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Adverse Effects for Siblings Who Witness Child Abuse

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ADVERSE EFFECTS FOR SIBLINGS WHO
WITNESS CHILD ABUSE

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
Leslie Chaires

May 2023

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ABSTRACT

This research explores the adverse effects on the mental health of children who have witnessed child abuse on siblings or relatives and interventions that can help mitigate adverse effects. The adverse effects of being abused have continued to be studied by different fields, such as child development and social work, but the children not directly abused are the missing voice in the literature on child abuse and mental and behavioral health. Social workers frequently have contact with children who have been victims of abuse or have witnessed child abuse. Social workers and other mental health providers can bring further insight into the adverse effects on the mental health of children witnessing abuse in the home. A thematic data analysis of interviews with social workers and other mental health providers who work with children who have been victims of abuse or witnesses of child abuse was completed for this study. All children in homes where child abuse occurs are affected, whether now or later in life.

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CHAPTER ONE

INTRODUCTION

Problem Formulation

Children witnessing abuse or violence in the home often experience harmful effects to their mental and physical health. Child Abuse Prevention and Treatment and Adoption Reform (CAPTA) (2017) defines child abuse as a parent or guardian's recent act or failure to act that results in physical or emotional harm, sexual abuse or exploitation, or an action that is an imminent risk of serious harm or death. Child abuse can consist of physical abuse, emotional abuse, sexual abuse, or physical or emotional neglect. Child abuse is becoming increasingly more common; estimates suggest that one in four children will experience child abuse or neglect (Lippard et al., 2020).

Children are in a continuous state of development. According to Erikson's Stages of Psychosocial Development, we can understand what stage of development children are in based on age. According to this theory, child abuse can potentially affect children at any point in five stages of development, from birth to 18 years of age. Adverse outcomes depend on the stage of development through which the child is moving (Orenstein & Lewis, 2020). Children who are abused or who witness violence or abuse may suffer from long-lasting effects. In the literature on child abuse, the experiences of children who witness violence and abuse are primarily absent (Callaghan et al., 2016). According to Teicher

and Vitaliano (2011), the experience of children who have witnessed violence or abuse being perpetrated on siblings or relatives are wholly overlooked.

Many abused children have siblings or relatives in the home. Although there is a plethora of information on abused children, there is little literature on those witnessing their relative's abuse and how they are affected by witnessing violence. Witnessing violence at a young age and the trauma of it not being addressed can lead to drug or alcohol use in their teenage years (Sullivan et al., 2004). However, children exposed to violence or who witness abuse on siblings or relatives, who also have high levels of parental monitoring and support, show increased resilience against drug use outcomes in adolescence (Sullivan et al., 2004). Children who have witnessed their relative's abuse may be overlooked by the caregiver in charge or the social worker who might be working with them if those children are not showing signs of distress.

Children who do not receive appropriate services to address witnessing violence are at increased risk of developing psychiatric disorders such as anxiety or posttraumatic stress disorder and personality and substance abuse disorders (Lippard & Nemeroff, 2020). Mental and physical health issues and the perpetration of abuse are some of the main reasons to assess all family members where child abuse has occurred. On an individual (micro) level, every person copes differently with adverse experiences, and potential problems recognizable by self or others may develop at different rates. Ingram et al. (2020) suggest that exposure to family violence increases the chance that the person

witnessing violence will perpetrate violence in future relationships. Addressing adverse childhood experiences, including witnessing familial violence, is important to prevent further psychological and physical harm. Specifically, childhood trauma can have long-lasting effects making prevention and intervention even more important.

Purpose of the Study

This research study aims to assess the adverse effects for children who witness violence and abuse in the home but who do not receive mental health services or support. Children are vulnerable and children cope differently and uniquely with experiences of child abuse or other violence in the home. Because coping can look different among individual children, children who have witnessed child abuse or violence in the home may not immediately present with physical or mental health symptoms; therefore, social workers may not recognize that these children need support or services. Additional research is needed on this population to understand better how witnessing abuse and violence (particularly in the context of adverse childhood experiences or ACEs) affects children's well-being, mainly if they do not receive support or services.

This qualitative study focused on exploring the adverse mental health outcomes of children who have witnessed abuse in the home. Further, the study explored the effects of receiving or not receiving mental health support in

response to their exposure to violence. In-depth information was gathered through interviews with mental health professionals who work with children in abusive situations to gain insight into their issues. Given the lack of information in the literature on the issue, additional insights from the study can help inform the development of earlier and more effective interventions for children who witness violence in the home.

Significance of the Project for Social Work

Social workers are often the professionals who are called to investigate potential child abuse. When allegations are founded that a child is being abused and other children are present in the home, all children are removed. Typically, therapy or other services for the children are provided to help them work through their experiences. Abused children are most at risk for adverse, persistent, long-term physical and mental health problems (Ingram et al., 2020). However, the adverse effects on children who witness the abuse of siblings or relatives are often overlooked, and these children often do not receive support services. This may be because these children do not present with immediate signs of distress or other adverse physical or mental symptoms. Not appropriately or effectively addressing the issue as the abuse or violence is happening can result in future mental health issues for children who witness abuse. Still, most importantly, it can result in these children perpetrating violence in the future. Consequently, it is

crucial that social workers assess the whole family where abuse or violence is present. Results of this study are significant to social work practice with regard to providing additional information on the issue and suggestions for improving approaches to intervention in the child welfare room, particularly for children who witness abuse.

Children who have witnessed abuse or violence show greater adjustment problems than those who have not been exposed to violence in their early years (Ellonen et al., 2013). However, more research is needed to understand better the long-term effects witnessing abuse has on a child's well-being to develop and implement more effective interventions. This information can be helpful to social workers who work in child welfare. The research question for this study is: what are the adverse mental health effects on children who witnessed child abuse in their home, and what are the implications of receiving or not receiving mental health services after witnessing this abuse?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter examines the research relevant to witnessing child abuse in the home and the adverse effects on mental health that may occur. The subsections include witnessing abuse as a child, parentification causing emotional distress, adverse effects of trauma, and intervention. The last subsection examines theories to help frame the issue, including attachment theory and Erickson's Stages of Psychosocial Development pertaining to children's mental health during development.

Witnessing Abuse as a Child

Children who witness child abuse or domestic violence in the home show signs of adverse effects through their behaviors. Child welfare literature suggests that children who have witnessed violence in the home experience many mental health problems and behavioral issues. Children in the home where violence is present show higher rates of delinquent behavior than those with no exposure to home violence (Sausa et al., 2010). Children who have exposure to child abuse or violence perpetrated on their siblings or parental figures show lower attachment levels than children who have not experienced such violence and are at higher risk of developing problems in adolescence, such as breaking the law, experimenting with drugs and alcohol, and mental health problems (Callaghan et al., 2016, Sausa Et al., 2010). Additionally, children who witness violence in the

home are at a higher risk of perpetrating violence on others later in life. Some children learn through modeling behaviors of perpetrators that they can get what they want through aggression toward others (Ingram et al., 2020).

Witnessing abuse on siblings or relatives, whether assault or threats, can be as damaging to mental health as witnessing intimate partner violence (IPV) between parents (Teicher & Vitaliano, 2011). Teicher and Vitaliano's (2011) study showed that around 55% of participants reported witnessing the abuse of their siblings. This study further suggests that children spared from abuse often feel guilty because they were "spared," which can make future incidents of violence even more damaging (Teicher & Vitaliano, 2011). Over time, this survivor's guilt can accumulate, and the stress of not knowing when violence or abuse will occur keeps the child on high alert.

Emotional Distress Caused by Parentification

Family dynamics in homes where abuse occurs often change children's roles in these homes. Often, children take on parentified roles in response to continual violence occurring in the home (Callaghan et al., 2016). Children need safety and security. When parents cannot provide that for them or their siblings, children may assume parental roles aligned with their sex. For example, a girl might take on the part of a nurturing mother and a boy of a masculine father (Callaghan et al., 2016).

Although some behaviors of parentification are desirable, like responsibility, it can result in children's internalized emotional distress,

externalized behavioral problems, and diminished socioemotional functioning (Fitzgerald et al., 2008). Having the ability to assess a situation and adapt is a part of healthy development. However, children in homes where abuse occurs must adapt for reasons not appropriate for their developmental level. These are a few studies in which the children's voices were amplified, and their perceptions of the problems that the situation caused were articulated.

Adverse Effects of Trauma

Trauma is an emotional response to a terrible event. The trauma resulting from witnessing abuse can be long-term, especially when not addressed early. If trauma is not addressed early, there is an increased risk of poor long-term health and mental health outcomes. Potential problems that can arise from untreated trauma include depression, drug or alcohol use, medical morbidities, mood disorders, and more (Lippard et al., 2020; Teicher & Parigger, 2015). Adverse Childhood Experience (ACE) studies have established that having adverse childhood experiences, such as witnessing abuse, contributes to health risks in adulthood. Other studies associated with the Child Behavior Checklist (CBCL) and Maltreatment and Abuse Chronology of Exposure (MACE) have established a correlation between exposure to violence and adverse health and mental health outcomes. Further, trauma experiences can affect children's psychosocial health, brain development, and neuroinflammatory process, which can have long-term health consequences (Greeson et al., 2013 & Teicher & Parigger, 2015). Having a minimum of four ACEs increased the chances of chronic

diseases such as cancer, heart disease, and diabetes, aside from mental illness (Boullier et al., 2018).

The literature based on the Kaiser ACEs study increased the understanding of the effects of trauma on children's health, which can begin as early as six years of age. High-stress levels bring a higher probability of developing behaviors such as smoking, drinking alcohol, and antisocial behaviors, which in the long term often produce harmful chronic diseases (Boullier et al., 2018). Because of the higher risk of chronic diseases, the life expectancy of children who experience ACEs tends to be shorter.

Further, children who are exposed to one type of violence in their home are likely to suffer from other types of violence. This type of compounded trauma only increases the risks of experiencing mental and physical health issues (Ingram et al., 2020). Literature suggests that witnessing violence during young childhood has the potential to influence these children over a lifetime.

Interventions for Children Who Witness Violence

Children who have been maltreated or who have witnessed the abuse of siblings or relatives are at elevated risk of developing mental and emotional disorders (Staudt, 2003). However, mental health services for children continue to be limited. Providing services can be challenging because of cost, location, providers' ability to provide services, or difficulty navigating mental health systems (Montoya et al., 2010). Children who have witnessed violence in the home may not be prioritized for services if they show no symptoms of distress or

other symptoms of mental or physical problems. There may be many reasons why a child may not receive mental health services, but sometimes services can be accessed with strengths in the environment that can be leveraged. For example, sometimes community or family supports is strong, or a family may have access to private resources like insurance coverage (Montoya et al., 2010).

Theories Guiding Conceptualization

The attachment of children and adolescents when experiencing violence within the home is an area of focus in the child welfare literature. Attachment theory helps us understand how children's attachment to primary caregivers is affected by witnessing violence in the home (Callaghan et al., 2016). Secure attachments allow children to feel safe in their family and home environment. Early secure attachments to caregivers allow for healthy exploration and the ability to thrive independently of others as children grow older (Sausa et al., 2010). Security within the home is particularly important when witnessing violence, and children's attachments to a parent can be a protective factor and decrease the harmful effects of trauma (Callaghan et al., 2016; Sausa et al., 2010).

The child welfare literature also addresses children's psychosocial development (Callaghan et al., 2016; Sausa et al., 2010). Using Erickson's Stages of Psychosocial Development, social workers can assess how witnessing violence in the home has affected children's development at different stages. For example, when children take on parent roles because of violence in the home,

particularly in the early stages of development, they may experience problems in the later stages of development (Callaghan et al., 2016; Fitzgerald et al., 2008).

Witnessing abuse in the home can create a learning environment that reinforces negative behaviors and creates barriers for healthy psychological development. Another lens that helps frame this problem is the person-in-environment perspective, which centers on individuals in their micro, mezzo, and macro environments. The person-in-environment perspective offers insight into how witnessing ongoing violence can increase the chances of later perpetrating violence on family members and future relationships (Ingram et al., 2020). This perspective highlights how perpetrators in a child's life can model violent behaviors and dysfunctional interactions with others. Moreover, children do not have the cognitive ability to think critically about complex relationship problems or nuances of interactions. Thus, they need to rely on adults to help them navigate these issues and learn effective relationship skills; if they do not get this guidance or see violence being used as a method of problem-solving in relationships, they are more likely to use violence in their relationships later in life (Sausa et al., 2010).

Child welfare literature explores how the family creates the trauma and how children respond to it. The dynamic of the family experiencing violence can change the roles of everyone in it. For example, a child may become a caretaker, and the child may try to create a safe environment for other children, or a child may learn developmentally inappropriate behaviors to compensate for a

caregiver who cannot provide structure (Ingram et al., 2020; Teicher & Vitaliano, 2011). Thus, theories help social workers understand how children cope, what developmental needs children have, what barriers children may face, and what services and supports children may need to overcome the stressors of witnessing violence and the adverse effects that can come from it.

Summary

This study explored the effects of children having witnessed abuse and the consequences of not receiving services to mitigate the adverse effects of trauma in childhood. Trauma responses may not always be evident immediately after a traumatic event; thus, children may not receive adequate mental health services when they need them. Therefore, social workers need to assess children from a holistic perspective to intervene in situations more effectively where violence is present. More information is needed to explore how adverse events for children lead to negative effects in later life. Learning what those adverse effects are and where to implement intervention can give social workers a greater understanding of problems that can present later in life.

CHAPTER THREE

METHODS

Introduction

This study explored the adverse mental health effects of children who have witnessed child abuse in the home and the consequences of not receiving mental health treatment to help mitigate these adverse effects. This chapter focuses on the details of how this study was performed. The sections discussed are the study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The aim of this study was to assess the adverse effects of children witnessing violence in the home and the consequences of not receiving mental health services as early intervention. To achieve this aim, the study utilized qualitative, cross-sectional methods to explore social workers' and mental health professionals' perspectives on the experiences of children who are exposed to violence. Social workers are vital in coordinating services for children who have experienced abuse. Thus, this study utilized in-depth interviews with social workers and other mental health providers to gain insight into issues children face when witnessing violence in the home. Social workers' perspectives can

also help elucidate barriers to services for children and trends in children returning to services later in life.

A limitation to this exploratory study was that participants in the study may have limited experience or knowledge about the issue, or they may bring bias to the responses. Further, this was a qualitative study, and as such, the sample size was small. Thus, results cannot be generalized to a larger population of children.

Sampling

This study utilized a non-probability, purposive sample of 10 mental health providers serving children who have witnessed abuse in the home with a sibling or relative. Utilizing social media and LinkedIn, the flyer was distributed to gain participants. The mental health providers were those working in Southern California counties throughout the mental health system. Because the aim of this study was to explore the adverse effects of children witnessing sibling or relative abuse, mental health providers were interviewed because of their contact with children in the welfare system. This was preferable to interviewing children who witnessed abuse because of various methodological and logistical issues associated with recruiting and interviewing children.

Data Collection and Instruments

Qualitative data was collected via audio recording in individual interviews in the spring semester of 2022. Consent and demographic information were collected before the interview through a questionnaire in which participants identified the time that best worked for them to interview. Demographic data collected consisted of age, gender, ethnicity, level of education, type of mental health service provided, and years working with children who have experienced child abuse (Appendix D).

The researcher conducted each interview using the interview questions in Appendix B. Open-ended questions were developed to explore the perspectives of mental health professionals on the adverse effects of children witnessing the abuse on siblings or relatives. The questions included items that explore topics such as whether family members who witnessed abuse receive services, the length of treatment they would receive, and what symptoms to qualify witness for services in the long-term effects of witnessing abuse. Responses to these questions helped to identify trends, service provision, and adverse effects of witnessing violence in the home. The questions (Appendix B) were informed by previous literature on child abuse, and the questions were refined by the researcher and the researcher's supervisor to ensure face and content validity.

Procedures

Participants were recruited through a flyer posted on social media and direct email (Appendix C). These items described the research, purpose, and participant eligibility. The researcher sent a survey link where participants signed up and filled out their basic demographics. The interviews were completed via a recorded zoom meeting, and only the transcript and audio recording of the meeting was kept to maintain the confidentiality of the participants. The researcher began the interview by thanking the participant, explaining confidentiality, and offering an overview of the research, then the interview commenced. The interviews for the study were scheduled for thirty minutes; if more time was needed, it was allowed. The researcher facilitated and collected the data.

Protection of Human Subjects

The identity of all participants was kept confidential through a password-protected computer. The study was conducted virtually to ensure the researcher's and participants' safety because of COVID-19 concerns. At the start of the interview, the participants read through the informed consent form (Appendix A). The researcher explained how their identities would remain confidential and that only the demographic information they provided before the interview was utilized in the research. The researcher audio-recorded and gained consent from participants. Audio recordings were stored in the same password-

protected computer, and a number was assigned as the identifier for each recording. Data will be kept for three years after the study's completion.

Data Analysis

All data gathered from the interviews were analyzed through multiple readings and coded. The recordings were transcribed into written form for the researcher to review. Several reviews were conducted to code emerging themes in the data using thematic analysis. The researcher completed assigning category names, assigning code to categories, and refining and reorganizing coding. Descriptive statistics were used to code demographics obtained from the survey, and interviews were read several times for themes.

Summary

This research study explored the adverse mental health effects of children witnessing sibling or relative abuse through the perspective of mental health service providers. Participants offered insights into barriers children face and observed adverse effects after witnessing violent events. A qualitative approach allowed participants to provide in-depth insights and perspectives on their experiences, which helped to inform suggestions for service provisions and other supports for children who witnessed abuse.

CHAPTER FOUR

RESULTS

This chapter presents the data analysis on responses gathered from 10 participants. The participants have worked with children in the mental health setting and are either social workers or marriage and family therapists. From the interviews, various themes emerged. The following sections present the demographics of participants and the identified themes. The research question sought to explore the following: What are the mental health effects on children who witnessed child abuse in their homes, and what are the implications of receiving or not receiving mental health services after witnessing this abuse?

Analysis

Table 1. displays the demographic profile of the sample (N=10).

Table 1. *Participant Demographics*

Demographics	<i>f</i>	%
Gender		
Male	1	10%
Female	9	90%
Age		
18-25	1	10%

26-35	6	60%
36-45	2	20%
46+	1	10%
Ethnicity		
Hispanic	9	90%
White	1	10%
Education		
Bachelors	2	20%
Masters	8	80%
Language		
English	1	10%
Spanish	0	
Both	9	90%
Years Working w/ Children		
0-5	6	60%
6-10	2	20%
15+	2	20%

The majority (90%) of the participants were female and most (60%) were between the ages 26 and 35. The participants had multiple years of experience within different capacities: Licensed Clinical Social Workers, Licensed Marriage and Family Therapists, an Intern Social worker, and Case Manager. The

participants worked in school settings, non-profit mental health clinics, and the county welfare system. All the participants have worked with children who have experienced or witnessed abuse and have received mental health treatment.

Table 2-5 displays themes that emerged from the interviews. The themes are classified into the following categories: adverse mental health effects, areas affected due to witnessing abuse in the home, early signs of mental health issues, and delayed adverse effects of witnessing sibling abuse. The common responses were grouped into tables from interview transcripts. Quotes from the participants are shown as well to exemplify each theme.

Thematic Results

To answer the research questions: What are the mental health effects on children who witnessed child abuse in their home, and what are the implications of receiving or not receiving mental health services after witnessing this abuse? Thematic analyses of the open-ended questions were performed. Tables 2, 3, 4 and 5 offer details of each theme, including participant quotes that exemplify each theme.

Table 2. Mental Health Effects After Witnessing Abuse at Home (N=10)

Theme	<i>f</i> *
Guilt	4
Anger	3
Trust Issues	2
Self Esteem Issues	4
Mood Disorders	5
Behavioral Issues	8
Hypervigilance	5
Mood Changes	6
<i>Activated fight, flight, flee response</i>	5

* N>10 because participants could choose more than theme.

Quotes of Participants- Mental Health Effects After Witnessing Abuse at Home

Participant 1

- “It affects their trust; it affects their ability to learn coping skills because sometimes they're not allowed in their households; maybe their family doesn't believe in therapy because of the stigma.”

Participant 2

- “Immediately, I will say that mental health is affected, like their sense of worth and their sense of identity. They may even face depression or what are is called oppositional defiance conduct disorders, stuff that kids because they're so young

may not know how to express themselves appropriately, so as children, they might use aggression to express how they feel or isolation...”

Participant 3

- “Aggression is one of them, but also like I think I mentioned earlier like, guilt and shame as well. I've noticed that kind of feeling guilty for, like, not being able to do anything about it and then also the aggression because they're used to seeing that the violence...”

Participant 4

- “I see that it tends to affect them a lot more, and it is usually kind of either more internalized where I can see it affect their own sense of self; maybe they're really depressed, maybe they're anxious, maybe they worry all the time or sad or don't want to live.”
- “And then, on the other hand, I get kids, or sometimes it's a combo where it's more externalized where it's almost like acting out in their behaviors, so I'll have kids where they're more defiant. I have a lot of anger with kids with trauma because you know; honestly, I think that they're just triggered. How because their brains are just in that hyper-alert hypervigilant mode on the lookout for danger, fighter flight mode is always activated.”

Participant 5

- “I've seen those adverse childhood experiences completely ruin their identity of self, their identity of safety with family members with the world at large, top just like PTSD diagnosis, you see a lot of like ADHD symptoms; we see a lot of trauma responses that aren't treated as trauma responses.”

- “So you can see oppositional defiant disorder even a few times I've seen kiddos whom I worked in foster probation, so I'd have kiddos that are diagnosed with conduct, and meanwhile, you read their file, and they just have extensive chronic complex trauma.”

Participant 7

- “They're constantly thinking and getting triggered and feeling unsafe and have escalated anxiety, depressed symptoms.”
- “I see a lot of anxiety, so worrying, I see a lot of depression, and I also see a lot of PTSD or trauma-related triggers if it's not, um, fully diagnosed.”

Participant 10

- “The impact was mostly behavioral; the kids that I worked with who were exposed to trauma or abuse or neglect they were more apt to act out, um, that may be struggling with like anger management issues or outwardly acting out their emotions.”
 - “I think the common themes that I see with regards to mental health are issues of anxiety issues of depression, kind of trauma-related symptoms or disorders; they also important impact on their ability to trust or not trust negative impact on their ability to trust the world people around them in terms of their mental health um it affects their regulation.”
-

Table 3. *Areas of Life Affected After Witnessing Abuse (N=10)*

Theme	<i>f</i> *
Turn to Substance Abuse	3
Social Skills	4
School Performance	10
Everyday Functions	3
Relationship Issues	4
Chronic Illness	2
Development	3

* N>10 because participants could choose more than theme.

Quotes of Participants- Areas of Life Affected After Witnessing Abuse

Participant 2

- “From what I've observed, adverse childhood experiences can cause developmental delays such as their speech or even their social skills their development is impacted.”
- “There is definitely affects other aspects of their lives because if they prefer to just isolate, they are not engaging in school, they're not going to engage in their social life, not going to engage in making friends like even it might even affect their familial support system.”

Participant 3

- “It can affect anything from, like, their performance in school, like being able to concentrate because you have been through so much trauma.”

- “They might have trouble like being able to form relationships with others, uh, I've also seen like isolating sometimes.”

Participant 4

- “It'll really start affecting their functioning, so maybe they can't get out of bed easy, maybe they always resist going to school, maybe their grades start falling apart because they aren't able to learn in school when their brain is always and that fight-flight mode.”
- “You really see big effects on how much they can handle when it comes to adverse experiences, how much it plays out in their ability to function and just to everyday life activities without getting angry or sad or worried...”
- “I've seen things like arguing more and more tension at home or sometimes the lack of emotional closeness and attachment issues with caregivers for sometimes defiance at home Um as well in their community sometimes people are more withdrawn after experiencing trauma with children.”

Participant 7

- “All areas of their lives, so some kids will start isolating not socializing as much kids can't concentrate in school, so now their academics are being impacted.”

Participant 8

- “A lot of issues with chronic illnesses, anxiety, obesity, arthritis, all these issues have to do those medical conditions...”

Participant 9

- “It affects them like not only academically, but I would say like even longer as they become adults...”

Participant 10

- “You know their ability to function at school. They may also affect just general relationships in their lives.”
- “May affect their relationships at home the way they interact with siblings with their family members it affects their ability to just see themselves in the community they live in.”

Table 4. *Early Signs of Mental Health Issues After Adverse Experience (N=10)*

Theme	<i>f</i> *
Outburst	6
Defiance	4
Withdrawal	4
Hypervigilance	3
Aggression	6
Irritability	2

* N>10 because participants could choose more than theme.

Quotes of Participants-Early Signs of Mental Health Issues After Adverse Experience

Participant 1

- “So for children, I would say it would definitely be the ability to manage their feeling and have outbursts.”

Participant 2

- “I would say some of the signs would be. And I kind of mentioned them throughout the interview, so aggression, isolation, hearing symptoms of depression, anxiety.”
- “So that would be a behavior, but then also, like physical symptoms, could be a lack of nutrition, refusing to engage in activities that they used to really enjoy...”

Participant 3

- “Early signs can include things from like withdrawal, or like kind of withdrawal from others isolating. Things like hypervigilance, low self-esteem.”
- “But then it can also be like the other under the spectrum thing, more aggressive behavior, or like restlessness. I would say frequent sadness or even like being irritable...”

Participant 4

- “I would say a lot of the early signs that I see are obviously little changes in moods and behaviors, so things that maybe only the caregiver would notice, but I think that some of the more obvious signs that are early things like irritability getting into arguments more with people whether that's authority figures or classmates on the playground resisting going to school things like suddenly starting like regressions in their behavior like you have a kid that starts wetting the bed or who wants to sleep with you or who refuses to get dressed by themselves”

Participant 5

- “I think withdrawal, isolation, irritability, sleep disturbances, agitation, fidgeting are kind of like typically telltale signs...”

Participant 7

- “Some type of drawing nightmares little kids sometimes still reenact um they see so they become more aggressive you see their aggression in their play as well...”

Participant 8

- “Some early signs it gets school hyperactivity aggressive behavior social no boundaries.”

Participant 10

- “I think that it's really the big hero manifestation how kids are when a child has experienced an adverse situation or trauma, they're very much apt to express their anger, so anger-related issues or anger management issues for the little ones crying.”
- “By the way it's there's a lot of symptoms that look like, for example, like, attention deficit, um, so right in the ability to focus the integral and ability to pay attention; this I am talking about the school system, right now, but just in general you know the inability to say focus on the task, so hyperactivity and that is because again there are physiological effects of trauma and abuse on the kiddos.”

Table 5. *Mental Health Providers View Delayed Effects (N=10)*

Theme	<i>f</i>
Yes	6
Unsure	4

Summary

Themes were categorized into four areas: mental health effects, areas of life affected after witnessing abuse, early signs of mental health issues after adverse experiences, and mental health providers who have seen delayed effects. These themes were gathered through a thematic analysis of interview transcripts and organized into tables relating to the mental health effects of children and the implications of receiving or not receiving services. Mental health providers' perceptions were gathered from the data that answered the research question and gave further insight. Further explanation and analysis will be discussed in the next chapter.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will discuss the themes generated from thematic analyses of data collected from the mental health providers who participated in the study. It provides an in-depth discussion of the themes, their importance, and how they support the research question. This discussion includes the themes in tables two through five and recommendations for social work practice.

Discussion

Mental Health Effects After Witnessing Abuse At Home

This section was directly guided by part of the research question that addressed the mental health effects for children who witness child abuse in their homes. All participants gave examples of what they have observed from working with children directly as a therapist or case manager. The most common mental health effect was behavioral issues, followed by mood disorders/changes and activated fight, flight, and flee responses. Table 2 findings might suggest that just like an abused child, witnessing abuse can also have adverse effects on the child's mental health. These findings also coincide with Fitzgerald et al., 2008; some children internalize their emotional distress, which manifests as trust issues, guilt, self-esteem issues, or hypervigilance. Participants gave insight into

the mental health effects of children who have been allowed to seek help and process their emotions and past experiences.

Participants' responses might suggest that children's mental health issues range widely in diagnosis from depression to oppositional defiance disorder. These diagnoses suggested that children's behavioral problems are linked to witnessing abuse in the home. Children who witness child abuse in their homes often require mental health services to address the issues that they are experiencing.

Areas of Life Affected After Witnessing Abuse

Table 3 Areas of Life Affected After Witnessing Abuse emerges from the question, "What are some adverse effects that children who have witnessed child abuse have on their overall mental health, and how can this impact other aspects of their lives? The common theme between all ten participants was that school performance is adversely affected after witnessing abuse. The findings suggest that school engagement, grades, attendance, concentration, and interactions with other students are linked to children witnessing abuse and subsequent poor mental health.

The findings might suggest that children's ability to engage with relationships successfully is negatively affected, as are their social skills. This suggests that children who witness abuse might have difficulty creating bonds with others or socializing compared to children who have not had that adverse experience. This theme also suggests how children's development is impacted

after witnessing abuse. As the literature and the findings suggest, children witnessing abuse can experience a lifetime of deleterious consequences, and these can be seen as young as school age.

Early Signs of Mental Health Issues After Adverse Experience

The themes that emerged in Table 4 suggest that children are showing negative symptoms from witnessing abuse. Aggression and outbursts, as mentioned by Ingram et al., 2020, were early signs of mental health issues. The findings suggest that caregivers and school staff see the signs but may be unaware of the meaning. The findings also suggest early signs of mental health issues can appear at any age after witnessing abuse, from as young as kindergarten up to high school age and possibly beyond.

The findings in this Table 4 indicate that if adults in the children's lives understand that early signs of mental health issues can be treated through various coping skills and having access to mental health providers, mental health problems in later life may be mitigated. Participants also indicated that developing healthy coping skills helps children successfully move through their learning and development. The study found that many children who witness abuse show early signs of needing assistance.

Mental Health Providers View Delayed Effects

Results were unclear regarding whether providers were effective at assessing the delayed effects on children who witnessed abuse. Some participants could describe delayed effects such as relationship issues, chronic

health issues, or developmental delays in children's social and emotional areas. Some participants could not share their observations as they have not had clients for long periods, or they had less than five years of experience working with children. Existing literature, studies such as the ACEs, and the participants' responses in this study suggest delayed effects for children witnessing the abuse of siblings in the home. Witnessing child abuse is an adverse experience and having mental health support as soon as possible gives a child a protective factor for resiliency.

Recommendations for Social Work Practice and Policy

Social Work Practice

Results of this study suggest that social workers can make a positive difference for children witnessing abuse in terms of receiving services. The majority of the participants were licensed clinical social workers working in a therapeutic setting. Participants stated that children are served if they present symptoms of mental health issues, not just if they witnessed child abuse in the home. However, social work resources for children with mental health issues are often limited. Consequently, if a child is brought in for therapy, providers must be able to provide a diagnosis for the child if the child's family is using government medical insurance for medical approval and billing.

Social workers often face resource limitations because of a lack of funding in their counties. This results in many organizations having waitlists for their

therapy services, parenting classes, or education on early warning signs. Social workers provide resources as part of their job when working with families with abuse in the home. Caregivers are trying to get help for children witnessing abuse. Still, there are some obstacles caregivers must overcome, such as navigating a long list of resources, waitlists, payments, or the lack of resources in their local area in general. Social workers investigating and supporting families and those in the therapeutic setting are trying to fill the gaps between the children's needs and the necessary services to help these children move forward from the adverse experience.

Policy

A policy recommendation based on this study would be for children who have gone through social services to be provided with mental health services even if they are not showing signs of mental health issues. Specifically, children who witness child abuse in their homes need to have the opportunity to participate in therapy with licensed clinical social workers to help them learn coping skills for their emotions and how to manage negative memories. A policy in which the child witnessing abuse is screened and given preventive resources and coping skills is recommended from the study results.

Research Conclusions

This study explored the mental health issues of children who have witnessed sibling abuse. The findings showed similarities to the results of

existing literature, such as the occurrence of mental health issues ranging from depression, “survivor guilt,” and delays in development. The findings of this study suggest that children’s mental health is often affected after witnessing abuse, and depending on the developmental stage children are in when abuse occurs, they can show signs of these effects through poor school performance, relationship issues, outbursts of emotions, and more. Results from this study suggest that if mental health services are not provided, children can begin to show significant declines in different areas of their lives, such as school performance, social skills, relationship issues, and overall development. Many areas of the child's life can be affected, and therapy is an important tool in reversing the adverse effects that can impact the child for life.

Children witnessing sibling abuse often present with symptoms at varying rates and stages of development. A limitation of the study was not being able to interview children or adults who witnessed sibling abuse and explore how the effects of witnessing abuse might have been delayed. Exploring issues for this specific population can be difficult; some children may be less inclined to speak on their experience, and those who have grown into adulthood may not want to share their past adverse life experiences. Whether children are being abused or witnessing the abuse of their siblings, adverse effects will likely manifest if no protective factors are in place to support children’s development. Future research that explores the timing of witnessing abuse and the development of concomitant

mental health issues could help to develop additional policy and practice recommendations.

APPENDIX A
INFORMED CONSENT

Informed Consent

The study in which you are asked to participate is designed to examine the adverse mental health effects in children witnessing abuse in their homes. The study is being conducted by Leslie Chaires, a graduate student, under the supervision of Dr. Anissa Rogers, Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board of California State University, San Bernardino.

PURPOSE: The purpose of the study is to explore further the mental health adverse effects of witnessing their siblings/relatives being abused.

DESCRIPTION: Participants will be asked a few questions on the type of services they provide, frequency of servicing the population being studied, mental health adverse effects being observed, and some demographics.

PARTICIPATION: Your participation in the study is 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 only be reported in group form.

DURATION: It will take 30 minutes to 1 hour to complete the Interview.

RISKS: Although not anticipated, there may be some discomfort in answering some 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. However, findings from the study will contribute to our knowledge in this area of research

CONTACT: If you have any questions about the study, please feel free to contact Dr. Rogers at (909) 527-8170

RESULTS: Results of the study can be obtained from the Pfau Library Scholar Works database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino, after July 2023.

.....
I AGREE to have this interview audio recorded: ____YES ____NO

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

Place an X mark here

Date

APPENDIX B
INTERVIEW QUESTIONS
DEVELOPED BY LESLIE CHAIRES

INTERVIEW GUIDE/QUESTIONNAIRE

1. What is the type of services do you provide for children?
2. From the perspective of the children you serve, what do they think “Mental Health” means for them?
3. How do adverse experiences affect children from your experience?
4. From your experience working with children, how common is it for children who have witnessed child abuse to be referred to mental/behavioral health services?
5. What adverse effects do children who have witnessed child abuse have on their overall mental health? How can this impact other aspects of their lives?
6. How likely are parents to refer both their abused child and the child witnessing the abuse to receive behavioral health services?
7. How likely are social workers investigating child abuse in the home to set mental/behavioral health services as a goal for the children who have witnessed child abuse to participate in services?
8. What early signs of adverse mental health effects in children/individuals?
9. From your experience, do children who witness persistent abuse present with delayed adverse behavioral effects later in their lives? If so, can you share some examples?
10. How should children who have witnessed abuse be prioritized in their services?

APPENDIX C

FLYER

Mental Health Providers Needed for Research Study

PURPOSE:

The study in which you are asked to participate is designed to examine the mental health adverse effects in children witnessing abuse in their home.

PARTICIPANTS:

18 and older, Mental Health Providers who work with children who have experienced adverse events in regards to child abuse

DESCRIPTION:

It will take from 30 minutes to 1 hour to complete the virtual interview. Participants will be asked of a few questions on the topic.

Get started:

Complete 5 minute survey and identify which day works best to schedule interview



The study is being conducted by Leslie Chaires, a graduate student, under the supervision of Dr. Anissa Rogers, Professor in the School of Social Work at California State University, San Bernardino (CSUSB).



APPENDIX D
DEMOGRAPHICS SURVEY

Demographic Questions

1. What is your gender?
2. What is your age?
3. Are you of Hispanic, Latino, or Spanish origin?
4. What ethnicity do you identify with?
5. What is the highest level of school you have completed?
6. What is your current employment status?
7. What is your work title?
8. What language is spoken other than English in your profession?
9. How many years working with children in the mental health setting affected by child abuse?
10. Which county do you work in?
11. When is best to set up a Zoom interview?

APPENDIX E
IRB APPROVAL

Date: 3-7-2023

IRB #: IRB-FY2022-89

Title: Adverse Effects for Siblings Who Witness Child Abuse

Creation Date: 9-10-2021

End Date:

Status: **Approved**

Principal Investigator: Anissa Rogers

Review Board: Main IRB Designated Reviewers for School of Social Work

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