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**TO BE OR NOT TO BE RESILIENT: BARRIERS AND FACILITATORS
IN COPING SKILLS IN ADULTS WHO HAVE EXPERIENCED
DOMESTIC VIOLENCE IN CHILDHOOD**

Sherri Schweiger

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TO BE OR NOT TO BE RESILIENT: BARRIERS AND FACILITATORS IN
COPING SKILLS IN ADULTS WHO HAVE EXPERIENCED DOMESTIC
VIOLENCE IN CHILDHOOD

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
Sherri C. Schweiger

May 2021

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ABSTRACT

This qualitative study was designed to explore people's experiences of domestic violence during their childhood, and how it has affected their resilience in adulthood. It is important to understand what factors contribute to resilience, especially in those who have faced hardships to better help the future generation become resilient and grow up to be healthy adults. Exploring why some people build resilience and not others will aid in identifying factors that influence coping skills. This paper examines interviews of people who had experienced domestic violence at a young age and how it has affected their adult life. The data was collected from 8 participants who participated in a in depth interview. The data was analyzed to identify what factors played a role in resilience and explore why some people are more resilient than others. The data was organized into categories to examine common themes and identify barriers, risk factors, and what contributed to those who were resilient. This study showed the most resilient participants had at least one positive relationship with an adult caregiver.

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CHAPTER ONE: PROBLEM FORMULATION

Children who face trauma, such as domestic violence, the death of a parent, or accidents, during their developmental years are impacted by these experiences in adulthood. This study focused on children who have been exposed to trauma and hardships during childhood and how the experience has affected them as they grew into adulthood. For this research paper, resilience is defined as the persistence of a person who has gone through horrible conditions but has exceptional coping skills. Ungar describes resilience as, “the capacity of a biopsychosocial system to navigate to the resources necessary to sustain positive functioning under stress, as well as the capacity of systems to negotiate for resources to be provided in ways that are experienced as meaningful.” (Ungar, 2019 pg.2). When a person goes through traumatic situations, being able to cope or deal with what is going on is having resilience.

It is important to assess why some children learn to be resilient while others do not to help find protective factors that may help struggling children. By identifying the presence of resilience, social workers will be able to identify what factors contribute to resilience in children and nurture these traits accordingly. If a child has poor coping skills, this can lead to a higher risk of physical/mental health issues, substance abuse, and deviant behavior. Social workers can use this information to improve the overall health of children by helping them heal so they can learn healthy behaviors in reaction to external circumstances.

Conversely, if a child has poor coping skills, it can lead to a higher risk of physical and mental health issues, substance abuse, and other deviant behavior. Thus, facilitating healthy coping mechanisms in these children will help them remain mentally and emotionally healthy during future tough situations. This will also enable them to grow into productive, self-sufficient adults later in life. However, some children who are exposed to domestic violence and other traumas internalize their experience and repeat the cycle of the past throughout their lives. In contrast, others use it as inspiration to change their life. This study investigated what factors lead individuals to choose one path over another and how those influences contributed to their life decisions, and how the outcome of developmental behaviors is influenced by the interactions they have with peers (Ungar, 2019).

Previous research has not provided sufficient background to create a social policy on resilience for children or adults. However, resilience could be used in changing other policies that exist in social welfare. According to Walsh (2015), policy in the welfare system fails to support resilience. For example, child welfare policies focus solely on removing the child from the home but have no focus on restoring the relationships needed to build resilience. One of several ways to improve these policies is to use science-based knowledge by enhancing “serve and returns” from child to caregiver. Increasing the interactions between the child and caregiver (e.g., eye contact, facial expressions, or touch) will, in turn, increase the chances of resilience with these contacts (Walsh, 2015). With

the help of the social worker, these changes will promote healthy relationships between child and caregiver.

Low socioeconomic status, parent involvement or the lack thereof, and severity of early traumas can all affect a child's life. Thus, by identifying which factors have had the greatest impact, the influence it has over the outcome of one's life can be changed. According to Sulimani-Aidan (2018), the most impactful factor that contributes to the resilience of children is at least one stable relationship with a trusted adult, such as a parent, caregiver, coach, or teacher. Another important factor is whether a child is part of a sports team, as this participation can teach a child teamwork, how to follow rules, and healthy conflict resolution. There is also the possibility of the child creating healthy relationships with other children their age and with the adults involved. These relationships are crucial, as having a stable relationship with an adult offers the child protection from enduring developmental disruption. Children who lack a supportive adult lack the ability to build resilience because they have no support or protective factors. Therefore, this study was guided by the following research question: What experiences have built or inhibited resilience in adults who have experienced domestic violence as children?

CHAPTER TWO: LITERATURE REVIEW

Resilience is different for everyone and many factors contribute to having the coping skills necessary for dealing with normal hardships. It is a skill that develops over time and involves healthy behaviors, thoughts, and actions. These techniques can be learned and practiced by anyone and contribute to the health of every adult. Being able to learn these healthy skills depends primarily on how much and how severe the exposure to domestic violence was and at what age and stage of development the child was in. It will help build resilience if the child had at least one nurturing relationship during their developmental years.

It is important that the child be able to express emotions and deal with them in a healthy manner. Also, whether the child participated in any services, such as counseling, has a dramatic effect on their ability to build resilience. According to Lippman and Schmitz (2013), having good relationships with teachers and participating in school events, such as sports and clubs, or church events helps children build stronger relationships with adults. Children who are exposed to at least one nurturing adult are more likely to have better coping skills than children without a positive adult and do not participate in afterschool activities (Lippman & Schmitz, 2013). Notably, an online article from the Substance Abuse and Mental Health Services Administration stated, “we cannot make children resilient, but we can bring awareness to the qualities and skills needed to become more resilient” (Childhood Resilience, n.d.). Adults can offer

support, validate feelings, and try to build trust to promote good coping skills and resilience.

The reason why some children have resilience and others do not can depend on temperament and attitudes, especially in the context of facing hardships. For example, children who have internal attributes, such as locus of control, appraisal, and coping skills, are more likely to be resilient. If the child faces less adversity, they will likely have a less negative reaction and have an easier time coping (Vanderbilt & Shaw, 2008). Other children who feel they have no control over external pressures can start to feel helpless and will ignore what is going on. In this case, if the child stays silent and does not reach out for help, their resilience will be lower. Children who reach out and ask for help have an easier time coping and have a higher level of resilience (Vanderbilt & Shaw, 2008).

Research shows that, in the United States, 17% of children (13 million children across the country) reported witnessing domestic violence in their home (Swerin et al., 2018). In the database from police and social services, records showed that 460 children were involved in 251 incidents, and 44% were under the age of 5 years. From the same study that looked at PTSD and resilience discovered that 94.1% of the participants exposed to domestic violence did not receive any services during childhood, and only 53% had the opportunity to seek services. In interacting with police after an incident, most youths favored the contact, and this helped reduce trauma symptoms (Swerin et al., 2018).

Despite this information, an understanding of resilience is hindered because most of the studies have involved only European American, middle-class children. Indeed, the effects of trauma are likely to be compounded when children face additional hardships, such as poverty (Vanderbilt & Shaw, 2008). Children who have experienced domestic violence during their developmental years have a higher chance of problems related to their behavior, emotions, and relationships as adults. Children may have trouble with dysregulation and have aggressive behaviors and an increased chance of mental illness (Osofsky, 2018).

Promoting Resilience

There are many ways to promote resilience and many programs to help children cope with domestic violence and other hardships endured during childhood. Studies have shown that it is important to have early interventions, including relationship and family-based strategies, to help prevent the long-term effects of exposure to domestic violence. Screening is not a routine service offered by primary care providers despite being a crucial tool in preventing unhealthy behaviors that last into adulthood. Thus, prevention and early intervention, especially in young children, is important because it is pivotal in helping with mental health issues (Osofsky, 2018).

The United Kingdom developed and launched a program within their local schools in 2007 to help build resilience (Challen et al., 2010). The program consists of workshops to create and build on well-being and positive thinking and

was originally designed to prevent depression in adolescents but has expanded to focus on building resilience, coping skills, and problem-solving skills. The program is also helpful in protecting children with anxiety and depression. There are 18 hours of workshops on various topics to help improve the health of adolescents (Challen et al., 2010). These programs have proven to be invaluable in getting both children and adolescents the tools they need to form healthy coping mechanisms and techniques to use throughout their lives.

Given the high prevalence of children's exposure to domestic violence, there is a need for enhanced policy and practice to protect children from this form of victimization. Legislatures can do this by extending the mandatory reporting laws to include exposure to domestic violence pertaining to child abuse and neglect (Cross et al., 2012). Children who have been exposed to domestic violence are 3.7% times more likely to develop a habit of internalizing and externalizing their behaviors than the children who are not exposed. (Cross et al., 2012)

In their study, Martinez et al. (2009) found that exposure to domestic violence can negatively affect the development of basic competencies in young children. Moreover, such exposure can harm the child's ability to handle emotions, which could affect every adult relationship they enter as children and adults. In their survey reported resilience rates were 31% to 65% among school-aged kids. (Martinez et al., 2009). Positive coping skills were related to "less partner to mother" physical aggression, a shorter period of exposure to domestic

violence (Martinez et al., 2009). Less physical violence can lead to the child perceiving domestic violence as less threatening, not blaming themselves, and an absence of maternal depression. Other factors that contribute to resilience include a positive caregiver-child relationship. Parents who display parental competence and have positive mental health and the temperament and personality of the child all contribute to higher resilience. Children with higher cognitive abilities lower the levels of risk along with lower life stress and poverty (Martinez et al., 2009).

Some programs have been developed to promote resilience in England. For instance, the MPOWER program is an intervention that started in England and expanded to other countries (Greece, Italy, and Spain) to support children and youth who have been exposed to domestic violence (Callaghan et al., 2018). The MPOWER model is strengths-based and focuses on building skills to provide clients with a better understanding of the different ways that enabled them to live with the violence and coercive control (Callaghan et al., 2018). There is a small number of documented strengths-based programs, but they are not reported in peer-reviewed literature. Other programs include CEDAR (Children Experiencing Domestic Abuse Recovery), and the DART program (Domestic Abuse Recovery Together), which focuses on rebuilding relationships between mothers and their children. The programs support children in appropriate emotional expression, safety planning, and building self-esteem (Callaghan et al., 2018).

The main objective of these programs is to empower children and young people to build a sense of safety and help promote resilience. This includes developing trust in themselves and others. Exploring coping strategies, building self-identity, and making plans for a positive future are important to the model. Also, it challenges self-fulfilling prophecies about domestic violence, building caring relationships, and dealing with endings and loss. This model uses a five-principal model to help develop resilience in youth, including making sense of violence (Callaghan et al., 2018). Their model states, violence happens in a physical and relational world, coping, resistance, and resilience as creative experiences, a resource-focused approach, and an emotion-focused and rational-approach (Callaghan et al., 2018).

Gaps in Research

In researching resilience in children who have witnessed domestic violence, there is a lack of research in determining why some children have a higher level of resilience. There is no specific data relating to race, ethnicity, or socioeconomic status. Trauma does not discriminate, but it affects people differently. Although research exploring resilience and what contributes to healthy coping skills exists, most of the studies are conducted with middle-class families, with no data for kids in poverty or who are homeless. It is hard to measure why someone does or does not have coping skills. Current research is more focused on what factors promote resilience from the parent/child/caregiver views, with

less research available on the professional perspective. The most common themes found in research agree that identifying the factors promoting resilience improves interventions needed (Pei et al., 2020). In the book, *Understanding Adult Survivors of Domestic Violence in Childhood: Still Forgotten, Still Hurting* by Hague et al. (2012), the authors stated that there is conflicting evidence on how much childhood exposure to domestic violence is related to adult experiences. For example, some studies show that women who have witnessed domestic violence were predicted to become victims as adults. Other studies have disputed that claim given their weak results. Others say there is a potential risk of becoming a victim, along with low self-esteem or learning that violent behavior is a normal response to dealing with conflict. Each study has different and inconsistent outcomes—some factors were underestimated or overlooked, such as poor parenting skills, and others were overestimated, such as witnessing domestic violence. (Hague et al., 2012) Witnessing domestic violence does not mean the person will become a victim or abuser. Everyone is different, some may follow the cycle, and others will be committed to non-violent behavior (Hague et al., 2012).

Theories Guiding Conceptualization

Attachment theory and resilience theory are the most common theories across the research of resilience and exposure to domestic violence. Attachment theory is an enduring and deep emotional bond that connects one person to

another across time and space (Cherry, K. 2019). This usually happens early in infancy when the child bonds with the mother. Healthy attachment is one of the factors that contribute to resilience. Resilience and attachment are related because people who are securely attached have a higher ability for resilience, and if attachment were restored, resilience would also increase (Thompson et al., 2018).

Resilience theorists believe the more protective factors that are available to a person the more resilient they will be. Theorists now try to focus on what is going right instead of what was going wrong. Making positive changes can change the trajectory of what happens in the future. Thus, improving mental health and behaviors in the future. Six theorists are notable for studying resilience—Matthew Rutter, Norman Garmezy, Emmy Werner, Suniya Luthar, Ann Masten, and Michael Ungar

Matthew Rutter's (1965) study compared two groups of children: one group was from the Isle of Wight and the other group was from an underprivileged group from London. Results indicated the more risks the children were exposed to (e.g., low socioeconomic status, parental crimes, and mental health issues), the higher their chance for psychiatric disorders in the future. Norman Garmezy was the "founder" of research on resilience. Garmezy studied positive outcomes in stressed children as well as research on mental illness and schizophrenia. Garmezy was a professor of Psychology and is known for his work in developmental Psychopathology and resilience. While he worked as a

professor at Minnesota he focused on resilience in children. The purpose of his work was to identify children who were resilient in stressful situations versus which children would have more trouble adjusting with problems. Garmezy conducted the Project Competence Longitudinal Study (PCLS), which found that children who are competent in social and, cognitive, and academic domains, were less likely to experience negative outcomes later in life. Factors that contributed to resilience identified by Garmezy include genetic disposition, competence, intelligence, and personality all contributed to whether resilience was present in children (Shean, 2015).

Emmy Werner is a developmental Psychologist known for her work in child development. In her research she found that 1/3 of high-risk children displayed resilience and developed into caring, competent and confident adults despite their problematic developmental histories. This information was discovered in a 40-year longitude study done on 698 infants on the Hawaiian Island of Kauai. Mastens project was known as the Kauai Longitudinal Study spanning over three decades (Werner, 1995) This study consisted of 698 children who were born in 1955 on Garden Island in Hawaii. The participants were monitored through the years of their life which was prenatal to 32 years of age. The research is specific to identifying factors that enhance resiliency. Masten argues that competence and resilience are present in all children (Werner, 1995).

Masten's study explores three types of phenomena on resilience. The first one is good developmental outcomes despite high-risk status, the second one is sustained competence under stress and the third one is recovery from trauma. Recurrent themes include characteristics of the individual, good communication skills, problem solving skills and having hobbies. The Kauai study found that 30 % of survivors were high risk because of poverty, perinatal stress, environmental discord, divorce of parents, or parental mental illness (Werner, 1995) Two thirds of the children who had experienced four or more risk factors by the age of two developed learning or behavioral problems (Werner, 1995) However, one-third of the children who had experienced four or more risk factors developed into competent and caring adults. The study identifies several protective factors including internal locus of control, positive self-concept, intelligence, and competence (Werner, 1995). Her research also showed that despite these risk factors a resilient child has established at least one close bond with a competent and emotionally stable adult who is in tune with the child's needs. There needs to be at least one nurturing relationship including a substitute care givers, extended family, grandparents, or siblings. The Kauai study also showed the community was a source of emotional support. The resilient participants in the study could pick out at least one teacher who was a source of support for them. It is important to have these bonds to encourage trust, autonomy, and initiatives (Werner, 1995).

Suniya Luthar researched poverty, mental illness, resilience, and affluent communities. Ann Masten researched competence, risk, resilience, and human development. Michael Ungar specializes in cross-cultural research, mixed methods, and resilience. Each one has been in the field for years and has made contributions to resilience theory (Shean, 2015).

Family theory states that all family members have a role and must follow certain rules. The members are supposed to be strongly connected emotionally. This theory fits with my study because the focus is on how people have dealt with childhood trauma. Specifically, I was interested in how they were able to cope (or not) and what factors helped or hindered this process. Therefore, I focused on people's experience of the healing process following childhood trauma.

CHAPTER THREE:

METHODS

This section will discuss the study design, recruitment of the participants, data collection, and analysis of the data. This study was conducted with a qualitative study design, which included individual interviews that consisted of open-ended questions about the subject matter. These questions were intended to encourage the participant to think and give thoughtful answers on their experience. Following data collection, I interpreted and compared the information to find common themes and contributions to the field of research.

Study Design

The best method for this study was a qualitative design because it is the best way to explore concepts of why some children develop resilience and what factors contribute to this process. My focus was specifically on adults who have been exposed to trauma during their developmental years to better understand why some children develop healthy coping skills and others have a more difficult time. For this study, the chosen method to gather data was through one-on-one interviews via Zoom. The interviews allowed for more in-depth data collection that can be compared to data that already exists. Also, allowed for the identification of any other trauma the person faced and how it may have affected their coping skills. Qualitative research is the most appropriate design for exploring the human experience because you can ask questions and get

different perspectives on phenomena. The design is weak because we are not measuring statistically and are focusing on the experience of the participant and not scientific facts. Limitations included not having a universal definition for resilience and research focusing on negative outcomes rather than the positive.

Sampling

This study recruited adult participants who experienced domestic violence as children. I used personal and professional connections, as well as social media to recruit adult participants who witnessed domestic violence as a youth. To reach participants, I created a flyer with the criteria of my study and shared it on social media via Facebook and Instagram. The first person was found by asking for volunteers, and then next by recommendation and word of mouth. The criteria for participation were the individual had to be at least 18 years of age and had some type of experience with trauma, such as domestic violence, during their developmental years. Once participants agreed to answer questions about their coping skills through those times, I then asked them if they know of anyone else who had a similar experience and might be willing to be interviewed. This is called snowball sampling.

Data Collection

To collect the data, I conducted virtual one-on-one interviews with participants who met the criteria. I reviewed the informed consent document with

each participant at the beginning of each interview and obtained verbal consent to complete and record the interview.

I developed an interview guide that was followed for each interview (Appendix A), which included questions about how they were able or not able to cope and what factors made the difference. Some sample questions were, “Can you describe a situation in which you were exposed to domestic violence at a young age? What strategies have you used to cope? Who was your support system and how did they help you?” These interviews were designed to obtain in-depth information on their experience. Questions were related to resilience levels, family problems, and stress management. The interviews also explored how they were able to cope while dealing with domestic violence and how they manage their stress as adults. We also explored what factors in their life have contributed to healthy behavior and/or unhealthy behavior regarding coping, resilience, and stress management. Information from each interview was compared to data from other participants to find common and discrepant themes.

Procedures

The first step in conducting an interview is recruitment, informed consent, and screening to ensure they meet inclusion criteria. After I had identified my participants, I made sure to thoroughly explain the terms of confidentiality and informed consent and ask them if they had any questions to ensure they fully understood. Also, I made sure the participant knew that participation was

voluntary and that they could withdraw at any time with no consequences. I made sure that the participant was comfortable, and they were not retraumatized by the questions. Then I went through the interview questions giving them plenty of time to answer. The interviews were recorded in a zoom meeting, and I made sure to take notes during the interviews. After the interviews, I had the interviews transcribed and used them for coding the information. I used the coding process for determining common themes, major differences, and if there were any gaps. I analyzed my findings to discuss them in my research.

Protection of Human Subjects

This study was approved by the Institutional Review Board. I protected participants by referring to them with a number instead of by name in all transcripts. I stored the recordings in a safe locked-up place where only I know how to access the information. No identifying information will be included in the study documents, and participants will only be referred to with a number. Informed consent and debriefing statements were reviewed with each participant to ensure they fully understand their identity will be protected.

Data Analysis

I recorded all interviews using Zoom and then transcribed those interviews verbatim for analysis. After the interviews have been transcribed the next step was the coding process. The coding process was used for determining common

themes, major differences, and any gaps in information. I will write up and discuss the results of what I found. I will go through each transcript very carefully and create codes with words that are common in the interviews. This helps identify common themes among people who are more resilient and determine common factors for those who were unable to develop or lacked effective coping skills. This will give a better understanding of what makes some people more resilient than others.

CHAPTER FOUR:

RESULTS

Through convenience and snowball sampling, the researcher was able to interview a total of 8 individuals who have been exposed to domestic violence at a young age. Participants were interviewed within the months of February and March 2021. All eight participants have disclosed various hardships during their developmental years. Risk factors were identified and categorized into ten themes which are as follows: domestic violence/abuse, poverty, homelessness, mental/ behaviors, drug and alcohol abuse, family support, outside support, stress management/resilience, and unstable homes/divorce.

Demographics

In this study there was a total of eight participants with ages ranging from twenty-two years of age through sixty-two years of age. Out of the eight participants, four were female and four were male. Three out of eight participants have received only a high school education. Three participants reported some college, one participant has a bachelor's degree, and one participant has a master's degree. Participants who have reported seeing domestic violence at an early age have also reported many other hardships such as poverty, drug use of parents, and neglectful/ abusive parents. The sections below report the themes from the data.

Domestic Violence/ Abuse

Many of the participants have experienced some type of domestic violence in their life, however not all the domestic violence experience happened at a young age. Four out of eight participants witnessed domestic violence at an early range six-sixteen years of age. Two of the eight participants reported being in an abusive relationship as adults. In this study mental abuse was reported more than physical abuse; three participants reported physical abuse while five reported mental and emotional abuse. Half (four) of the participants considered themselves to have resilience and reported having success in life, while the other half reported they are still struggling in life. The participants of this study have all shared different experiences with violence and abuse in the home at a young age. Domestic violence has had a different effect for everyone, and each participant has their own unique story.

Participant # four explained that it is more common that you hear about the father or the man being the abusive party in domestic violence situations, although this was not the case for Participant # four. When asked about witnessing domestic violence at a young age Participant # four reported their mother being abusive towards their father and mean to them and their siblings they stated,

“When I got older, I ran away from home as a teenager. My mom wanted me to clean up a pan with grease in it, so I cleaned it out. I asked her what

she wanted me to do with the 1908 frying pan. She got mad and started beating and hitting me with the frying pan. So that night I ran away from home, the cops eventually came looking for me, so I finally went home. She never hit me again after that.” (Participant # four.)

Participant # four went on to explain other ways their mother was abusive towards their father. “My mom would go off on my dad ranting and raving. One time I saw her trying to throw a refrigerator at my dad, then she kicked over a table and threw that at him as well”. In this case the physical abuse was geared towards the father and the more verbal and emotional abuse was directed at Participant #4 and their siblings.

In some domestic violence cases there is a heavy mix of drugs or alcohol. Participant #5 described their experience with domestic violence at a young age. Participant # 5 shared

“There was a lot of physical violence from my birth father. There was a lot of drug and alcohol abuse as well as emotional and mental abuse. One night we had to grab our bags in the middle of the night to go to a domestic violence shelter because my mom found out about my dad’s infidelity with my aunt, her sister. It led to my mom trying to kill herself. My older sister and I walked into the room and found my mother on the floor with her wrist cut, and she had taken some pills”.

This participant had to not only witness domestic violence but the aftermath of their mother's attempted suicide because of an infidelity in her marriage. Their father was an alcoholic and would always kick them and their family out in the middle of the night often leaving them with no place to go.

Participant # seven remembers witnessing sibling gang rivalry at a young age. They explain seeing their siblings fight because one sibling joined a rival gang. Participant # seven stated "I remember my brothers being mad at my sister because she was in a rival gang. I remember seeing a little scuffle ...they were yelling and screaming, and a physical fight breaks out." This household was being ran by a single working mother, who worked most of the time. The older children were in gangs and their brother was sent to a juvenile detention center. Their parents divorced at a young age, so they came from a "broken" family. Later in life, this participant would eventually become a victim of abuse in marriage.

Poverty

Out of the eight participants four of them reported to have lived in poverty. Three participants reported having unstable homes, another three participants also reported moving around a lot to different locations with different people, and three reported getting kicked out. Participants # one, two, and five all reported similar experiences. Participant one explained what poverty looked like in their family, they went on to say "we went for extended periods of time without

electricity, and other periods of time without gas. I grew up in a single parent household in which my parent was perpetually unemployed". This was a single mother household where the mother was suspected of abusing drugs, as she was never employed. The bills did not always get paid, and the mother was not always around. Participant # two said "we were getting sent home from school because we were stapling our clothes and shoes together when they had tears and holes in them." The parents were alcoholics and would rather hang out a bar, so there was never any money for food or proper clothing for school. Participant #five stated "there were times where we didn't know if we were going to have a meal the next day, or if we were going to have a roof over our heads. We were picking up cans from the street".

Homelessness

Three participants reported being homeless, and one participant reported going to a domestic violence shelter. One participant reported leaving the home to live with an aunt and uncle, three participants reported going to live with the other parent, and two participants reported having to live with grandparents, because their parents were not present. Participant three stated

"my mom and I were forced to kind of move around a lot. You know jump around from family and friends houses to my grandparents' house. I really did not live in one place....so there wasn't really a stable childhood being in not being in the same place for maybe five years at a time."

This was because the father was an alcoholic and would often have spouts of anger. They were able to find a safe place to go at a local shelter.

Participant seven said

“we ended up getting kicked out of the mobile park where we were living, and so me and my mom and my sister went to someone else’s house a family friend and my brother and my other brother ended up staying with one of their friends”.

Behaviors/ Emotional Problems

Anxiety was severe in t participants while only one reported depression. three participants have reported impulsive behavior like getting into fights or provoking arguments. seven out of the eight participants have experienced some type of emotional problems. Some common themes were overeating, avoidance, and shutting down. Participant four stated “I eat too much and um, that’s how I deal with, I guess whatever, just by eating.” Some participants have reported severe anxiety. Participant three stated:

“I have problems with anxiety, and it gets worse when there’s something chaotic going on or yelling or any kind of arguing. I get really overwhelmed and I do not want to be in the same room with it. Just hearing about it, kind of puts me back in that situation,” continuing on, they state, “I find myself having like an unexplainable dread and for a situation that doesn’t involve me at all.”

Some participants felt worthless or abandoned. Participant five said:

“So, I kept thinking you know, we are not going to be a family anymore, or you know we were not, myself and my brothers were not good enough for our father to stay with us because he had completely abandoned us,”

Participant # five also explained,

“ I wouldn’t really speak up for myself and I would just keep to myself really all the emotions I was feeling, and If I did need to cry or vent, I would cry by myself in the room....I wouldn’t really vent to anybody because I didn’t think anybody else would be able to relate to the experience I was going through, because I thought I was the only one going through something like this.”

As far as emotional problems Participant six said,

“there is anger at times. I don’t ever reach ten on the anger meter, like I never get to the point I want to strike somebody or anything like that, but I do hold in a lot of anger, but I like to keep it bottled up.”

Some participants reported still being angry about their past experiences.

Participant seven stated,

“When I get mad, I shut down, I really do not want to talk, or if I get mad at a certain situation, the easiest thing for me to do is leave. I have been known to leave my husband for like seven days at a time.”

Participant eight said, “I believe at a young age, I started to act out in school... I just started smoking cigarettes and smoking weed, and it caused an insecurity in me.” Participant five reported,

“Before going on a first date, maybe I’ll find an excuse not to go out on the date. Either saying that I did not feel good, or I was sick, or I have work, I feel like sometimes making an excuse because I am nervous or scared kind of not being good enough.”

Participants reported anxiety and avoidance to deal with stress, or to get out of normal daily activities for fear of not being good enough or fear of failure.

Drugs and Alcohol

Five out of eight participants reported some type of drug use and alcohol abuse, the participants reported this was their parental drug use. One participant stated they even started using Marijuana and drinking alcohol at an early age to cope as well. Participant eight had this to say, “I am older now, as I look back it looks like there was drug use and abuse in the house.”. Three of the participants reported heavy alcohol usage by their father, making life more difficult, and it contributed to the domestic violence and breakup of the family. Substance abuse was suspected within other participants families but was not directly witnessed. Only one participant has reported that they drink alcohol and smoke Marijuana and had admitted that it is a result of the abuse they had witnessed, and it had caused the participant to feel insecure. The Participant

reported marijuana and drinking made them feel better. The Participant had also reported that the heavy drinking has stopped and now they just smoke marijuana to chill out.

Family Support

Five out of eight participants have reported having family support. One participant said their support system was their older sibling and aunt and uncle became their support after moving in with them. two participants reported be raised by grandparents after the parent had disappeared or was taken from the home. Two participants also reported that the other (non-violent) parent was their support system. Three out of eight participants had divorced parents, and three out of eight participants came from unstable homes.

When the participants were asked about their support system some reported having at least some type of support system, while one reported having no support at all. That participant reported that they did not seek support for fear of being judged. According to the participant it is why they started drinking and smoking at a young age. Some participants had a stronger support than others. Participant seven shared how they were able to get support from the other parent,

“I ended up later, actually moving in with my dad in which was uh an incredibly special and very stable situation. He made sure that I went to

school every day, clothed me good. They fed me, we had dinner at five o'clock, and I got help with my homework.

” Participant seven also said, “It was just a better situation at my dad’s house because they actually put in some time with me, instead of just brushing me off.” Once placed into the father’s home, structure was provided that was otherwise missing with the other parent.

Other participants had at least one parent and siblings for support. Participant five said, “My mom was our support system for my brothers and older sister. Just as we were her support system. We just had to lean on each other, even though we were just kids.” Others had to move out of their parents’ home and into their grandparent’s house, or even a friend’s house. One participant got kicked out of their grandparent’s house and moved in with a friend. They were able to get a job and support themselves at the age of sixteen. Participant two said, “I moved in with my grandma and when she couldn’t take care of me anymore, I moved in with my friend Barb.” After they started working and graduated high school, they were able to afford a little apartment on their own. Others were removed from the home and placed with aunts or uncles. Participant one said,

“at the age of fourteen I moved in with my aunt and uncle to get away from the tough situation at home. Living with them showed me another aspect of life that I had not thought would be achievable for myself.”

Participant # one was able to go to college and receive a master's degree. They shared that their parents taught them about the life they did not want, and by moving in with their aunt and uncle they showed them a different perspective of life, so they were able to learn how to be successful in the new home.

Outside Support

The participants were asked about their support system outside the home to see if there were any strong bonds built outside the home with a trusted adult. Six out of eight participants reported that their support system was outside the home. Two participants reported they found help from their neighbors and two participants said they received help from a guidance counselor and one participant claimed to have help from a friend and one participant said they received help from a social worker. For Participant two it was an adult friend who took them in after being kicked out of their grandparents' house. A bond was formed, and they were able to find God under her care. Participant two stated that, "my friend started teaching me right from wrong and I found God and started going to church".

Only one participant had help from a social worker who helped the family and inspired them to become a social worker themselves. Participant five said,

"It was because of the social worker that my mom was able to apply for food stamps. My mom was able to apply for us to get reduced or free

lunch from school... the social worker provided my mom with so many resources, as well as counseling from school due to all the domestic violence we had gone through.”

Some of support came from neighbors being supportive in a time of need. Participant three said, “I would go over to my neighbor’s house and kind of just sit at her house until I calmed down, and until I felt like I wanted to go back home.”

Stress Management/Resilience

When asking about stress management and coping skills, participants reported eleven healthy coping skills and four unhealthy coping skills. There were more healthy stress management techniques than unhealthy ones reported in this study, the healthy coping methods reported the most were praying, reading the bible, going to church, and playing music. Unhealthy coping included overeating, avoidance, smoking, drinking and violence.

One of the common responses for staying calm was breathing techniques and meditation. Participant five said, “I do deep breathing techniques, I do my best to stay organized, or vent to a friend...I also like doing aroma therapy or listening to music.” Participant five shows resilience as she explained,

“I understand there’s going to be mistakes in life that I am going to make, and in my career, and I am going to do my best to learn from them, even

though in that moment I may feel like a failure, I know in the long run, these moments are going to help me be more successful in my future life.”

Participant five reported, “I chose to be a social worker was because of that social worker who helped my family, and provided us with hope, you know for a better future.” Other participants have also responded with positive attitudes when asked about their stress management behaviors. Some participants had a harder time dealing with stress, so they shut down or avoid conflict instead of facing it head on. Participant three said,

“the easiest way that I try to remove myself from the situation, or I have to like go in my room and play some music until I calm down.” Participant three also had this to say, “I kind of tend to like ignore it and avoid it, and I don’t want to go do it. And do I tend to put things off for longer than I should. And I tend to just not want to do things at all and ignore it all together, until like it becomes worse.”

Participants have turned to religion, and prayer to help them cope with stressful situations. Participant two stated,

“So, when I am really overwhelmed by stress and its really getting to me, I go sit in my prayer chair and pray.... this is kind of where I come and hang out you know to have alone time; you know to be with God.”

Participant one said, “As I grow older, I learn to better manage stress, mostly through breathing exercises and meditation.” Activities such as manual

labor work has been a healthy way that has been identified as a healthy way to release stress. Participant four stated, "When I was younger, I used to like to go out and do yard work to bring the stress down or you know go cut the grass or cut the hedges." Other participants have learned vicariously through their parents' mistakes and are determined not to make the same mistakes with their own life. Participant two said that, "growing up in a less than ideal situation has taught me how I do not want to live my life, my childhood was the complete opposite, but it had the same effect."

CHAPTER FIVE: DISCUSSION

These findings suggest that resiliency is different for everyone. Each participant had their own unique story about what was hard for them and how they handled their situation. Participants' resilience seemed to range, with some reporting behaviors that seemed to signify a strong sense of resilience, while others seemed less resilient. Three of the participants who have witnessed domestic violence and lived in poverty, and yet have gone on to be successful in life and have obtained college degrees. Two of these participants own their own homes and have a family of their own. Two participants with moderate resilience but reported they are still struggling with ambitions, insecurities, and struggle financially but otherwise stable. The last two participants struggle heavily with being emotionally stable, one of which reports still using drugs and alcohol to cope, one reports using sex with multiple partners to cope; however, they can keep jobs. One participant is very unhealthy physically and mentally and still struggles with everyday life.

This study found that the most resilient participants had the strongest ties to outside resources and family support, and a special bond with at least one adult caregiver. The moderately resilient participants had weaker outside and family support. These participants had less resources and even though there was some support the participants had longer coping periods and more issues with anxiety and depression than those with stronger support

systems. The participants with the least amount of resilience had little to no support. The participants had reported they knew they could have sought help but refrained for fear of being judged. There was extraordinarily little support from friends or family and no outside help at all. Those who were removed from the home, or the violent parent was removed, the participants were able to thrive. In some cases when the participants left their environment not only did the domestic violence start to resolve, but other hardships were able to be overcome as well such as poverty and homelessness.

Additionally, this study found that the participants where domestic violence was the outlying problem, it was found that mental and emotional abuse had more of a negative effect on the participants than the actual violence. All the participants reported wanting a better life for themselves even if they have not yet achieved it. However, there were two participants reported not having any plans and setting goals for the future was not something they have done. The common theme between these two participants is there both suffered from lack of parenting, and lack of outside support. They also have a lack in education and show no desire to make any changes.

In many ways, the findings from this study are consistent with prior research on this topic. Lippman and Schmitz (2013) talk about how receiving counseling has a dramatic effect on resilience in children. Participants in this study who received some type of counseling services seemed to report higher

levels of resilience. The participants who reported going to counseling attributed this to their resilience.

According to the studies by Vanderbilt and Shaw (2008) the children who felt they had no control over their circumstances, stemming from not seeking guidance from other adults had avoidance issues, trouble asking for help and poor coping mechanisms. According to my data the participants that reported having the tendency to ignore their circumstances or were avoidant did not seek any type of help. These poor coping mechanisms were reported to persist into adulthood.

From the Werner (give year) studies only 1/3 of high-risk children in their data pool exhibited resilience and developed into competent and caring adults. The study reported the resilience was stemmed from support and other adults in the community. Mirrored in my data results were participants who have bonded with at least one adult caregiver displayed higher resilience and more contentment with their adult lives. In Walsh's (2015) research current social work policies do not facilitate resilience and tend to not foster meaningful bonds between children and adult caregivers. In my analyzed data the situations that had the best outcomes were focused on creating meaningful bonds between children and a trusted adult. The participants who were less adjusted were in situations where they were removed from any important bonds that may have been created. My data analysis aligns with the research because the consensus has shown that at least one bond with a trusted caregiver can enhance

resilience. In my study the participants with a strong caregiver or substitute have shown strong and healthy coping skills

The greatest strength of this study is that it is a qualitative study which allows us to research and explore other people's experiences and how those experiences affected them. It explores how people have been able to cope with what has happened to them. This gives us room to explore what factors have contributed to the level of resilience, and which factors had the most negative impact. With qualitative data I was able to explore on a deeper level on participants experiences, beliefs and decision-making skills. My questions were not restricted, and the participants did not have to choose an answer, instead they were able to give a more detailed answer. This study was more flexible and had room for adaptability and was able to provide more detailed information to explain such complex issues. The findings in this study shows social workers and mental health professionals how important it is to identify risk factors sooner, and by doing so can be used as early detection and can provide early intervention.

The limitations of the study included a limited number of participants and having a short amount of time for the interviews. The data was more difficult to analyze, and categories were overlapping. The data collection was time consuming, going through every single interview trying to find similar patterns and correlations. Another limitation was some of the participants had domestic violence experiences at an older age, and the study was more focused on domestic violence at an earlier age. Another limitation was recruiting more

people, who were open to talk about their experiences because of it being such a sensitive topic. There were also some technical difficulties as all the interviews took place or over zoom. Sometimes the internet connection was broken, or frozen. Another limitation was a lost interview due to improper recording on the phone. There is research done on risk factors of resilience and how to build resilience, but there is not enough research focusing on the negative consequences of children who do not build resilience. There are still questions about identifying appropriate strategies for enhancing resilience and barriers of implementation. There is also limited research on different cultures as most studies focused on Euro-Americans and does not have diversity.

Contrary to my first thoughts domestic violence on its own was not as influential as domestic violence compounded with poverty. Poverty seemed to be more influential because of its contribution to keeping participants in the domestic violence situation. Before starting the research, my hypothesis was that physical domestic violence would have a more negative impact. After my analysis it showed that the participants had a greater adverse reaction to mental and emotional abuse. It was shown that the mental/emotional abuse had had more of a long-lasting negative effect. Another point that disproved my initial hypothesis is on average the more severe the situation was, the more resilient the participant became. Whereas the less severe situation, less resilience was present.

Some oddities in this research were learning of the experience of Participant seven who reported seeing violence in the home by siblings and gang violence as opposed to witnessing violence from parents. This is an example of my previous point about poverty. The mom was a single mother, working full time to support her family and was not able to be home to watch over the children in the home. It was also interesting to know that some participants never asked for help even when they knew it was available to them. One participant stated they knew of some resources but still chose not to seek help for fear of judgement. Thus, causing their situation to get worse. A point previously discussed is the severity of the situation and the severity level. It was previous thought if the situation were more severe, the less resilience the individual would show as an adult. In my small pool of participants, the opposite had occurred. The more severe situations led to higher levels of resilience, because the more severe cases had a higher rate of help seeking behaviors. The least severe cases were lower in resilience and did not show help seeking behaviors as often or to the same degree as their counterparts.

In conclusion this study explored being exposed to domestic violence at a young age, and its effect on resilience. The study and research have shown that the strongest link to being resilient despite hardship is at least one adult caregiver. This study has also shown that the lack of at least one caregiver weakens resilience. The participants who have had a stronger bond with someone has reported more resilience and healthier coping mechanisms. Those

who do not have a caring bond have weaker resilience and show more problems with depression and anxiety. Domestic violence occurring at a younger age has had more of a negative effect on resilience. Mental and emotional abuse shows more prevalence over physical violence. The type of support and care you receive does affect how well the participants can cope with tough situations.

Gathering all the data and research together, clearly the most important factors to childhood resilience are having an important bond with an adult figure to seek guidance and support from early on in adolescence. Failure to do so could greatly hinder the child's ability to form into a well-adjusted adult.

APPENDIX A
INTERVIEW GUIDE

DEMOGRAPHICS

AGE

GENDER

EDUCATION

INTERVIEW QUESTIONS

1. HAVE YOU EVER EXPERIENCED HARDSHIPS DURING YOUR CHILDHOOD? IF SO, WILL YOU PLEASE SHARE THAT EXPERIENCE?
 - a. WHAT TYPE OF HARDSHIPS?
 - b. HOW SEVERE?
 - c. WHAT WAS THEIR EFFECT?
 - d. WHEN DID THESE HARDSHIPS RESOLVE THEMSELVES?
2. HAVE YOU BEEN EXPOSED TO DOMESTIC VIOLENCE AS A CHILD?
 - a. AT WHAT AGE DID YOU EXPERIENCE IT?
 - b. WHOM DID YOU SEE SUFFER FROM DOMESTIC VIOLENCE?
 - c. WAS THERE A RESOLUTION (E.G., REMOVED FROM THE HOME, LEFT THE ENVIRONMENT)?
3. WHAT STRATEGIES HAVE YOU USED TO COPE WITH THESE HARDSHIPS?
 - a. DID YOU HAVE SUPPORT WITHIN THE HOME?
 - b. DID YOU HAVE SUPPORT OUTSIDE THE HOME?
 - c. WAS THERE AN ADULT THAT YOU TRUSTED DURING THIS PERIOD OF TIME?
 - d. DID YOU HAVE ANY KIND OF SUPPORT NETWORK DURING THIS TIME?

4. WHO WAS IN YOUR SUPPORT NETWORK AND HOW DID THEY HELP YOU?
 - a. WERE THEY RELATED TO YOU?
 - b. WERE THEY A SCHOOL EMPLOYEE?
 - c. WERE THEY AN ADULT THAT WAS NOT RELATED SUCH AS A FAMILY FRIEND?
5. AS AN ADULT HOW DO YOU MANAGE STRESS?
 - a. DO YOU THINK YOU MANAGE IT IN A HEALTHY OR UNHEALTHY WAY?
 - b. DO YOU USE A COMBINATION OF HEALTHY AND UNHEALTHY COPING STRATEGIES?
 - c. DO YOU FEEL THAT YOU MANAGE YOUR STRESS SUCCESSFULLY?
 - d. ARE YOU EVER OVERWHELMED BY STRESS?
6. HAVE YOU SET ANY GOALS FOR YOURSELF TO ACCOMPLISH FOR YOUR FUTURE?
 - a. DO YOU HAVE A PLAN TO ACT AND ACHIEVE THEM?
 - b. ARE YOU ABLE TO STAY FOCUSED ON YOUR GOALS WHEN FACING CHALLENGING SITUATIONS? IF NOT, WHAT DO YOU DO TO REGAIN FOCUS?
7. WHAT BEHAVIORS DO YOU HAVE THAT ARE NOT RESILIENT?
 - a. WERE THESE BEHAVIORS CREATED DURING THE DOMESTIC VIOLENCE YOU EXPERIENCED?
 - b. WERE THESE BEHAVIORS CREATED TO COPE AFTER THE EXPERIENCE?
 - c. DO YOU CONSIDER THESE BEHAVIORS TO BE HEALTHY?
 - d. ARE YOU ABLE TO ADAPT TO CHANGE? WHY OR WHY NOT?
 - e. WHEN THINGS GET HARD DO YOU TEND TO GIVE UP EASILY?
 - f. ARE YOU EASILY DISCOURAGED BY FAILURE? HOW DO YOU HANDLE IT?
8. HOW HAVE THESE EXPERIENCES AFFECTED YOUR ADULT RELATIONSHIPS?

- a. ARE YOU ABLE TO SUSTAIN HEALTHY FRIENDSHIPS/RELATIONSHIPS WHETHER PLATONIC OR ROMANTIC?
 - b. DO THESE ISSUES BECOME PROBLEMATIC IN YOUR ADULT RELATIONSHIPS?
 - c. DO YOU FIND THAT YOUR PARTNERS/FRIENDS ARE ABLE TO UNDERSTAND WHY YOU STRUGGLE?
 - d. DO YOU FIND YOURSELF AVOIDING MEANINGFUL RELATIONSHIPS BECAUSE YOU FEEL YOU'RE BETTER OFF ALONE?
9. IS THERE ANYTHING ELSE YOU WOULD LIKE TO SHARE? DO YOU HAVE ANY QUESTIONS FOR ME?

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to examine the use of resilience among adults who have experienced domestic violence as children in San Bernardino County. The study is being conducted by Sherri Schweiger, a graduate student, under the supervision of Dr. Deirdre Lanesskog, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of the study is to examine the resilience among adults who have experienced domestic violence as children.

DESCRIPTION: Participants will be asked a few questions on the history of their domestic violence experience, coping strategies, stress management techniques, and how they currently function in adult platonic and romantic relationships and some demographics.

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: Your responses will remain confidential, and data will be reported in group form only.

DURATION: It will take 5 to 10 minutes to complete the survey.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.

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

CONTACT: If you have any questions about this study, please feel free to contact Dr. Lanesskog at (909) 537-7222.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after May 2021.

I agree to have this interview be audio recorded: _____ YES

_____ NO (required if you are recording an interview for qualitative or mixed-method study; DO NOT INCLUDE THIS HIGHLIGHTED PORTION IN YOUR FINAL INFORMED CONSENT)

I understand that I must be 18 years of age or older to participate in your study, have read and understood the consent document, and agree to participate in your study.

_____ Place an X mark here

_____ Date

APPENDIX C
DEBRIEFING STATEMENT

Resilience

Study of Resilience

Debriefing Statement

This study you have just completed was designed to investigate resilience and coping skills processes. In this study, questions were asked about past experiences, including issues that could be considered traumatic. As discussed prior to the interview, these questions were optional and there is no consequence for not answering. If this has affected you negatively, here are some resources to help.

RESOURCES

National Domestic Violence Hotline

PO Box 90249

Austin Texas, 78709

Hotline 1(800) 799-7233

Administrative Line (737) 225-3150

House of Ruth, Inc.

Claremont CA, 91711-0459

Phone number:

Pomona Outreach Office: 1 (909) 623-4364

Crisis: (877) 988-5559

Alternatives to Domestic Violence

Riverside, CA 92502

Phone number:

Crisis Line: (951) 683-0829

Main Office: (951) 320-1370

Family Assistance Program

Victorville CA, 92395

Phone number:

(760) 949-4357

Option House

813 N D Street

Suite A

San Bernardino, CA 92401

909) 381-3471 24 Hour Hotline (24/7)

Websites

<https://www.cpedv.org/domestic-violence-organizations-california>

www.optionhouse.com

<https://riverside.networkofcare.org/>

The National Domestic Violence Hotline

1-800-799-7233 (SAFE)

www.ndvh.org

National Dating Abuse Helpline

1-866-331-9474

www.loveisrespect.org

National Suicide Prevention Lifeline

1-800-273-8255 (TALK)

www.suicidepreventionlifeline.org

<https://www.crisistextline.org/>

<https://www.thehotline.org/>

Thank you for your participation and for not discussing the contents of the question with other students. If you have any questions about the study, please feel free to contact Sherri Schweiger or Professor Lanesskog at (909) 573-7222. If you would like to obtain a copy of the group results of this study, please contact Professor Schneider at 909 537 5000 at the end of Spring Semester 2021.

APPENDIX D
IRB APPROVAL LETTER



January 12, 2021

CSUSB INSTITUTIONAL REVIEW BOARD

Expedited Review

IRB-FY2021-78

Status: Approved

Deirdre LanesskogSherri Schweiger
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Deirdre LanesskogSherri Schweiger:

Your application to use human subjects, titled "To Be, or not to Be Resilient" has been reviewed and reviewed and approved by the Institutional Review Board (IRB) of CSU, San Bernardino. The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk and benefits of the study except to ensure the protection of human participants. Important Note: This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses due to the COVID-19 pandemic. Visit the Office of Academic Research website for more information at <https://www.csusb.edu/academic-research>.

The study is approved as of January 12, 2021. The study will require an annual administrative check-in (annual report) on the current status of the study on --. Please use the renewal form to complete the annual report.

If your study is closed to enrollment, the data has been de-identified, and you're only analyzing the data - you may close the study by submitting the Closure Application Form through the Cayuse IRB system. Please note the Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study. Please note a lapse in your approval may result in your not being able to use the

data collected during the lapse in your approval.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission Webpage. Failure to notify the IRB of the following requirements may result in disciplinary action.

- Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.
- Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implementing in your study.
- Notify the IRB within 5 days of any unanticipated or adverse events experienced by subjects during your research.
- Submit a study closure through the Cayuse IRB submission system once your study has ended.

The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risks and benefits to the human participants in your IRB application. If you have any questions about the IRBs decision please contact Michael Gillespie, the IRB Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2021-78 in all correspondence. Any complaints you receive regarding your research from participants or others should be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Nicole Dabbs

Nicole Dabbs, Ph.D., IRB Chair
CSUSB Institutional Review Board

ND/MG

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