

THE EFFECTIVENESS OF TEACHING CHILDREN ABOUT DOMESTIC VIOLENCE AND PROPER
REACTIONS TO DOMESTIC VIOLENCE

by

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ABSTRACT

Domestic violence is an issue that affects not only adults that are involved but children that may witness it. Domestic violence is not gender specific and both women as well as men can be victims. Women do have higher rates of being victims than men do but regardless of whether men or women are victims of domestic violence, domestic violence still affects children. The research reviews domestic violence and intervention programs that are being implemented to help those who have experienced domestic violence, however few domestic violence intervention programs that target all children are being implemented within the school systems at this time. The current study measures children's knowledge of what domestic violence is, how to describe domestic violence and how to react in a way that will maximize safety. Knowledge was measured with an assessment that was given before and after the intervention.

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Table of Contents

Chapter	Page
I. Introduction.....	1
II. Literature Review.....	3
Domestic Violence and Women.....	6
Domestic Violence and Men.....	9
Domestic Violence and Children.....	12
Intervention Methods for Domestic Violence.....	18
Intervention Methods for Children.....	22
School-Based Interventions.....	25
Current Standing.....	28
III. Methods.....	30
IV. Results.....	35
V. Discussion.....	42
Recommendations for the Intervention.....	48
Limitations.....	49
Conclusion.....	50
VI. References.....	52
VII. Appendix	56

List of Figures

1. Figure 1.....	36
2. Figure 2.....	37
3. Figure 3.....	38
4. Figure 4.....	38

CHAPTER I

INTRODUCTION

Domestic violence is a type of violence that affects not only the men and women involved, but also the children. Those who have been affected by domestic violence will have contact with a wide range of agencies (see Richardson-Foster, Stanley, Miller, & Thompson, 2012). Those who have been affected by domestic violence and have not disclosed it, will not have contact with agencies that can offer help. Domestic violence is not something that is readily disclosed within a household and is likely to be hidden from others, potentially leaving children in a situation they may know little to nothing about (see Howell, 2011).

Currently, there are several services and interventions for children who have experienced domestic violence in the home (see Bunston, 2008; Puccia et al., 2011). There are only a few school-based programs geared toward children ages 9 to 13, however (Dahle & Archbold, 2014). Furthermore, the intensity of these programs is high in duration (Dahle & Archbold, 2014). Intervention for victims of domestic violence is not possible if the individuals experiencing domestic violence are unaware that it is occurring. If parents are not willing to disclose information about domestic violence, children may continue to be in situations where they may be maltreated and harmed. Children may even go to extremes to protect those they love and put themselves in unsafe situations (see Thompson & Trice-Black, 2012). These unsafe situations pose a threat to the children's wellbeing without the children's awareness that their safety is

compromised. For these reasons, an effective and relatively shorter program that would teach all children about domestic violence and the safety-maximizing ways to react to it is needed. The current study explores whether children have knowledge of what constitutes as domestic violence, whether they know how to describe domestic violence and whether they are able to react to a domestic violence in a way that would facilitate their safety. Safety in the current study was operationalized as “*being somewhere where you are away from harm or danger, you do not get hurt or injured, or you are with someone who will protect you from harm or danger*”. Children were administered an intervention-type program to attempt to increase their knowledge about domestic violence and their safety. Pre-and post-tests were administered to collect baseline knowledge and post-intervention knowledge. The data were analyzed both quantitatively and qualitatively. Results show that the program worked.

CHAPTER II

LITERATURE REVIEW

Domestic violence can be described as physical and/or psychological intimate partner abuse by another partner (see Puccia et al., 2011). It may include “verbal abuse, financial manipulation, physical abuse, sexual abuse, assault, intimidation, coercion, and threat” (see Puccia et al., 2011). Domestic violence can stem back to an adult’s childhood and those adults who have been exposed to domestic violence as children are more likely to be involved in similar violent partner relationships (see Fujiwara, Okuyama, & Izumi, 2011). Children who are witness to domestic violence are usually not as physically strong as the abuser and may not have someone to approach for help. The abuse usually takes place in the child’s home that should be a place of safety (Overlien & Hyden, 2009).

In 1975, the National Family Violence Survey collected information to better understand family violence and child abuse (see Esquivel-Santovena & Dixon, 2012). This survey described physical violence as “being bitten, kicked, hit with a fist, or another object, being beat up, threatened with a gun or knife, or choked” (see Esquivel-Santovena & Dixon, 2012). In 1985, physical aggression was again examined by looking at 3 components: being hurt via assault, taking time off work due to the incident of violence, and days spent at home because of illness (see Esquivel-Santovena & Dixon, 2012). It was concluded that about 12% of both men and women were involved in domestic violence incidents, with 4% being involved in severe physically aggressive violence (see Esquivel-Santovena & Dixon, 2012). The 1994 Violence Against Women

Act mandated domestic violence to be collected at a national level, however the act did not include children's exposure to domestic violence (see Puccia et al., 2011). In 1990, Maine began to acknowledge domestic violence was an issue that needed to be addressed and began doing so (see Puccia et al., 2011). Consequently, service providers in Maine were able to help 7,197 per year and with their anti-domestic violence projects, by 2004, they had helped more than 14,000 individuals. In 2010, within the state of Maine, physical or sexual assault was said to have been reported to authorities about every 2 hours (see Puccia et al., 2011).

Although there are different types of domestic violence, cross-cultural data suggest that women are most often the victims. Esquivel-Santovena & Dixon (2012) reviewed numerous international surveys about physical violence specifically, because this type of violence has received a lot of attention in research, and as a result, empirical data are available for the purposes of comparison. For example, in a Ugandan survey, it was found that relative to men, women were three times more likely to experience physical domestic violence from a partner in a twelve month span and two and half times more likely to have experienced domestic violence in some way (see Esquivel-Santovena & Dixon, 2012). One factor associated with violence against women is women's social power in different countries. In countries with low gender empowerment, there are higher rates of male to female unidirectional abuse. Also, in cultures where violence against women is considered appropriate, this type of aggression is more common. Regardless of gender biases, domestic violence still occurs within households where countries are apt to empower equality, such as in the United States (see Esquivel-Santovena & Dixon, 2012) .

Although women are more prone to report and experience domestic violence, men are also victims of domestic violence (see Drijber, Reijnders, & Ceelen, 2013; Esquivel-Santovena & Dixon, 2012). Domestic violence against men often goes unrecognized since men are less likely to report the incidents. The view of men as victims of domestic violence is not studied as much as domestic violence with women as victims (Drijber, Reijnders, & Ceelen, 2013). Commonly, society supports the idea that domestic violence is a gender issue and that men are less vulnerable to violence perpetrated by women (Carmo, Grams, & Magalhaes, 2011). These perceptions of domestic violence as applicable mostly to women victims sometimes contribute to less accessibility to helpful resources for male and/or child victims (see Drijber, Reijnders, & Ceelen, 2013).

Domestic violence as a phenomenon does not negatively impact just men and/or women, but the well-being of the family system (Carmo, Grams, & Magalhaes, 2011). Victims of violence usually have children living in the home when the domestic violence occurs. This exposure to the violence does not have short-term effects and does continue to affect the children throughout their upbringing (Carmo, Grams, & Magalhaes, 2011). Children are often witnesses of domestic violence and thereby experience it indirectly. Otherwise, they too may be victims of direct domestic violence.

Exposure to domestic violence while in adolescence has a multitude of effects on behavior including aggression, antisocial behaviors or even substance abuse (see Thompson & Trice-Black, 2012). Undergraduate students who have been exposed to domestic violence have been found to have trauma symptoms, low self-concepts, and higher rates of depression (Thompson & Trice-Black, 2012). As adults, these behaviors

tend to increase and include involvement in criminal activity, as well as parenting practices that are not suitable for children (Thompson & Trice-Black, 2012).

Since children and adolescents may be involved in violence against women, men or themselves, it is important to address the current literature on each of these types of circumstances of domestic violence. As such, the following three sections of this literature review will summarize current findings about women's, men's and children's involvement in domestic violence. Later, intervention methods that have proven successful in mediating domestic violence conflicts will be discussed. Additionally, specific school-based interventions will be reviewed. The purpose of this literature review is to shed light on the different circumstances of domestic violence in which children may be involved, and to address the gap in the literature about the need for an intervention that will provide children with knowledge about domestic violence as well as safety in such circumstances. A study validating the intervention tool follows this literature review.

Domestic Violence and Women

Women continue to be the primary victims of domestic violence. In one sample, women made up for 82 percent of the victims of incidents of domestic abuse, while men were the perpetrators (Richardson-Foster, Stanley, Miller, & Thompson, 2012). There is some indication in the literature that violence against mothers negatively influences their parenting behaviors. For example, Fujiwara, Okuyama & Izumi (2011) assessed women's parenting behaviors by collecting data on child abuse history, domestic violence and mental health symptoms and parenting behaviors. The mothers and child participants in the study were recruited from welfare facilities in Japan. The results of this study indicate

that 80% of the mothers were staying in the home where there was domestic violence or child abuse by their husbands or partners for an average of 2.39 years (Fujiwara, Okuyama, & Izumi, 2011). The average age of the children in this study was 7.8 years. The study concluded that parents who still lived with a violent partner had the likelihood of poor parenting practices and that mothers who experienced domestic violence shifted their focus from their children to their relationship with their violent partners (Fujiwara, Okuyama, & Izumi, 2011). Also, mothers who left their abusive partners were more likely to praise their children although mothers' praising behaviors may in part be influenced by culture in addition to abuse history. For example, relative to the Japanese, American mothers praise their children regardless of history of abuse (Fujiwara, Okuyama, & Izumi, 2011). Nevertheless, this study points to the trade off women's investment in children versus abusive partners.

Women of a certain age tend to be more likely victims of domestic violence. Fifty-six percent of women who report wife assault are usually between the ages of 18 and 34 years (see Letourneau, Duffy, & Duffett-Leger, 2012). Women who have younger children are more likely to suffer serious physical injuries and fear for their lives than other abused women who experience domestic violence (see Letourneau, Duffy, & Duffett-Leger, 2012). Mothers who experience this type of violence also fear that social services would remove their children from their care and as a result, do not utilize available social services (Stanley, Miller, & Richardson-Foster, 2012). Though some women may have some skepticism when it comes to contacting social services for help, at times there are some that do acknowledge the situation they are in and do follow through with getting help.

Women who seek help in domestic violence situations may have different motivations for doing so, as well as experience different barriers that can prevent them from reaching out (Randall, Bledsoe, Shroff, & Clyde Pierce, 2012). Randall, Bledsoe, Shroff & Clyde Pierce (2012) completed a study to see what motivated mothers to seek help when they were experiencing domestic violence. The study consisted of mothers self-reporting their histories of domestic violence in separate focus groups. Data about internal and external motivators were collected and analyzed separately. The most common internal motivator found in the study was the mothers wanting a better life and the external motivator was the mothers' children (Randall, Bledsoe, Shroff, & Clyde Pierce, 2012). The barriers experienced by the mothers tended to include unemployment, lack of proficiency in the English language, lack of formal education as well as knowledge about domestic violence. For mothers of higher socioeconomic status, these barriers may be less impactful (Randall, Bledsoe, Shroff, & Clyde Pierce, 2012).

Collectively, the literature about domestic violence against women suggests that violence influences women's parenting behaviors, as well as their motivations and quality of life (see Fujiwara, Okuyama, & Izumi, 2011; Randall, Bledsoe, Shroff, & Clyde Pierce, 2012; Stanley, Miller, & Richardson-Foster, 2012). Although women indeed are the most likely victims of domestic abuse (Richardson-Foster, Stanley, Miller & Thompson, 2012), men may also be encountering domestic violence that may sometimes go unnoticed. The following section offers a discussion of the current literature on violence against men.

Domestic Violence and Men

Current literature on violence against men suggests that this type of violence does occur and is likely to result in it being hidden due to victims' shame, embarrassment and lack of support. A recent study by Hogan, Hegarty, Ward & Dodd (2012) investigated counselors' experiences with male victims in order to better understand both the experiences of service providers as well the experiences of the victims. Participants were asked questions in regard to their experience in working with this population, the impact they felt they had as counselors, and any work-related difficulties (Hogan, Hegarty, Ward, & Dodd, 2012). The study concluded that there is still stigma when recognizing males as victims of domestic violence. Victims experience shame and embarrassment, specifically as it relates to the offsetting of typical gender roles and their perceptions of own masculinity. Victims tend to be encouraged by society not to report or talk about the abuse which leads to a lack of acknowledgment and recognition of the problem. Interestingly, male clients seem to be less likely to discuss their victimization with male counselors because they fear being judged by fellow men. The study also concluded that counselors did find it challenging to work with male victims due to the victims' lack of recognition and understanding of violence against them (Hogan, Hegarty, Ward, & Dodd, 2012).

Other findings also indicate that men are less likely than women to admit or report domestic violence due to fear of embarrassment and lack of support they may receive from the community should the incidents be reported (see Barber, 2008). The negative effects of domestic violence against men are similar to those of violence against women. These effects include "shame, fear, weakness, isolation, guilt, confusion, feelings of self-

worthlessness, and low confidence” (see Barber, 2008). Drijber, Reijnders & Ceelen (2013) recently conducted a study in the Netherlands that addressed men as victims in domestic violence situations. Men were asked to fill out a questionnaire that consisted of 15 questions regarding information on domestic violence as well as their basic demographics information. The study concluded that men indeed were also victims of domestic violence. When it came to discussing incidents of domestic violence with law enforcement, men felt that they could not communicate effectively with law enforcement dispatched at the scene. The victims also found it difficult to actually admit that they were the victims and not the perpetrators.

When law enforcement are called out to the home where domestic violence is occurring, men tend to at times be ignored (see Barber, 2008). Thirty-five percent of men were ignored by the police when police intervention was sought, 21% of men were arrested even though they were victims, and 3% of male victims reported that their female partner had been arrested (see Barber, 2008). Being a male can influence whether or not domestic violence is reported, as well as whether the community acknowledges that this is also an issue amongst men. Having support helps bring this issue to light and helps substantiate male victims’ reports of such incidents (see Barber, 2008).

Further evidence that men are victims of domestic abuse comes from research conducted in a forensic medical department using archival data of domestic violence reports in Portugal from 2007 to 2009 (Carmo, Grams, & Magalhaes, 2011). Men were the victims of close to 12% of all the cases and for these cases, women were the alleged perpetrators. Ages of the males ranged from 18 to 89 years old. Data were collected in form of a questionnaire and contained information in regard to demographics,

relationship history, history of violence, children in the home, and details relating to the most current domestic violence episode. The results of this research showed there was an increase in male number of victims who sought help over the course of the two years (Carmo, Grams, & Magalhaes, 2011). The authors estimated that the prevalence of domestic violence against men is in actuality higher due to the stigma attached to reporting the crime. Additionally, the authors emphasized that another reason contributing to the lack of reports is that the physical injuries acquired by male victims tend to be significantly less severe than those of female victims due to the average differences in strength and size between men and women (Carmo, Grams, & Magalhaes, 2011). The authors point to women perpetrators' use of psychological abuse as also important in understanding issues relating to domestic violence against men (Carmo, Grams, & Magalhaes, 2011).

In summary, the literature on men as victims of domestic violence is growing and relatively new. Stigmas attached to male victimization are contributing to the underreporting of such incidents (see Barber, 2008; Carmo, Grams, & Magalhaes, 2011; Drijber, Reijnders, & Ceelen, 2013; Hogan, Hegarty, Ward, & Dodd, 2012). Although this type of domestic violence is significantly lower than that of violence against women, it is important to note that any domestic violence where children are involved may have negative social consequences for the children involved. As such, the following section of this literature review will focus on children's involvement in domestic violence.

Domestic violence and children

Approximately 702,000 children were victims of child maltreatment due to domestic violence when they were investigated by Child Protective services in 2009 (see Renner, 2012). Children are affected negatively by domestic violence and about 15% of children live in homes where domestic violence occurs (see Renner, 2012). Children who witness domestic violence are exposed to negative behaviors that include the perpetrator being aggressive in different forms (see Thompson and Trice-Black, 2012). These forms may include physical altercations with or without weapons. The children may also witness mental anguish, threats of homicide, suicide threats, and various forms of property being destroyed (see Thompson and Trice-Black, 2012). When children experience domestic violence, they may also experience confusion due to the emotional instability that is displayed by the perpetrator and the victim. This also affects the children's feelings about being safe (see Thompson & Trice Black, 2012). Domestic violence is not a topic that is easily discussed and is also one that people do not want to hear about (see Richardson-Foster, Stanley, Miller, & Thompson, 2012). One of the only ways to know that it is occurring in the home is for those who are involved in the domestic violence to speak out and seek the help that is necessary (see Richardson-Foster, Stanley, Miller, & Thompson, 2012).

When domestic violence is an issue in the home, police intervention may be necessary to help further assess the safety of those who are involved in the incident and make reports to social services due to the incident (see Richardson-Foster, Stanley, Miller, & Thompson, 2012). Children were more likely to think that domestic violence

was a very serious matter if the police were called, and they also wanted the police to be able to do something in order to stop the domestic violence. This usually included removing the perpetrator from the home at the time of the incident (see Richardson-Foster, Stanley, Miller & Thompson, 2012).

Richardson-Foster, Stanley, Miller & Thompson (2012) examined domestic violence cases where police were called to intervene. The domestic violence cases included children who were living in the home at the time of the incident. The article also examined the views of the children who had been involved, and law enforcement personnel that were called out to the scene of domestic violence. When the children were interviewed, they expressed their beliefs that more importance was placed on the adults than on them when the police were called out to the home. The children reported that they also wanted the police to listen to what they had to say about the incident. Despite feeling this way, the children still relied on the police to be able to know what would happen next. Response time for the police being on the scene averaged to less than 15 minutes (Richardson-Foster, Stanley, Miller, & Thompson, 2012). Police officers were also asked for their perspectives on interacting with the children. Police officers stated that they were not best suited to talk to the children about the domestic violence incidents. They deemed it better for a child protection worker to discuss the issue with the child, and if they did talk to the children, they stated that they felt more comfortable speaking with older children. The age of the children they considered to be best fit for questioning was from age 5 to age 13 (Richardson-Foster, Stanley, Miller, & Thompson, 2012). Police officers also reported not seeing the child as the victim in these incidents, thus running the risk of not being able to get the full story and solely relying on what the

parents said about the incident. This may result in the law enforcement personnel overlooking that children are indeed involved in domestic violence and are affected by what is going on around them. As such, the law enforcement personnel may not accurately assess the risk that the children are being placed in during incidents of domestic violence (Richardson-Foster, Stanley, Miller & Thompson, 2012).

Domestic violence between parents can affect children's behavior. Using a meta-analysis, Rhoades (2008) examined the relationship between domestic violence and children's responses to violence, which included the children's affect, behavioral responses, physiological responses, as well as age and gender affects. The results of the study concluded that children's responses were related to their adjustment (Rhoades, 2008). Children who witnessed domestic violence were likely to experience emotional and behavioral problems related to the feelings of fear, hopelessness, self-blame and security within their family system. Intervening in parental conflict has also been noted as a behavioral issue that may put the children at risk of getting hurt while the dispute is happening (see Rhoades, 2008). Contrary to that, some children engage in avoidance of the conflict and this avoidance behavior may translate to other social interactions and maladjustments (see Rhoades, 2008).

When domestic violence occurs, children have the tendency to blame themselves for the abuse of the victim as well as experience emotions and cognitions including suicide ideations, self-esteem issues, feelings of being scared, inability to sleep well, impulse control, withdrawal and isolation (see Thompson & Trice Black, 2012). They also develop issues in social competence that include having reduced levels of sensitivity,

empathy, and problem solving skills. Having these issues can affect their development of interpersonal skills as they get older (see Thompson & Trice Black, 2012).

Children, who experience domestic violence in the home, do not just see what is happening, they also hear it and observe the effects of domestic violence after conflict has ended. Being exposed to domestic violence during the first years of life can affect how the child perceives the parent who is the perpetrator by having mistrust in him/her, as well as being afraid of him/her (see Puccia et al., 2012).

A concept model that has been used to help better understand people's coping strategies when exposed to stressful events was initially proposed by Lazarus and Folkman (see Overlien & Hyden, 2009). The model explores changes in cognitive and behavioral efforts to better manage internal stress and external situational problems. Recently, Overlien & Hyden (2009) applied this concept model to the understanding children's cognitions and behaviors as they relate to coping with domestic violence. The study examined children's actions during a domestic violence incident. The study involved placing from four to six children in groups and holding ten weekly sessions for an hour and half. Themes in the session included: *"what does violence mean to someone, what feelings children have in regard to the violence, and what to do when violent episodes occur"* (Overlien & Hyden, 2009). The sessions encouraged children to speak freely about the incidents that had occurred. The children were also invited to do personal interviews that consisted of questions pertaining to coping mechanisms, methods used to stop the incident, if any, and actions of violence (Overlien & Hyden, 2009). The results of this research indicate that children do take some kind of action related to coping with incidents of domestic violence. There were two aspects to their actions: 1. what was

actually done during the domestic violence incident and 2. what they wished they would have done then or in the future. Some of the children's actions included dissociating themselves while the incident was occurring and actively avoiding the conflict. To distract themselves, some children played loud music, read a book or "closed their ears". Some of the male children discussed wishing to stand up to their father if the incident ever occurred again. For those children who intervened in parental conflict, they did so by requiring attention to shift the argument away from the parents and perhaps onto the child (Overlien & Hyden, 2009). This study found that children sometimes engage in non-effective methods for coping with domestic violence, often placing themselves at higher risk due to their maladaptive coping strategies (Overlien & Hyden, 2009).

During a domestic violence incident in the home, most of the time, children are present and may attempt to be protective the person that is the victim (see Puccia et al., 2012). This can lead to symptoms of Post-Traumatic Stress Disorder, which includes re-experiencing what had happened accompanied by physiological issues (see Puccia et al, 2012). The trauma can results in the children displaying aggressive behaviors, hyper-activity, withdrawal, and psychiatric issues (Puccia et al, 2012). According to Puccia et al. (2012) domestic violence is one of the most traumatic events that can happen in a child's life.

Domestic violence can also add extra stress on preschool age children due to their dependency on their caregivers (see Howell, 2011). Children around this age do rely on their caregivers to protect them and keep them safe from danger. When children's concepts about safety and protection are influenced by incidents of domestic violence, their emotional regulation and attachment to caregivers may be negatively affected (see

Howell, 2011). Health has also been considered to be affected when these young children experience domestic violence (see Howell, 2011). Even though there are many negative outcomes when it comes to children experiencing domestic violence, children can also show resiliency when exposed to these high stress incidents (see Howell, 2011). Howell et al. (2011) provided a review of the literature on child resiliency factors. The authors pointed to the importance of further research to shed more light on the individual differences in resilience associated with some children's better abilities to cope with high stress situations such as domestic violence. Nevertheless, many children experience negative outcomes as a result of exposure to domestic violence.

In 2012, Renner conducted a study that looked at the effects of indirect (e.g., seeing a sibling be physically abused) or direct (e.g., being physically abused) domestic violence on a child's observable behavior that included hyperactive, aggressive and delinquent behavior. The study also investigated age differences in children's observable externalizing behaviors as a result of direct and indirect domestic violence. An SSRS (Social Skills Rating System) was used to assess the observable behavior of children aged 6 to 18 years old that included "temper tantrums, fights with others, arguments with others, talking back to adults, threatening, bullying and being easily angered". Children's observable behavior assessment for 3 to 5 year olds included "temper tantrums, arguing with others, being, fidgety, aggressive, disruptive, and disobeying" (Renner, 2012). The results indicate that for both younger and older children, relative to children with low exposure to domestic violence, those who had more exposure to incidents of domestic violence as well as to different types of such violence were more likely to exhibit externalizing behaviors. Renner (2012) discussed that

increased exposure to domestic violence may have a cumulative additive effect on children's externalizing behaviors.

Domestic violence affects everyone in the household and those who do seek help from agencies will usually come in contact with a variety of professionals that include law enforcement, as well as other professionals such as social workers. Children who have had contact with professionals may have the benefit of receiving information about domestic violence and knowledge about available resources (see Stanley, Miller, & Richardson-Foster, 2012). There are still many barriers however, when it comes to addressing domestic violence, especially if the victim and children are still living in the home with the perpetrator and have had no experience with professional help. Addressing the full extent of domestic violence issues in the home likely takes numerous interactions of the victim with professional services (see Stanley, Miller, & Richardson-Foster, 2012). The living environment may still remain chaotic even if families and children are receiving services from social work professionals (see Puccia et al., 2011). Many intervention methods may need to be put in place to help mitigate factors that are causing the domestic violence. The next section of this literature review will cover current interventions for domestic violence.

Intervention Methods for Domestic Violence

Having support from available resources in the community for those who are victims of domestic violence has a positive effect on the victims' overall wellbeing (see Letourneau, Duffy, & Duffett-Leger, 2012). Conversely, not having such support can lead to feelings of isolation and helplessness, which can have a negative effect on the victims' overall wellbeing and contribute to the tendency to live with and stay in a

relationship with the perpetrator (see Letourneau, Duffy, & Duffett-Leger, 2012). Being able to connect to resources that are available in the community helps domestic violence victims change previous decisions and alter behaviors that led to domestic violence. Help from the community provides victims with a sense of purpose, guidance as well as a sense of worth that perhaps was lost when in the abusive relationship (see Letourneau, Duffy, & Duffett-Leger, 2012).

In domestic violence cases that are considered very serious, 93% of women victims do seek help to stop the violence, however, they still feel ambivalent about the practices associated with the judicial system (see Letourneau, Duffy, & Duffett-Leger, 2012). It is important for those who are witnessing and/or experiencing domestic violence to speak out. Different intervention methods in many cities are available to help those who are experiencing or witnessing the violence. Police intervention is now playing a bigger part in helping other agencies identify the individuals who may be experiencing and/or witnessing the violence (Cross et al., 2012).

A new government guideline was put into place in the United States in 2010 making law enforcement accountable for making reports to child protective agencies if they are called out to a home where domestic violence is occurring (Richardson-Foster, Stanley, Miller, & Thompson, 2012). Intervention to better help households affected by domestic violence is crucial in order to help create safe households for the victims and their children. Letourneau, Duffy, & Duffett-Leger (2012) conducted two studies to further examine support systems for those who had experienced domestic violence. The first study interviewed mothers who were affected by domestic violence. The aim of study 1 was to investigate whether the mothers had the support they needed, and the types

of barriers that may prevent them from getting that support. The second study followed women who had left the domestic violence relationship and were navigating the justice system (Letourneau, Duffy, & Duffett-Leger, 2012). The aim of study 2 was to better understand the experiences of these women as they relate to the justice system.

The results of both studies were categorized into three categories that included positive interactions, negative interactions and recommendations to the justice system. Negative interactions within the justice system were said to be difficult because of the lack of women's understanding of the legal system, as well as the challenges the victims faced to not having finances for some of these services due to the perpetrator no longer providing income. Women seeking help had feelings of being victimized and not having a voice once again by the justice system due to the slow responses within the system, lack of support from the system and the legal challenges they had to face.

Positive interactions were further categorized into three groups: Accessibility, Empowerment, and Comfort. Support services played a big part for women who were leaving the domestic violence relationship. When law enforcement was successful, women reported feeling comfortable and protected. Service providers were also helpful in acting quickly to get the abuser out of the home and helping relocate the family if necessary.

The last category of this study recommended services to the justice system, and provided insight into making the system better for supporting women who had experienced domestic violence. The women discussed that the legal system should be faster, more efficient, more consistent and flexible. The women also stated that service providers would benefit from being more knowledgeable about domestic violence to

better provide support for them. When support systems and intervention methods are available in the community and when families who have experienced domestic violence know they exist and how to access them, there are better outcomes. Overall, Letourneau, Duff, & Duffett-Leger's (2012) study provided more insight into women's experiences with the legal system. Other studies have addressed children's experiences with the system.

For more than 20 years, domestic violence has been considered a form of child maltreatment (Cross et al., 2012). A child's exposure to domestic violence can be defined specifically as: "*the child directly witnessing the domestic violence, both psychological and physical violence between adults, overhearing violence, or seeing the aftermath which includes injuries or emotional harm*" (Cross et al., 2012). Domestic violence is seldom a one-time occurrence and is associated with other forms of abuse. Because of the high rate of domestic violence that occurs, better policy is necessary to ensure child protection and safety (see Cross et al, 2012)

Between 2006 and 2007, 26% of reports of domestic violence were reported to child protective agencies (see Cross et al., 2012). Because reporting incidents of domestic violence has been mandated, there is now more awareness of domestic violence that is occurring where there may be children living in the home. Sixty percent of these cases involving domestic violence and children have received services, however when it came down to making decisions about children's safety and well-being, domestic violence was not an issue that was brought to attention (see Cross et al., 2012).

The Australian government developed a program in 2009 called "Protecting children is everyone's business". The program's aim is to help women and children who

had experienced domestic violence develop a plan that would help prevent future domestic violence. The program also offers services to the family in regard to coping with domestic violence (see Cross et al., 2012). In the United States, the Nurse Family Partnership program provides home visits to mothers who are considered to be at risk (see Cross et al., 2012). The program helps mothers who are pregnant or have children under the age of two in the home. The program does not specifically target victims of domestic abuse, but has been successful in reducing domestic violence (see Cross et al., 2012). While such interventions indirectly help children involved in domestic violence, there are other programs geared toward helping children specifically. The following section focuses on these programs.

Intervention methods for children

Ongoing trauma can affect the development of the brain in children. Experiences with domestic violence at an early age affect stress regulation in the brain (see Bunston, 2008). In Australia, two mental health group programs involve both parents and children to address the aftereffects of domestic violence: The PARKAS (Parents Accepting Responsibility Kids Are Safe) program and the “Peek-a-boo” club (see Bunston, 2008). The PARKAS group consists of children from the ages of 8 to 12 years of age (see Bunston, 2008). Within the program, children usually communicate through body language or by some form of self-expression such as drawing pictures when they don’t want to communicate. During the assessment process of the program, the mothers and children usually fully share their stories with others. The program is eight to ten weeks in length and consists of sessions with the mother and the children in separate groups at separate times. Activities are done in the sessions to better help the parents (mostly

mothers) understand the perspective of the children's trauma of domestic violence (Bunsten, 2008).

The Peek-a-boo club focuses only on children under the age of three. The focus of this program is to understand mothers' perceptions of their own children, as well as their perceptions of the domestic violence they experienced. When asked about their perceptions and feelings about domestic violence, the mothers are usually in the presence of their children (Bunston, 2008).

Another program aimed at providing cognitive based therapy to children of domestic violence is the TF-CBT (Trauma Focused-Cognitive Behavior Therapy). It has been found to be beneficial when it comes to treating those who have experienced domestic violence. The program allows children to discuss traumatic circumstances with their parents (see Puccia et al., 2011). A study conducted by Puccia et al. (2011) showed the effectiveness of the TF-CBT model in children who had been exposed to domestic violence. Brochures were used to recruit the participants. The children were encouraged to talk about their experiences in supportive and open-minded environment. Support for parents and also for the children came in the form of psycho education, parenting skills and communicating with others about the events of their trauma. They were also taught to enhance their skills at being able to stay safe. The results of the study indicated that arousal symptoms and cognitive distortions were more prevalent than other issues of Post-Traumatic Stress. The study also indicated that developing further proper intervention methods addressing child safety during domestic violence was important.

Other supportive interventions for children who have been exposed to domestic violence include group counseling, which is an effective method that school mental

health professionals can employ to support and empower children. Group counseling makes the children feel less isolated by letting them know that there are others who have gone through similar experiences (Thompson and Trice Black, 2012).

A study by Thompson & Trice-Black (2012) reviewed studies that recruited only children who had been exposed to domestic violence. The review article discussed the use of stories and videos that were shown to be effective at enhancing knowledge about how to resolve conflicts without being violent. Play therapy is therapeutic technique that is used for small children by mental health professionals to better understand a child. Since small children are limited in communication skills, the use of toys and play allow for them to communicate more effectively without much talking. The outcome of play therapy is for the children's overall wellbeing to be improved.

Inadequate conflict resolution skills may hinder interpersonal skills that are important for children's social success. Being able to teach children how to cope with internal and intense emotions can help lessen emotional problems, especially in the school system (see Thompson & Trice-Black, 2012). Because children do experience self-blame when it comes to domestic violence experiences, helping them develop a sense of empowerment and more control of the situation is important. This can be done with the creation of a Safety Plan for them to have and use whenever a domestic violence incident occurs in their home. Enhancing children's knowledge about safety in domestic violence situations may result in them having support from people that they can trust, calling the police when necessary, as well as knowing whether the violence is indeed occurring (see Thompson & Trice Black, 2012).

The school system is a safe place to implement intervention programs about domestic violence. In schools, children may gain knowledge on an array of topics. Additionally, educators could play a helpful role in identifying the children that may need extra attention. The following section covers school-based intervention programs specifically.

School-based interventions

Children spend most of their day in a school setting that helps them prepare for their future. Within the school system, there would be great benefit for the school personnel to be trained about domestic violence and the issues that arise in children as a consequence of domestic violence (see Ellis, 2012). Educators in the school system need to be responsive if a child discloses domestic violence. A recent study was conducted to see if teacher-targeted interventions increased teachers' confidence in recognizing whether a child had been exposed to domestic violence (Ellis, 2012). The findings of the study indicate that when teachers were presented with the training, their confidence levels improved. The teachers also felt better about addressing domestic violence issues in the classroom (Ellis, 2012).

The American school system does well at implementing programs that are seen as an issue in the community. Because most children do attend school, this provides a good way to be able to reach more children with programs that are aimed at providing intervention (see Coyle et al., 2004). Interventions such as educational programs about drugs, alcohol, sexually risky behavior, fire safety and nutrition are some of the programs offered within the school system to help children (see Coyle et al., 2004).

In Northern California, long-term effectiveness of an educational program about sexually risky behaviors was examined for three years. The program was called “Draw the Line/Respect the Line” and targeted children in middle school. The intent of the study was to see if the program helped reduce sexually risky behaviors (Coyle et al., 2004). The program discussed HIV, other Sexually Transmitted Infections, pregnancy issues as well as preventative methods use during sexual intercourse (Coyle et al., 2004). Randomized control trials were administered to two populations of children in schools. The intervention group received the intervention, while the control group did not. The length of the program was 20 sessions and the average age of participants was 11.5 years old. Health educators administered the curriculum (Coyle, 2004). After the intervention, a survey of the children was employed and it included questions on demographics, sexual behaviors, sexuality factors, and psychological factors. If the students were not able to be surveyed at their school, then they were surveyed through mail. The study found an effect of race on attrition. Whites showed the highest retention compared to the control group than did Latinos and African Americans. In regard to behavioral outcomes associated with sexually risky behaviors, three subcategories were discussed: sexual intercourse, sexual intercourse in the past three months, and condom use (Coyle et al., 2004). The boys in the invention groups were less likely to report ever having sex than the boys that were in the control group, however, there were not significant effects on this outcome from girls. The study also found no significant differences between intervention and control groups on measures of sexual activity, number of sexual partners in the past 12 months and condom use. On measures of psychosocial and behavioral determinants, the intervention group showed were less likely to put themselves in situations leading to sex,

to receive sexual advances by others and were overall more educated about safer sexual practices. Overall, although the program could benefit from further structuring to better target girls' outcomes, however, it was effective at increasing knowledge and reducing sexual behavior (Coyle et al., 2004).

Another study in a school setting was conducted by Mishna, Muskat & Cook (2012) with the purpose to improve advocacy amongst middle school students with learning disabilities. In order to participate in the study, students had to be diagnosed with a learning disability and be receiving special education services. The study was conducted over an 18-month period with 5 trials during that time. A Self-Advocacy Interview (SAI) was used to evaluate the intervention that was given to the participants for the pre-test and the post-test. The results of the study suggested that the intervention that was presented did lead to students' increase of self-advocacy.

Interventions within the school system focus on helping children achieve academically. Bullying is an issue that has been around for quite some time and does affect a child's performance in school. Bullying is described as *"repeated aggressive behavior within a relationship, characterized by a real or perceived imbalance of power, in which the student exposed to the aggressive actions cannot adequately defend themselves"* (see Cross et al., 2011). The Friendly Schools Project is one of the first interventions to examine bullying in Australian schools. In a study conducted by Cross et al. (2011), 4th graders averaging about 8.5 years of age in 29 schools (14 schools were the comparison group and 15 schools received the intervention) were examined over a two-year span on issues regarding bullying. An intervention piece was taught by administrators and later, a questionnaire was used to collect data from the children. The

results showed that students who participated in the intervention group were less likely to report being bullied and more likely to have reported being bullied than those who were in the control group.

Recentley, Dahle & Archbold (2014) assessed the retention of student of three school-based programs about domestic violence. Although the programs were successful in increasing student knowledge, not all the programs facilitated long-term retention of this knowledge. Additionally, the programs were long in duration, lasting from 6 weeks to 12 weeks. Although these current program do offer a benefit to the children, there is a need for a shorter program that may be administered both in school and in community settings.

In sum, although there are currently some effective programs aimed at educating children in schools about risky circumstances and behaviors, there is room for improvement of these programs to better target specific audiences. Additionally, there are few such widespread school-based interventions about domestic violence that target all children regardless of their exposure to domestic violence (Dahle & Archbold, 2014). Ellis (2012) discussed that one of the reasons contributing to the lack of such programs is public lack of recognition of domestic violence. Additionally, the school-based programs about domestic violence (see Thompson & Trice-Black, 2012) tend to target only those children who are known to have been exposed to violence. As such, many children who are exposed to domestic violence that is not reported are left without interventions.

Current Standing

Victims of domestic violence may include women, men and children. As per the literature discussed above, some interventions have proven successful at the level of the

parents in the family, and there are currently some successful interventions that are school-based. All children, however, even those who may not be exposed to domestic violence, still need to know what domestic violence is in order to know how to stay safe should such a circumstance arise. At this time, few intervention-type programs about domestic violence exist that targets all children and that teaches them about safety measures and precautions. The aim of the following study therefore, is to create an intervention for all children and specifically teach them about how to recognize domestic violence as well as how to maximize their own safety in such circumstances.

CHAPTER III

METHODS

The purpose of this study was to teach children about domestic violence, the ways in which domestic violence is described and the proper ways for children to react to domestic violence. The study procedures consisted of a pre-test, intervention and post-test. The intervention was two-fold. The first part consisted of an informative PowerPoint presentation. The second part of the intervention was an activity involving scenarios relevant to domestic violence and safety. A post-test determined whether children's knowledge significantly different from their baseline knowledge as assessed by the pre-test.

Parental Consent and Child Assent

The procedures for this study were approved by the Institutional Review Board at West Texas A&M University. Parental consent forms and assent forms from the children were acquired prior to data collection. Parents were told that although they may have agreed for their children to participate in the study, their children still had the option of not participating in the study if they chose not to. Children were also instructed that if they did not want to participate, they did not have to. The children were additionally told that if at any point during the study they did not want to participate, they could let the researcher know, and they could stop participating without consequences. Parents were allowed to view all study materials prior to consenting. They were also told that they could either be present in the session and have no input while the session was occurring,

or that they could wait outside in the waiting area while the session was occurring. In total, two parents decided to sit in on the sessions.

Participants

Participants were recruited using flyers that were posted in various areas of the Amarillo Texas area and via word of mouth. Nineteen participants were recruited and all completed participation in the study. The participants' ages ranged from 9 to 13 years old. Eight children were female and 11 were male. The children did not have to have prior domestic violence exposure to participate in the study and neither the parents nor were the children asked if there was prior domestic violence exposure. All participants appeared to understand the purpose of the study. English was the primary language for all participants, and no child had a disability that eliminated him/her from the study. There were 7 sibling groups and 3 individual children in the sample. All participants appeared to understand the instructions given to them about the pre-test, intervention and post-test. There was no direct incentive for the parents to consent for their children to participate, however the children were offered a small prize upon completion of the study. Five one-hour group sessions were held with up to 5 participants. In one further session, only one child participated. All six sessions were held at Family Support Services in Amarillo, Texas. On average, the sessions lasted for about an hour. Data were collected over a period of six months.

Pre-test/Post-test

The pre-test and post-test consisted of the same 11 questions (see below for full questionnaire and Appendix for scoring). Some of the items allowed for quantitative answer, while others were qualitative in nature. Questions 1, 2, 3, 5, 6, 8, and 10 were used to collect quantitative data and questions 4, 7, 9, 11 were used to gather qualitative data. The quantitative questions were randomly reverse scored to avoid the children answering “yes” to everything without reading the content. The children were told that there were no right or wrong answers to the questions and to answer the questions as best they can.

The questions on the pre-test and post-test were as follows:

- 1. What is domestic violence?**
- 2. How can you describe domestic violence?**
- 3. Do you know what to do if you see an adult getting hit?**
- 4. If you answered yes on question 3, what do you do? (If you answered no go to question 5)**
- 5. If you see a mother, father, step-mother, step-father, boyfriend or girlfriend getting hit, do you try to stop them from getting hit while they are getting hit?**
- 6. Do you know what it means to be safe?**
- 7. If you answered yes on question 6, what does it mean to be safe? (If you answered no, go to question 8)**
- 8. Do you know how to keep yourself safe if you see one adult hit another adult?**

9. If you answered yes on question 8, what can you do? (If you answered no go to question 10.)

10. Do you know what you can do if you see domestic violence?

11. If you answered yes what can you do?

The children completed the pre-test before the PowerPoint presentation and the post-test after the scenario activity.

Intervention Part 1: PowerPoint Presentation

The PowerPoint presentation consisted of 12 slides (see Appendix section for full presentation). The slides consisted of information about domestic violence, how to describe domestic violence and how children could stay safe. For example, the children were taught that safety meant *“being somewhere where you are away from harm or danger, you do not get hurt or injured, or you are with someone who will protect you from harm or danger”*. This definition of safety was inspired by a study by Thompson & Trice-Black (2012) in which emphasis was placed on children’s Safety Planning in domestic violence situations. These plans included being aware of safe and unsafe places to go during a conflict and knowing whom to contact for help (see Thompson & Trice-Black, 2012). After the presentation, the children were introduced to the scenario activities by discussing the first scenario with the researcher. Then, they completed two more scenarios as part of a group. The participant who was the sole participant in one of the six sessions however, completed the scenario on his own.

Intervention Part II: Scenarios

The scenarios consisted of circumstances where domestic violence had occurred (see Appendix for all scenarios). The children were asked to read the scenario and then answer some practice questions based on the scenario. All three scenarios had the same questions to be answered. After the children had completed the scenarios, the scenarios and responses to their answers were discussed as a class with the researcher. The post-test followed.

The following chapter offers a discussion of the qualitative and quantitative results and provides interpretations of the findings.

CHAPTER IV

RESULTS

Quantitative Results

A paired-samples t-test was conducted to evaluate whether children acquired more knowledge after the PowerPoint presentation and scenario activity (i.e., the intervention). First, questions 1, 2, 3, 5, 6, 8, and 10 were scored in a binary (i.e., 0, 1) code whereby larger scores indicated more knowledge about domestic violence and safety. Average pre- and post-intervention variables were then created by adding scores for all the questions before and after the intervention. The results of the paired-samples t-test indicated a significant difference ($t_{(18)} = -5.03$, $p < .001$) between the pre-test ($M = 4.79$, $SD = 1.69$) and the post-test ($M = 6.79$, $SD = .54$). Children indeed acquired knowledge about domestic violence, how to describe domestic violence and the proper (i.e., safety-maximizing) reactions to domestic violence after the presentation and breakout activity. A Related Samples Wilcoxon Signed Rank Test also showed the same significance as the parametric t-test ($p < .001$). Figure 1 below illustrates the results.

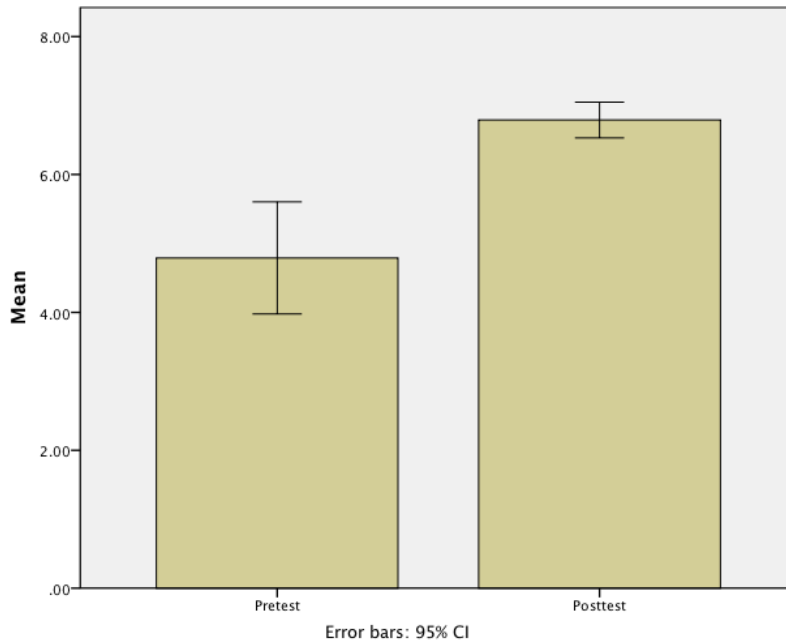


Figure 1. Pre- and post-intervention differences between children’s average scores for questions 1, 2, 3, 5, 6, 8, and 10.

To further analyze sex differences in the success of the intervention, two separate independent sample t-tests were run. In the first t-test, the grouping variable was sex and the Test Variable was the children’s pre-test scores. This t-test revealed no difference ($t_{(17)} = -.183$, $p = .857$, Figure 2) in baseline knowledge between the boys ($M = 4.727$, $n = 11$) and the girls ($M = 4.875$, $n = 8$). For the second t-test, the grouping variable was sex and the Test Variable was the children’s post-test scores. This test also showed no differences between ($t_{(10)} = -1.789$, $p = .104$, Figure 2) the boys ($M = 6.636$, $n = 11$) and the girls ($M = 7.000$, $n = 8$). Since all of the girls scored the maximum score of 7 on the post-test, Levene’s test was significant for the second t-test and the reported values do not assume equal variances. To further validate the results, Separate Independent Samples Median tests were run and confirmed no sex difference between the pre-test scores, however

since there was no range for girls' scores, a score could not be computed for a sex difference using the post-test scores.

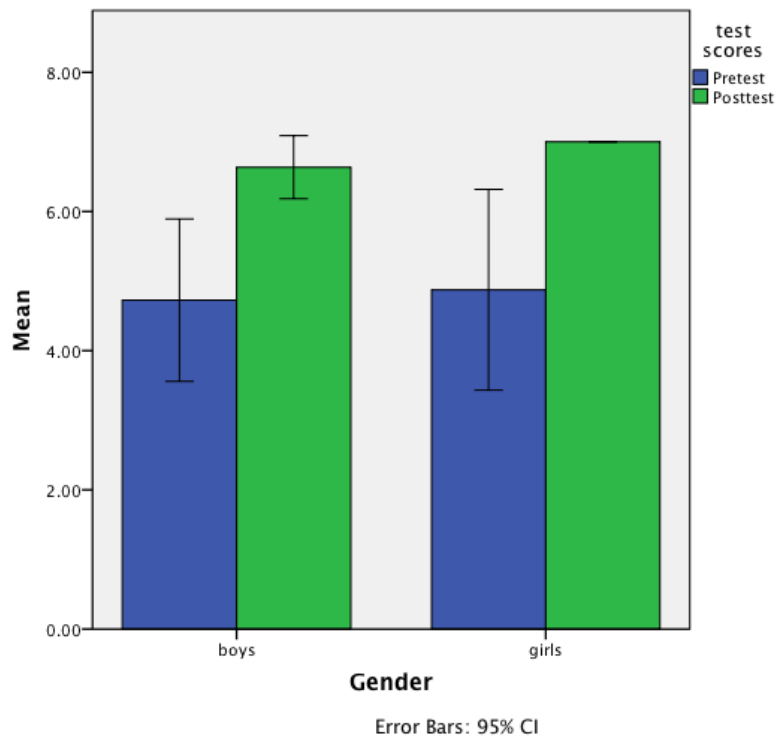


Figure 2. Sex differences in pre- and post-test scores

To investigate whether children's age was associated with their knowledge on the pre- and post-tests, correlations were run between age and these test scores. There was no significant correlation between age and pre-test scores (Spearman's $\rho = -.039$, $p = .874$, $n = 19$), however there was a significant positive correlation (Spearman's $\rho = .609$, $p = .006$, $n = 19$, Figure 3) between age and post-test scores. Older children had higher post-test scores.

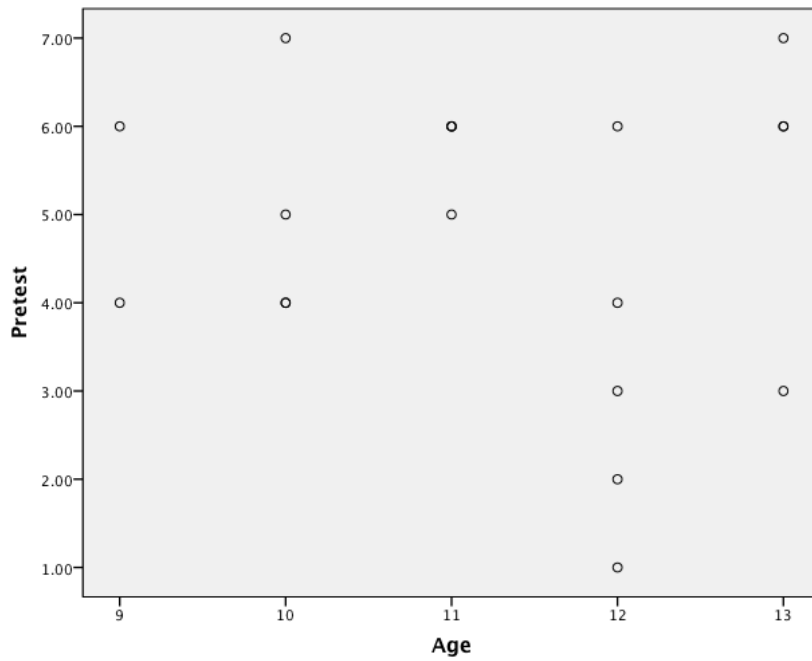


Figure 3. Relationship between age and pre-test scores

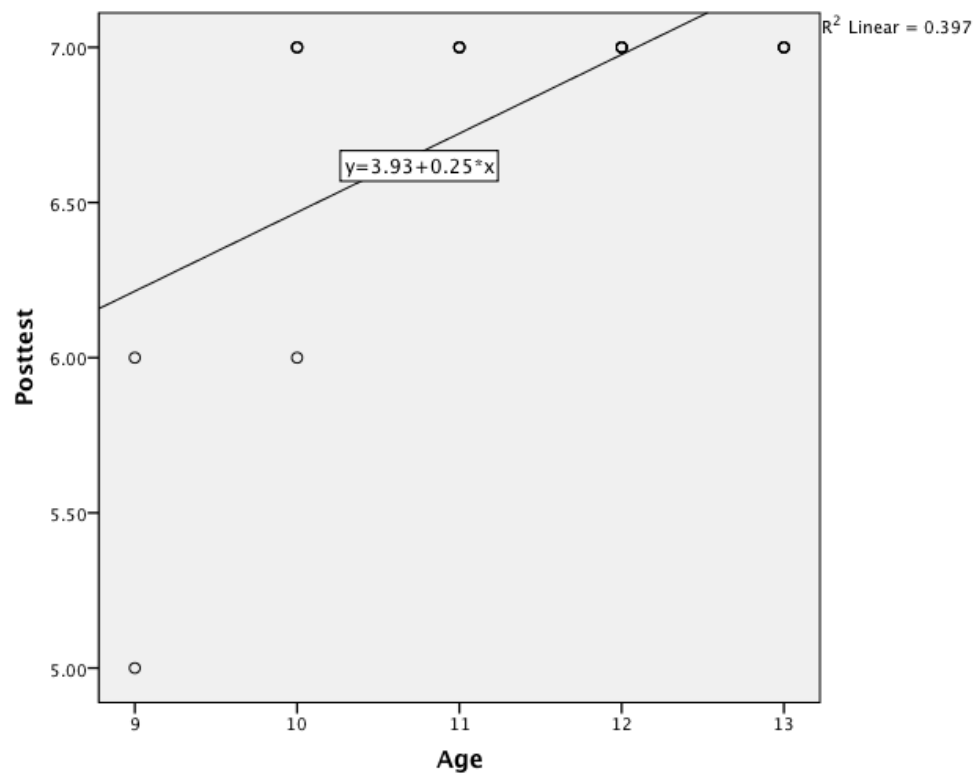


Figure 4. Relationship between age and post-test scores

Qualitative Results

Qualitative results were gathered from questions 4, 7, 9 and 11. Some qualitative questions were prompted after specific answers on the quantitative items. For example, if children answered “YES” to the question “*Do you know what to do if you see an adult getting hit?*”, the next question prompted them to explain what they would do. The participants were told before the session began that if an answer to a question was not known, they could put “I don’t know” as the answer. Some children provided multiple answers to qualitative questions, while others had no responses. Questions and domains for pre- and post-tests are stated below (for full responses to questions from participants, please see Appendix section).

4. If you answered yes on question 3 (do you know what to do if you see an adult getting hit?) what do you do?

In the pre-test two domains emerged from this question: 1. informing law enforcement and 2. no answer (i.e., leaving the question blank). Ten participants stated they would call law enforcement and four participants had no answer to the questions.

In the post-test, three common domains emerged: 1. telling a trusted adult, 2. informing law enforcement, and 3. going somewhere safe. Seven participants stated they would tell a trusted adult, twelve participants stated they would inform law enforcement, and eight participants stated they would go to a safe place.

7. If, you answered yes on question 6 (Do you know what it means to be safe?), what does it mean to be safe?

In the pre-test, two common domains emerged from this question: 1. no answer and 2. safety meant being protected. Six participants provided no answer for this question and four participants stated safety meant to be protected.

In the post-test, two common domains emerged: 1. safety meant to be protected and 2. safety meant being away from harm. Five participants stated safety meant to be protected and eight participants stated safety meant to be away from harm.

9. If you answered yes on question 8 (Do you know how to keep yourself safe if you see one adult hit another adult), what can you do?

In the pre-test, two common domains emerged from this question: 1. no answer and 2. informing law enforcement. Eight participants provided no answer and four participants stated they would inform law enforcement.

In the post-test, four common domains emerged: 1. going somewhere safe, 2. informing law enforcement, 3. telling a trusted adult, and 4. hiding. Eleven participants stated they would go somewhere safe, five participants stated they would inform law enforcement, nine participants stated they would go somewhere safe, and four participants stated they would hide.

11. If you answered yes to question 10 (Do you know what you can do if you see domestic violence), what do you do?

In the pre-test two common domains emerged from this question: 1. informing law enforcement and 2. no answer. Seven participants stated they would inform law enforcement and seven participants did not provide an answer for this question.

In the post-test, three domains emerged: 1. informing law enforcement, 2. telling a trusted adult, and 3. going somewhere safe. Thirteen participants stated they would inform law enforcement, eight participants stated they would tell a trusted adult, and six participants stated they would go somewhere safe.

The following section provides a discussion of the results.

CHAPTER V

DISCUSSION

There has been much research on domestic violence and how it affects the family. Research shows that women tend to be the victims of domestic violence, while men tend to be the perpetrators (see Fujiwara, Okuyama, & Izumi, 2011; Letourneau, Duffy, & Duffett-Leger, 2012; Randall, Bledsoe, Shroff, & Clyde Pierce, 2011; Richardson-Foster, Stanley, Miller & Thompson, 2012; Stanley, Miller, Richardson-Foster, 2012). For example, a recent study found that women make up for as much as 82% of the victims in a sample of incidents of domestic violence (Richardson-Foster, Stanley, Miller & Thompson, 2012). Younger women also tend to be more at risk than older women (see Letourneau, Duffy & Duffe-Leger, 2012). Cross-cultural research suggests that the issue of domestic violence against women is relevant across many countries and cultures (Stanley, Miller, & Richardson-Foster, 2012). Domestic violence may also influence women's well-being and their parental investment (see Fujiwara, Okuyama & Izumi, 2011). Since many abused women have children, domestic violence influences not just the women involved, but also their children who may receive lesser parental care or be witness to the abuse of their mothers.

Although women are the most likely victims of domestic violence, it is also the case that men are victims too (see Barber, 2008; Carmo, Grams, & Magalhaes, 2011; Drijber, Reijners, & Ceelen, 2013; Hogan, Heagarty, Ward, & Dodd, 2012). In fact, domestic violence against men is often hidden because male victims tend to be embarrassed about the issue (Barber, 2008) or otherwise not taken seriously (Drijber,

Reijners & Ceelen, 2013). Indeed, according to a survey by Drijber, Reijners & Ceelen (2013), less than 15% of abused men actually report the violence. Abused men are likely to feel unsupported (Barber, 2008), less masculine (Hogan, Heagarty, Ward, & Dodd, 2012) and afraid of losing their children in custody battles Drijber, Reijners & Ceelen (2013). As a result, many men endure abuse and continue to be victims of domestic abuse.

Parental conflict that escalates to domestic violence influences the children, too. Many children become afraid of their parents (see Puccia et al., 2012) and use non-effective methods of coping with domestic violence. For example, Overlien & Hyden (2009) found that some children intervene in parental conflict by bringing attention to themselves. This results in the children being vulnerable and at higher risk for direct abuse.

Many interventions have been implemented to teach children about important issues (see Coyle et al., 2004; Cross et al., 2011; Mishna, Muskat, & Cook, 2012) and how to stay safer in specific situations. Many of these interventions are school-based partly due to the fact that many children may be reached at any one time in a school setting (see Mishna, Muskat, & Cook, 2012). Not many of these programs are relatively short in duration (Dahle & Archbold, 2014). Furthermore, not all address the need for children, whether they have experience with domestic violence or not, to know how to maximize their safety in cases of domestic abuse, however. Due to this need for a new intervention, the current study set out to create an intervention with the aim to inform children's knowledge about domestic violence and equip children with different ways in

which they could respond to potentially maximize their safety during domestic violence disputes.

Quantitative Results

The quantitative results of the current study show that the program was beneficial to the children. Children's pre-intervention scores were significantly lower than the post-intervention scores. These scores were based on children's knowledge about questions relating to the definition of domestic violence, ways in which to describe domestic violence, knowledge about what to do if a child sees an adult getting hit and lastly, knowledge about whether it's safe to intervene in adult conflict. These results suggest that the children indeed acquired knowledge about domestic violence, ways in which to describe domestic violence and ways in which to maximize their safety in the event of domestic violence.

The current study found that there were no sex differences in the success of the intervention between boys and girls. Preliminary interpretations of these results suggest that the intervention is equally effective for boys and girls. However, upon further exploration of girls' scores, it was evident that all the girls had the maximum score of 7 on their post-test. This could point to four possible interpretations. First, there were only 8 girls in the study and perhaps a larger sample would find more variability in girls' scores. Second, it could be the case that the intervention indeed is more successful for girls than it is for boys. Third, it may be the case that girls are more prone to social desirability after they get to know the presenter, or if they relate more to a female (i.e., gender-congruent) presenter (i.e., the researcher). Indeed, previous literature suggest that

girls' development of the social self is influenced by gender -congruent stimuli that the presenter in the current study could have somehow enveloped (David et al., 2004).

Fourth, if stereotype threat about girls being better at academic tasks than boys was activated in the boys, it could be associated with boys underperforming relative to girls. For example, Hartley & Sutton (2013) found that boys underperformed because they believed that adults upheld the stereotype that girls are better academically. The boys in this study performed worse than did girls on a writing task after the stereotype was activated (Hartley & Sutton, 2013). Although there were no sex differences in the current study, these considerations may be important should sex differences be found in future studies with a larger sample. It is also possible that the stereotype in girls that girls are not as good as boys was not activated because the presenter was female. Further research should address whether responses to the current intervention of girls and boys are different to same-sex versus opposite-sex teachers. Similar to the discussion provided by Coyle et al. (2004) in regard to their educational program about sexually risky behaviors, it is possible that perhaps modifications to the current intervention would need to be made to better target boys versus girls. Future studies should also employ more sensitive scales on the questionnaires so as to avoid ceiling effects.

The current study also found that older children acquired more knowledge after the intervention than did younger children. It is not the case that older children had more knowledge about domestic violence prior to the study, however. It is possible that the intervention was more suitable for older children due to the serious nature of the subject. Older children are more likely to have had more experience with the content of domestic violence, possibly due to media sources such as TV, gaming or the internet. It is also

likely that older children better processed the semantics of the information due to their more developed cognitive abilities (see Rhoades, 2008).

Collectively, the quantitative analyses suggest that the intervention was successful in increasing children's knowledge about domestic violence and the ways in which to react in order to maximize safety. There were no sex differences between girls and boys' on either the pre-test or the post-test, and age was not associated the children's initial knowledge about domestic violence. Older children however, gained more from the intervention than did younger children.

Qualitative Results

Overall, the qualitative analyses support the quantitative analyses suggesting that children indeed acquired more knowledge after the intervention. For all but one qualitative question, more domains emerged after the intervention than before. A common domain for each of the four questions on the pre-test was for children to provide no answer (i.e., leave the questions blank). The most likely interpretation for this common domain is that the children did not possess the knowledge to answer the questions. This interpretation is likely because no such common domain collapsed across questions emerged in the post-test or for any of the individual questions on the post-test. Indeed, there were only two blank answers for two separate questions on the post-test. It is also possible that the children were not confident with verbalizing their opinions on the pre-test on the topic of domestic violence. Since the children were not screened for their experience of domestic violence. Perhaps discussion about domestic violence allowed them to feel comfortable with sharing their opinions.

Aside from being able to answer more questions on the post-test than the pre-test, the children showed a pattern of knowledge after the intervention. They understood that safety meant “*to be protected*” and “*not to get injured*” or “*be away from harm*”. They were better able to recognize domestic violence and had gained more awareness of the subject. This is beneficial to the children who may not be aware about the norms surrounding domestic violence. Children who are witness to chronic domestic violence may not know that it is considered wrong and may expect it in future social interactions (see Howell, 2011).

The most significant gains in knowledge were specifically related to children’s knowledge about what to do in cases of domestic violence and how to stay safe (i.e., maximize safety). After consideration of the scenarios and the discussions about possible responses to domestic violence, the children knew that going to a safe place would benefit them. For example, children answered “*going to a safe place*”, “*run to a safe room*”, “*go to your room*”. It is likely that children were basing their answers for this question by visualizing their homes and assessing the best locations for safety. This preparation may benefit children should they become witness to domestic violence. As per Thompson & Trice-Black (2012), Safety Planning is important in maximizing children’s safety during domestic violence disputes. Related to safety zones within the home is the next set of children’s responses about how to react to domestic violence. Many children stated that they would “*hide*” should there be such an occurrence. Hiding is a way for children to take themselves away from situations that may cause direct harm or danger to them. This is in stark contrast to an answer provided on the pre-test to the question “*Do you know what to do if you see an adult getting hit?*” whereby one child

answered *“I would go over there and tell him to stop or hit him or her”*. As Thompson & Trice-Black (2012) discuss, some children do believe that this maladaptive strategy would diffuse the conflict. It is therefore, important for children to understand that physical intervention in domestic disputes is not a beneficial strategy and that it is not their responsibility to diffuse the conflict.

The children were also better able to communicate their knowledge about whom to contact in cases of domestic violence. *“Informing law enforcement”* was a common theme across the post-test questions. Children appeared to trust the police and look up to them as helpful adults. Some of the answers related to this common domain included: *“call 911”*, *“you call the police”*, *“tell a trusted authority”*, *“call the cops”*. The children also indicated that they would confide in other trustworthy adults in cases of domestic violence. Some of the answers relevant to this domain included: *“tell a family member, counselor or teacher”*, *“tell a trusted adult”*, *“(call) someone you trust”*.

Overall, the qualitative results suggest that this intervention was indeed successful in bringing more awareness of the content of domestic violence to children, as well as ways in which to maximize their safety. The results also show that the length of the intervention (i.e., about an hour for the PowerPoint and breakout activity) was successful.

Recommendations for the intervention

Many school-based interventions are successful in part because of the easy access to children in schools (see Coyle et al., 2004). Also, it is possible that children in schools are less likely to feel pressured by the family to answer in certain ways. Since the study was conducted in a structured environment (i.e., the Amarillo Family Support services),

the intervention resulting from the current study would probably work well in a school-based setting (i.e. a highly structured environment). Since the school is already a place set up for learning, the implementation of the PowerPoint and group break-out activity would be well-facilitated by school staff and equipment. The limitation to this recommendation would be that children who are home-schooled would not be reached with this school-based intervention. In the case of home-schooled children who are experiencing domestic violence, another intervention more suitable to the home environment would probably work better. Some parents did not want to consent to the current study after they heard that it was about domestic violence. This suggests that the topic is sensitive to some parents which provides another reason for the current intervention to be likely more successful in the schools rather than at-home.

Limitations

One potentially valid limitation of the current study was that some of the children belonged to the same families and it is possible that family subgroup influenced children of different families in different ways. For example, it is possible that some of the results could be due to heritable or environmental commonalities associated with cognitive learning styles of siblings and perhaps this is driving the results. This leads to the importance of further investigating individual differences in cognitive abilities or personality as they related to the effectiveness of this intervention. One possible individual difference in the success of the intervention may lie in race. The current study did not set out to collect race information, however Coyle et al. (2004) found that a school-based intervention about sexually risky behaviors was most likely to reach White

participants. It would be interesting to explore individual differences in race in the context of the success of the current intervention

It is also interesting to note that the recruitment process for the current study was very difficult as many families did not want to participate due to the sensitive nature of the content. The parents who did consent commonly asked about whether the slideshow contained images of domestic violence in concern that their children would be exposed to explicit content. As such, the recruitment process took much longer than initially planned. Also, it is possible that only parents of children from non-violent homes agreed to participate. Perhaps this is why there was no correlation between age and pre-test scores. It is possible that in a larger sample, children who have had experience with domestic violence may know more about it than the children in our sample. However, because this variable was not collected, it is not known whether our sample of children had exposure to domestic violence or not. Ellis (2012) discussed that domestic violence needs more recognition. It seems to be a subject that is taboo for some people. Bringing awareness to it would help break this taboo.

Conclusion

In conclusion, the results of the study show that the program was effective. There was a significant difference between children's knowledge on the pre-intervention test and the post-intervention test. After the intervention, the children indeed gained knowledge about domestic violence and the ways in which to react to it in order to maximize their safety. Specifically, the children gained most knowledge about possible responses to domestic violence disputes. The strength of the design of the current study

is that both quantitative and qualitative data were collected. Analyses of both of these types of data suggest that this intervention is successful. This intervention remains to be validated using larger samples and in different settings. It is possible that the intervention may need to be revised for larger groups of children and in school-based settings. It is also possible that slightly different interventions may be more successful for boys versus girls. Future studies should address these questions as well as provide more insight into individual differences in responses to intervention.

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VII. APPENDIX

Pre-Test/Post-Test (Scoring in parenthesis)

1. What is domestic violence?

- a. I don't know what domestic violence is. (0)
- b. When a mother, father, step-mother, step-father, boyfriend or girlfriend gets hit by the other mother, father, step-mother, step-father, boyfriend or girlfriend.(1)

2. How can you describe domestic violence?

- a. I don't know how to describe domestic violence.(0)
- b. When the other adult or both adults are bleeding, have red marks on their body or face, or have bruises. When one adult or both adults are using objects or their hands to hurt the other adult or each other. One or both adults may be crying. (1)

3. Do you know what to do if you see an adult getting hit?

- a. YES (1)
- b. NO(0)

4. If you answered yes on question 3, what do you do? (If you answered no go to question 5)

5. If you see a mother, father, step-mother, step-father, boyfriend or girlfriend getting hit, do you try to stop them from getting hit while they are getting hit?

- a. YES (0)
- b. NO (1)

6. Do you know what it means to be safe?

- a. YES (1)
- b. NO (0)

7. If you answered yes on question 6, what does it mean to be safe? (If you answered no, go to question 8)

8. Do you know how to keep yourself safe if you see one adult hit another adult?

- a. YES (1)
- b. NO (0)

9. If you answered yes on question 8, what can you do? (If you answered no go to question 10.)

10. Do you know what you can do if you see domestic violence?

a. YES (1)

b. NO(0)

11. If you answered yes what can you do?

Scenarios:

Scenario 1

Colin was in his room when he heard banging outside of his room and went out to see why there was banging. He noticed his mother's boyfriend yelling at her. He then saw his mother get slapped across the face and pushed into the wall by her boyfriend. Colin was in the same room as his mother and her boyfriend when this was happening. His mother's boyfriend began to yell at Colin too.

Is this domestic violence?

How is it domestic violence?

Is Colin safe?

Why is Colin not safe?

What can Colin do to stay safe when his mother's boyfriend is hitting her?

Scenario 2

Samantha was eating dinner with both of her parents at the dining room table, when her parents began to argue. Her dad and her mom got up and went into the kitchen. Samantha could see from the table that her parents were still arguing. Samantha saw her mother hit her dad in the chest two times and attempt to hit her father in the face three times. Samantha noticed that her father had his hands up covering his face and was telling her to stop.

Is this domestic violence?

How is it domestic violence?

Is Samantha safe?

Why Samantha not safe?

What can Samantha do to stay safe when she is seeing her mother hit her father?

Scenario 3

Julie had just been picked up from school by her mother and her father. Her mother and her father were arguing in the car as they were on their way home. When they all got out of the car they all made their way to the door of the house. She then noticed her father open the door to the house and shove her mother in the house. She noticed her mother stumble and almost fall. Her father then began to punch her mother and her mother began to hit her father with her purse.

Is this domestic violence?


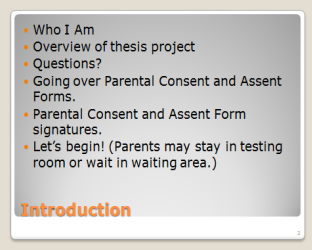
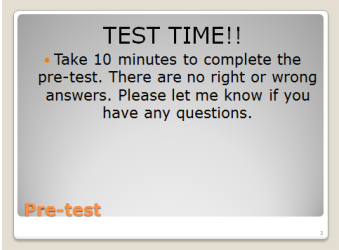
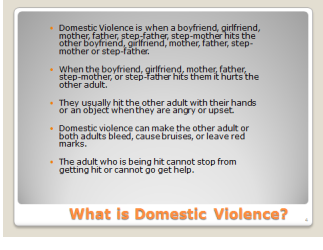
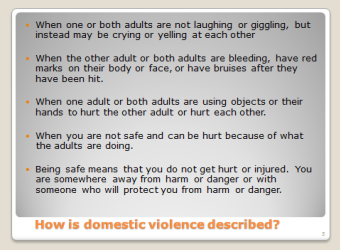
How is it domestic violence?

Is Julie safe?

Why is Julie not safe?

What can Julie do to stay safe when she is seeing her father and mother are fighting?

PowerPoint Presentation

<p>Slide 1</p> 	<p>Slide 2</p> 	<p>Slide 3</p> 
<p>Slide 4</p> 	<p>Slide 5</p> 	<p>Slide 6</p> 
<p>Slide 7</p> 	<p>Slide 8</p> 	<p>Slide 9</p> 