and/or child abuse), drug history, employment status at the time of abuse, academic achievement, positive support networks, and services utilized along with demographic questions.

Specifically, the demographic portion included questions on age, ethnicity/race, employment status, social class/income, and marital status. Gender/sex will already be determined since the study focused on women. We asked if there were any differences in their current demographics and the demographics they related to at the time of their domestic violence relationship. Demographics were collected prior to presenting the questions from the interview guide that explored their past experiences. Participants were encouraged to
elaborate on their answers in order to get the most comprehensive information from them.

The researchers created the interview guide with guidance from their research advisor. The sequence of questions was constructed in a way to allow participants to build on their personal experiences. The questions contained information that pertains to past experiences that may have led to becoming a victim of domestic violence. They also included questions that explored if there was anything specifically that helped participants leave their domestic violence relationship, and services that might have helped them. Researchers also sought out data regarding the type of domestic violence participants experienced and substance abuse problems, if any.

Procedures

The initial step in conducting this research study was to seek approval to conduct the study from California State University, San Bernardino’s Institutional Review Board (IRB). A research proposal describing the nature of the study and how we were going to recruit and protect our participants was presented to the School of Social Work IRB. The next step was to seek approval to recruit participants from an on-campus support and advocacy group at a California State University. The Study was approved by the School of Social Work IRB on January 14, 2019 (IRB # SW1911). The nature of the study was discussed with the agency and they accepted a letter of support was collected giving consent to
recruit participants from their agency. Study participants include victims of domestic violence who are 18 years of age or older. Prior to their participation, participants were given an introduction of the study and its purpose, along with an informed consent with a debriefing statement. They were also given the interview guide in advance to review the questions the researchers asked them. This allowed for participants to know what questions to expect throughout the interview and let the researchers know if they did not want to answer specific questions that may trigger emotions or cause them any anxiety.

Consent to participate was obtained through the use of an informed consent form in which participants were instructed to sign with an “X” mark to grant their willingness to voluntarily participate in this study. Furthermore, participants were asked not to place any identifying information such as name, address, or telephone number anywhere in the questionnaire; therefore, the research study was kept confidential throughout the entire process. The interviews were estimated to take about 30 to 60 minutes to complete depending on the depth and detail that each participant chose to share. Additionally, the location of the interviews remained confidential but took place in a location where the participants felt the most comfortable. Once the interview was complete, participants were given a debriefing statement, which was theirs to keep, that included additional contact information and resources as needed. The data took approximately 10 weeks to collect.
Protection of Human Subjects

The protection of rights and welfare of all participants was safeguarded by the research design chosen for the study and by the process and procedures in carrying out the study. First, the questions asked during the interviews were reviewed by both researchers and faculty advisor to be neither deceptive, manipulative, or stressful. Moreover, the participants were numbered; therefore, participants real names were not be identified. In addition, an informed consent was provided to participants, which stressed voluntary participation, risk and benefits, the right to withdraw participation at any time without penalty, the right to not answer certain questions if participants feel these may reveal their identity, and that consent was granted by signing with an “X” mark and not their name. Lastly, a debriefing statement was included at the end of the questionnaire outlining a contact number to reach the faculty advisor supervising this project, a statement of where and when the findings of the study would be available, and a mental health referral in case participation in the study caused distress.

The face-to-face interviews were voice recorded using an iPad tablet that was locked with a password that only the researchers had access to. When the iPad was not being used for the interviews it was stored inside of a locked box at one of the researchers’ homes. The data was stored solely on the iPad storage and not in the iCloud. The data gathered from the interviews was transcribed verbatim by the researchers. If the transcriptions are printed they will also be stored in a locked box that only the researchers will have access to. Once data
collection and analysis was completed and the data was no longer needed, recordings were deleted off of the iPad and restored to factory settings to ensure data was terminated. Transcriptions were also shredded, and all of the computer files associated with them were deleted. The findings of the study are presented anonymously in aggregated data only and all data collected from participants will be destroyed at the conclusion of the research study, which will be around August 1st, 2019.

Data Analysis

The data gathered in this study utilized a qualitative data analysis method. Descriptive statistics was used to summarize demographics and job-related data using measures of central tendency (e.g., mean) and measures of variability (e.g., standard deviation). In addition, the data gathered from the interviews were transcribed verbatim. Both researchers independently reviewed each transcript and determined what categories and themes were present throughout the interviews. These categories were also taken note of in a journal, a coding scheme was developed to identify meanings and codes were assigned to each category as well as aspects of the interview, like participants body language and interview details. The researchers discussed their individual findings and compared and discussed any disagreements, or differences. By doing individual content analyses it increased interrater reliability throughout the data collection
and analysis. Once all content analysis was complete, themes throughout the transcripts were coded in order to complete data analysis.

Summary

In summary, this chapter discussed the methods used throughout this study. This research study used a qualitative design, as well as convenience and snowball sampling. Face-to-face interviews were conducted after informed consent was acquired from both the agency and participants. The sample consisted of 8 adult female victims of domestic violence of varying age, ethnicity, and childhood experiences. The interviews consisted of open and closed-ended questions and included topics on poverty, violence in the home as a child (domestic violence and/or child abuse), drug history, employment status at the time of abuse, and academic achievement. The procedures of the current study were also discussed as well as the ways participants were protected throughout data collection. Descriptive statistics and coding were used to analyze data collected.
CHAPTER FOUR

RESULTS

Introduction

This chapter will discuss the relevant descriptive statistics for the sample. Presentation of the participant’s responses to the interview questions are included. Tables are provided to highlight presented information. The chapter will be summaries by a brief conclusion.

Demographic Statistics

As indicated in Table 1 below, the sample consisted of eight female survivors of domestic violence from San Bernardino County. There were no duplicate ages reported. The minimum age was 22 years old and the maximum age was 45 years old. The average age was 30 years old (M= 30.6, SD=7.7), and three participants identified as Caucasian (37.5%), three as Hispanic (37.5%) and two as African American or other (25%). Seven participants identified as being single (87.5%) and one participant identified as being married (12.5%). Three participants stated they were unemployed (37.5%) five participants were volunteers, part time, or seasonal workers (62.5%). Five participants stated they had some college education (62.5%) two participants stated they had a bachelor’s degree (25%) and one stated they had some masters (12.5%). Five participants current annual income was less than $20,000
(62.5%) each of the following categories had one participant each: $20,000-$34,999, $35,000-$49,000 and $50,000 and up.

Table 1. Current Demographics of Participants

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequencies (n)</th>
<th>Percentages (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital Status:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>1</td>
<td>12.5%</td>
</tr>
<tr>
<td>Single</td>
<td>7</td>
<td>87.5%</td>
</tr>
<tr>
<td>Age:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-24</td>
<td>1</td>
<td>12.5%</td>
</tr>
<tr>
<td>25-29</td>
<td>3</td>
<td>37.5%</td>
</tr>
<tr>
<td>30-34</td>
<td>2</td>
<td>25%</td>
</tr>
<tr>
<td>35-39</td>
<td>1</td>
<td>12.5%</td>
</tr>
<tr>
<td>40-45</td>
<td>1</td>
<td>12.5%</td>
</tr>
<tr>
<td>Race/Ethnicity:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White American</td>
<td>3</td>
<td>37.5%</td>
</tr>
<tr>
<td>African American</td>
<td>1</td>
<td>12.5%</td>
</tr>
<tr>
<td>Latino American</td>
<td>3</td>
<td>37.5%</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>12.5%</td>
</tr>
<tr>
<td>Highest Level of Education:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some College</td>
<td>5</td>
<td>62.5%</td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
<td>2</td>
<td>25%</td>
</tr>
<tr>
<td>Some Masters</td>
<td>1</td>
<td>12.5%</td>
</tr>
<tr>
<td>Employment:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployed</td>
<td>3</td>
<td>37.5%</td>
</tr>
<tr>
<td>Part time, seasonal, volunteer</td>
<td>5</td>
<td>62.5%</td>
</tr>
<tr>
<td>Income:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than $20,000</td>
<td>5</td>
<td>62.5%</td>
</tr>
<tr>
<td>$20,000-$34,999</td>
<td>1</td>
<td>12.5%</td>
</tr>
<tr>
<td>$35,000-$49,000</td>
<td>1</td>
<td>12.5%</td>
</tr>
<tr>
<td>$50,000 and up</td>
<td>1</td>
<td>12.5%</td>
</tr>
</tbody>
</table>
As seen in Table 2, participants were also asked demographic questions related to the time period of when they were in their domestic violence relationship. Six participants stated they worked full time during their relationship (75%) and the other two participants worked part time (25%). Three participants were in high school when the relationship began and then started college (37.5%). Two participants were high school graduates (25%). Three participants were in college during their relationship (37.5%). Six participants stated they made less than $20,000 a year (75%) one stated they made $20,000-$34,999 (12.5%) and one stated they made over $200,000 a year. The youngest beginning age that the participants entered their relationships at was 15 years old and the oldest age was 31 years old. The youngest ending age that the participants left their relationship was 18 years old and the oldest age was 39 years old.
Table 2. Demographics of Participants During Domestic Violence Relationship

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequencies (n)</th>
<th>Percentages (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age at onset of DV relationship:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>2</td>
<td>25%</td>
</tr>
<tr>
<td>17</td>
<td>1</td>
<td>12.5%</td>
</tr>
<tr>
<td>18</td>
<td>1</td>
<td>12.5%</td>
</tr>
<tr>
<td>20</td>
<td>1</td>
<td>12.5%</td>
</tr>
<tr>
<td>21</td>
<td>1</td>
<td>12.5%</td>
</tr>
<tr>
<td>24</td>
<td>1</td>
<td>12.5%</td>
</tr>
<tr>
<td>31</td>
<td>1</td>
<td>12.5%</td>
</tr>
<tr>
<td>Education level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school Diploma</td>
<td>2</td>
<td>25%</td>
</tr>
<tr>
<td>High school-College</td>
<td>3</td>
<td>37.5%</td>
</tr>
<tr>
<td>College</td>
<td>3</td>
<td>37.5%</td>
</tr>
<tr>
<td>Employment:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part time</td>
<td>2</td>
<td>25%</td>
</tr>
<tr>
<td>Full time</td>
<td>6</td>
<td>75%</td>
</tr>
<tr>
<td>Income:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than $20,000</td>
<td>6</td>
<td>75%</td>
</tr>
<tr>
<td>$20,000-$34,999</td>
<td>1</td>
<td>12.5%</td>
</tr>
<tr>
<td>$200,000</td>
<td>1</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

Qualitative Interview Data

Eight individuals were interviewed to collect the qualitative data. The length of the eight interviews varied from ten to fifty minutes, with the average being approximately twenty-six and a half minutes. The same fifteen questions were asked in each interview session, aimed to gain insight into how these participants think on the topic of the contributing factors that led them to become a victim of domestic violence. The questions that were asked pertained to factors
that contributed to each person becoming a victim of domestic violence, services they utilized after, and what helped them leave the relationship. Some participants were asked various additional follow up questions based on their responses to the fifteen standard questions that every participant was asked. From the responses given by the participants, the themes that emerged included risk factors, normalization of violence, positive social supports, and services that they utilized. These themes are summarized in Table 3.

Table 3. Themes and Subthemes from Survivors of Domestic Violence

<table>
<thead>
<tr>
<th>Theme</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Factors:</td>
<td></td>
</tr>
<tr>
<td>1. Absent or Divorced Parent</td>
<td></td>
</tr>
<tr>
<td>2. Childhood Physical or Sexual Abuse</td>
<td></td>
</tr>
<tr>
<td>3. Not Being Educated on DV</td>
<td>This theme emphasizes various experiences participants had in common that can be identified as a risk factor to becoming a victim of domestic violence.</td>
</tr>
<tr>
<td>Normalization of Violence</td>
<td>This theme describes individuals being raised in a violent environment where they were exposed to violence in their childhood, therefore viewing aggression and unhealthy relationships as a norm.</td>
</tr>
<tr>
<td>Positive Support Persons:</td>
<td></td>
</tr>
<tr>
<td>1. Family and Friends</td>
<td>This theme describes the importance and role that supportive persons played during and after the participant's domestic violence relationship.</td>
</tr>
<tr>
<td>2. Professionals</td>
<td></td>
</tr>
<tr>
<td>3. Children</td>
<td></td>
</tr>
<tr>
<td>Services Utilized</td>
<td>This theme describes services, or interventions, that the survivors used before and after their relationship.</td>
</tr>
</tbody>
</table>
Risk Factors

Five out of the eight participants (62.5%) responded to having an absent parent or divorced parents growing up. This was a prominent factor among participants that was determined to be a contributing factor to them ending up in a domestic violence relationship. Participant 1 stated:

“Up until like eighth grade I lived with both of my parents and then they got divorced when I was in seventh or eighth grade… Growing up, my dad was in the picture a lot, like he's a really, really good dad… But when my parents got divorced, I think he was… dealing with his own things and he kind of fell off a little bit. So, my mom became a single mom, so I was mainly around my mom.”

Participant 4 stated:

“They divorced when I was two. It was just my mom there after… [Then] my mom left to Mexico. She couldn't take care of us, so she sent us off with different family members.”

Participant 5 stated:

“My dad left when I was about one or two.”

Participant number 7 stated:

“[My parents were] divorced but they both remarried… And my mom's on her fifth marriage and my dad's on his third marriage.”

Participant number 8 stated:
“My parents got divorced when I was about eight years old and they remarried… I had stepparents.”

Five out of the eight (62.5%) participants responded that they had a childhood history of sexual abuse and/or child abuse. This was also a common theme among participants that was determined to be a contributing factor to them being prone to being in a domestic violence relationship. Participant 3 answered:

“When I was three I was molested by a babysitter and I really didn't think too much of it, actually at the time, I didn't really understand it… Child abuse, I would say that my mom did. Her kind of controlling behaviors and use of a religious control, and also neglect.”

Participant number 4 stated:

“Every single one of my mom's relationships involved some type of domestic violence… The sexual abuse [I experienced] was rape from a family member and then, molestation from mom's boyfriends at various points… Different men.”

Participant number 5 stated:

“The only time [my stepdad] really got physical with me is he grabbed me by my shirt, and he dragged me into the room… I was like maybe two or three… There was [also] this guy who came around and, I remember him telling me like, he would give me a quarter if I would put his genital in my mouth… Then growing up in, I think middle school, my friend's grandpa,
he tried to stick his tongue in my throat, down my mouth and he was
touching my legs.”

Participant number 6 stated:

“I would say I experienced sexual abuse as a child it was in fifth grade. So,
I think that’s like 10 [years old]… it was an older neighborhood kid.”

Participant number 7 stated:

“[I had] a lot of the arguments with my mom before… she hit me with a
bat.”

Six out of the eight participants (75%) responded that not being educated
on domestic violence was a contributing factor to them ending up in a domestic
violence relationship and not realizing it, nor knowing how to get out of it.

Participant 1 stated:

“I didn’t see anyone else going through this. So I thought I was kind of by
myself, and I didn’t know what was really going on.”

Participant 2 stated:

“I guess just knowing more resources and probably knowing what my
options were [would have helped].”

Participant 6 explained how she did not realize she was experiencing domestic
violence and what had helped her gain an understanding. She stated:

“Going to empowerment group… I started like identifying small things…
then I guess I just like made that connection at that time and then I did
more research… it was a long time after [the relationship ended] that I realized [it had been domestic violence].”

Participant 8 stated:
“I didn't really know about the cycle of violence and I didn't really like want to like look at that. Like I just, you know, thought like, okay, well it's going to get better.”

Normalization of Violence

Seven out of the eight participants (87.5%) identified normalization of violence as a contributing factor to them ending up in a domestic violence relationship. Four participant’s reported witnessing domestic violence in their home as a child. Three participant’s identified living in an environment where domestic violence was normalized, meaning their friends told them it was normal, or their environment consisted of violent behavior. The following participants openly discussed the impact of witnessing domestic violence and living in an environment that normalized violence. Participant number 1 explained:

“I think I was embarrassed to tell [friends] and then when I would tell them something's going on, we kind of grew up not in the best circumstances, so… it wasn't a big shocker to them. They'll just be like, ‘oh.’ Maybe because of they grew up in it, so it was normalized for a lot of them. So, when I would say, this is happening, they'd be like ‘what?’ And then finally I had a friend who was like, ‘no, that's not normal.’”

Participant number 4 explained:
“Every single one of my mom’s relationships involved some type of domestic violence… I think that it normalized it growing up and just normalized the behavior. [So] when I actually was in one, it didn't seem like it was anything bad because it was so normal with my mom.”

Participant number 5 explained:

“Like I witnessed him physically push [my mom] and… her head snapped back and it like broke the glass hutch that was right there.”

Participant number 6 explained:

“One key thing that sticks out to me was the parent of the boy who sexually abused me years prior to that. I had been fighting with him and he was hitting me, and I was hitting him back and then I hit him, or I did something to him, and he cried and told his dad… His mom had a talk with me, I think it was seven at the time, and she told me that the women doesn't hit the man, the man hits a woman.”

Participant number 7 stated:

“[My mom’s] a very verbally abusive person. The way she talks to us, there's been altercations between me and her… I don't really classify it as domestic violence or child abuse, but you know, it was kind of the norm in our house.”

Participant number 8 stated:

“There was domestic violence between my parents… my biological parents.”
Positive Social Supports

All participants identified some form of a positive support person. Every participant identified a friend or family member as their positive support person that helped them throughout the relationship. Participant number 1 explained:

“I think my friend; I think that he was… I don't know. I believe in God… I think he was placed in my life for a reason, he would always tell me, ‘that's not right,’ or ‘a man shouldn't be doing that to you.’ And when I called him crying multiple times… he would be straight up like, look, you need to call the police… I liked my girlfriends, but they wouldn't keep it real with me. They would just be like, ‘we'll hide you for a few days’ or things like that.”

Participant number 2 explained what helped her get out of her relationship and stated:

“Having my [current] husband tell me that I can [leave the relationship], and that I was worth something.”

Participant number 3 stated:

“My parents knew the first time he hit me… My dad told him if he ever did it again, he was going to kill him.”

Participant 4 stated:

“My closest friend at the time… she would always tell me that it's not healthy. I don't think that she knew enough about the topic to know how to really persuade me or convince me that it wasn't okay, but she tried.”

Participant number 5 stated:
“He’s the one positive father figure that I did have, my little brother’s dad… No one really tried to do anything until I told them I wanted to leave… My two aunts were going to take me to the airport… I had a friend who drove me to get me out of there…”

Participant number 8 explained what helped her throughout her relationship and stated:

“The support I had from my family.”

Three out of eight (37.5%) participants identified a professional person as their positive support person that helped them throughout the relationship.

Participant number 3 explained:

“I do remember a boss seeing a black eye and pulling me aside and then telling me, and this is back in the day, telling me that she could send me underground.”

Participant number 6 stated:

“I actually was red flagged by my counselor who I had been seeing.”

Participant number 7 stated:

“I did like my school counselors because those are the only people I trusted. Those were the only people that supported me. Those are the only people during this time, cause they were the people that I went to school with, my professors and my colleagues… Those were the only ones that supported me through and through. Even now, and during the whole
time they knew I had been abused. When he did come back and hurt me again, they stayed and supported me… my family and friends didn't, which I thought was crazy. How strangers are more supportive than family and friends?”

Participant number 8 explored what had helped her throughout her domestic violence relationship and stated:

“The support I had from my therapist.”

Three out of eight participants (37.5%) identified their child as their positive support person that helped them leave the relationship. Participant number 3 stated:

“My daughter comes out and goes, what's going on? I said, call the police, call the police. So that, that's what happened… My daughter ended up calling the police.”

Participant number 4 stated:

“My kid, I think that if I hadn't had him… I would probably still be in that same situation. The breaking point for me was my eighth month of pregnancy, we weren't together, but at that point he brought a friend over with him and they both took turns raping me. I was eight months pregnant at this time and … that was like the breaking point for me because I thought… once he's born, what other things can he do? What harm is it going to cost to my baby? How is he going to be abusive to him in any
situation? But I think that even with the education that I have on this topic… I’d probably be stuck in that situation still if I hadn't had had him.”

Participant number 5 stated:

“Definitely it was my daughter because I was raised up shitty… and I didn't want her to be raised up that way.”

**Services Utilized**

Four out of eight participants (50%) utilized group therapy services after their domestic violence relationship. Six out of eight participants (75%) utilized individual counseling or therapy services after their domestic violence relationship. Two out of eight (25%) participants utilized community domestic violence agencies such as Option House Inc. and House of Ruth as a resource. Specifically related to California State University’s, seven out of eight (87.5%) participants utilized campus mental health services, empowerment and advocacy groups, and Title IV resources. Four out of eight (50%) participants utilized law enforcement services such as reporting domestic violence, peace officers, restraining orders, or classes through the court system. One out of eight (12.5%) participants sought support from Al-Anon and Alcoholics Anonymous services.

This chapter outlined the descriptive statistics for the sample as well as the qualitative interview data for the questions posed to participants. Information was provided on participants’ experiences and responses associated with being
a victim of domestic violence as well prominent risk factors, resources they utilized after and throughout their relationships, and what they believe helped them leave the relationship. Tables were provided for a more detailed presentation of demographic statistics.
CHAPTER FIVE
DISCUSSION

Introduction

In this section a discussion of the findings will be explored. The limitations of the study will be covered, ideas for future research will be presented and recommendations for social work practice and policy will be given. A succinct conclusion of the study will be discussed at the end of this section.

Discussion

The purpose of this study was to identify risk factors for becoming a victim of domestic violence. It also collected and described the perspectives of victims of domestic violence and their thoughts on potential risk factors, adverse childhood experiences, and the role that positive social support and services, or interventions, played throughout the participant’s domestic violence relationship. In examining the demographic findings of this study, it was surprising to see how similar and different the results were to that of studies conducted on a national level. For example, one in four women experience some form of domestic violence according to the NCADV (2018). Specifically, one in three women experienced some form of physical violence. According to our study eight out of eight women experienced physical violence (e.g. slapping, shoving, pushing). According to the NCADV one in ten women have been raped by an intimate
partner (2018). Our findings are similar in that three out of eight of the participants were raped by an intimate partner. Nationally, one in four women have been victims of severe physical violence (beating, burning, strangling) (NCADV, 2018). We also found that three out of eight women to be victims of severe domestic violence. Nationally one in seven women have been stalked by an intimate partner, our study found two out of eight of the participants were stalked by their intimate partner (NCADV, 2018).

With respect to age, we found that the average age of when participants entered their domestic violence relationship to be 20 years old. According to the National Organization for Women, women ages 20-24 are at greatest risk of non-fatal domestic violence. Nationally young women and low-income women are disproportionately victims of domestic violence (Violence Against Women in the United States: Statistics 2019). Our study yielded similar results with six out of eight women reporting that they made less than $20,000 a year while in their domestic violence relationship.

The researchers found congruence among the current study's findings and past studies that looked into risk factors for domestic violence. A study conducted by Schewe et al. (2006) found that childhood exposure to domestic violence was linked to becoming a victim of domestic violence. Within the current study sample, seven out of the eight participants reported witnessing, or being exposed to, domestic violence in their childhood. Throughout the interviews it was identified that exposure to domestic violence as a child related to
participants being desensitized to violence and not question red flags that were present prior to the more apparent violent episodes with their partner. Red flags reported by participants include substance induced aggression, attempts to isolate the victim from their support networks, aggressive outbursts, overly financially and emotionally dependent on the victim, controlling behaviors, and etc. Participant’s past exposure to domestic violence allowed them to perceive control and aggression to be the norms in relationships.

Past research also found a correlation between experiencing child abuse and becoming a victim of domestic violence. In the current study, five out of eight of the participants reported experiencing physical and/or sexual abuse in their childhood. Similar to Schewe et al. (2006) findings, this shows that the experience of violence in childhood can increase the likelihood that these individuals will experience violence many times throughout their lifetime due to being subjected to it at such a young age. Several participants in the current study felt that violence was all they deserved because it was something they were so accustomed to throughout their lives. Every participant in the current study reported that it took themselves to realize their own self-confidence and self-worth and believe in themselves to finally part with the relationship.

The researchers also found that there was a dissimilarity between the current study’s findings and past research. Past research by Cattaneo, Bell, Goodman, and Dutton (2007) suggests that there is a correlation between victims of domestic violence and the likelihood that victims will be re-abused. However,
the current study found that every participant had been in just one domestic
violence relationship, which indicates that participant’s found ways to avoid
becoming involved in another situation of domestic violence. This could be due to
the amount of time that participants were out of their relationship, if the split was
fairly recent, all participants being students therefore having more access to
knowledge of domestic violence, or the resources and services participants
engaged in throughout their domestic violence relationship.

Recommendations for Social Work Practice, Policy, and Research

A study such as this could benefit from focus groups comprised of
individuals with varying backgrounds which would allow for participants to feel
comfortable sharing. Similarly, a study, which examines the longitudinal effects of
domestic violence and outcomes for survivors, would be beneficial in showing the
impact of experiencing domestic violence. This would be done by studying the
survivor in varying phases of their life to determine the impact the domestic
violence relationship had on the survivor. By employing such measures, and with
the support of studies such as this, preventing domestic violence and increasing
positive outcomes for survivors could become a reality.

Another benefit of further research could allow for more resources for
survivors of domestic violence. By identifying the services that survivors utilize, it
could help create more similar services for future survivors to access. For
example, these participants were all college students but found value in utilizing
on campus services for survivors of domestic violence, therefore advertising these group more in schools that provide them, and spreading awareness using the voice of survivors could help encourage more students to utilize these services. With additional services domestic violence survivors could benefit from having access to therapeutic and legal services and thus, would be able to work on challenging those barriers that once kept them in a domestic violence relationship.

Limitations

A limitation that is to be noted throughout the current study is the small number of participants. Due to time constraints, lack of resources, and this population being vulnerable additional participants were not able to be recruited. Therefore, this study's findings cannot be generalized to all domestic violence victims. However, it is important to value the participants voice's and bravery in sharing their experiences to further domestic violence research. This study also has the limitation that participants were college students, or graduates, and results do not generalize to all survivors.

Conclusion

The purpose of this study was to identify if there were risk factors that led a woman to become a victim of domestic violence. It also aimed to understand the perspectives of survivors of domestic violence in San Bernardino County:
namely, their thoughts on their domestic violence relationship, their childhood experiences, services that they utilized, and how they were able to leave the relationship. While the demographic data yielded similar results to homogenous studies, which came before, the qualitative data showed that a societal emphasis on empowering survivors and educating youth on healthy relationships is vital. If communities utilize preventative education domestic violence should decease.

The issue of domestic violence is a topic, which will be analyzed for many years to come. It is the hope of the authors that increased prevention education and further research on long-term outcomes can show that progress is being made.
Interview Guide

Demographics
1. How old are you? (18-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60 and up)
2. What is your current marital status?
3. What is your Race/Ethnicity?
4. What is your current employment status?
5. What is your current education level? (Some High school, High School Diploma, Some college, Associates Degree, Bachelor’s Degree, Master’s Degree, Doctorate Degree)
6. What is your current annual income? (Less than $20,000, $20,000-$34,999, $35,000-$49,999, $50,000 and up)

Demographic Questions Related to Domestic Violence Relationship
7. What was your employment status at the time of your domestic violence relationship(s)?
8. What was your education level during your domestic violence relationship(s)? (Some High school, High School diploma, Some College, Associates Degree, Bachelor’s Degree, Master’s Degree, Doctorate Degree)
9. What was your annual income while in your domestic violence relationship(s)? (Less than $20,000, $20,000-$34,999, $35,000-$49,999, $50,000 and up)

Interview Questions
1. Have you been in more than one domestic violence relationship? If so please answer the following questions for all relationships.
2. How would you describe your family’s socioeconomic status growing up? (Lower class, middle class, upper class, single parent, # of siblings, DV, step parents?)
3. Did you experience any domestic violence, child abuse, sexual abuse as a child? If so please explain.
4. Have you ever been in foster care?
5. How old were you during your domestic violence relationship(s)?
6. Was your perpetrator a man or woman?
7. What types of domestic violence were included in your relationship? (Physical, emotional, financial, sexual, cyber, etc.)
8. Did you work or go to school during your domestic violence relationship(s)?
9. When was your last experience with domestic violence?
10. Was drug and/or alcohol use a part of the domestic violence?
11. What was the length of your domestic violence relationship(s)?
12. Thinking back on this relationship, what do you think kept you in the relationship for that length of time?
13. Did you have the social support of friends/family before, during, after domestic violence relationship(s)?
14. What services did you utilize after the relationship?
15. What do you think helped you get out of the domestic violence relationship?
APPENDIX B

INFORMED CONSENT
INFORMED CONSENT

The study in which you are asked to participate is designed to explore any adverse childhood experiences or risk factors that could lead to being a victim of domestic violence. The study is being conducted by Mallory Gers and Daniela Gomez, MSW students under the supervision of Dr. James Simon, Assistant Professor in the School of Social Work, California State University, San Bernardino. The study has been approved by the Institutional Review Board Social Work Sub-Committee, California State University, San Bernardino.

PURPOSE: The purpose of the study is to explore any adverse childhood experiences or risk factors that could lead to being a victim of domestic violence.

DESCRIPTION: Participants will be asked a few questions to explore past experiences with poverty, step parenting, single parent households, unemployment, and witnessing domestic violence as a child.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY OR ANONYMITY: Your responses will remain anonymous and data will be reported in group form only.

DURATION: It will take 60 to 90 minutes to complete the interview.

RISKS: There are no major foreseeable risks to the participants. However, minimal risk may be present due to participants discussing prior domestic violence relationships. Researchers need to be aware that thoughts and feelings may be provoked regarding these relationships and give participants the option to opt out of responding to certain questions. A debriefing statement will also be given to participants at the conclusion of the study.

BENEFITS: There will not be any direct benefits to the participants.

909.537.5501  909.537.7029
5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393
College of Social and Behavioral Sciences  
School of Social Work

CONTACT: If you have any questions about this study, please feel free to contact Dr. James Simon at 909-537-7224 (email: James.simon@csusb.edu).

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks (http://scholarworks.lib.csusb.edu) at California State University, San Bernardino after June 2019.

This is to certify that I read the above and I am 18 years or older.

Place an X mark here: _______ Date: _______

I agree to be tape recorded: ___________ Yes ___________ No
APPENDIX C

INTERNAL REVIEW BOARD APPROVAL
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee

Researcher(s)  [Signature]

Proposal Title  [Proposal Title]

# 55311911

Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

Proposal is:
✓ approved

___ to be resubmitted with revisions listed below

___ to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

___ faculty signature missing

___ missing informed consent  ___ debriefing statement

___ revisions needed in informed consent  ___ debriefing

___ data collection instruments missing

___ agency approval letter missing

___ CITI missing

___ revisions in design needed (specified below)


Committee Chair Signature  [Signature]  1/14/2019

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student
REFERENCES


Perry, B (Writer), Attorney General (Producer). (2011, September 22). *First Impressions*. Retrieved from https://www.youtube.com/watch?v=brVOYtNMmKk&list=PLA9-5kSQDKv3f4PtwYj9vQc0UAxj1N_Og


Assigned Responsibilities

This was a two-person project where authors collaborated throughout.

Mallory Ann Gers and Daniela Paola Gomez collaborated on the following sections:

• Introduction

• Literature Review

• Methods

• Results

• Conclusion

Both Mallory Ann Gers and Daniela Paola Gomez contributed to the formatting, editing, and revisions process throughout the preparation of this paper for submission.