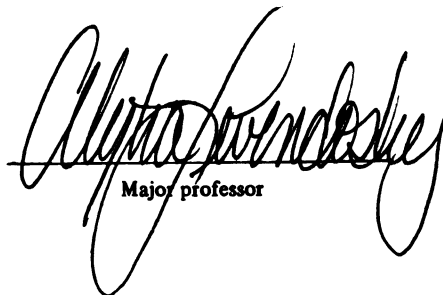This is to certify that the

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EXPOSE TO DOMESTIC VIOLENCE

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SOCIAL SUPPORT IN THE LIVES OF CHILDREN
EXPOSED TO DOMESTIC VIOLENCE

By

Elaine Shpungin

A THESIS

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ABSTRACT

SOCIAL SUPPORT IN THE LIVES OF CHILDREN
EXPOSED TO DOMESTIC VIOLENCE

By

Elaine Shpungin

The impact of social support in the lives of children exposed to their mothers' abuse was examined. The behavioral, emotional, social, and academic adjustment of 80 children, ages 7 to 11, were measured using mother, child, and school reports. The results revealed that social support in children's lives had both a moderating and main effect on their adjustment. Specifically, the number of significant people in the children's lives were found to buffer their behavioral adjustment from the negative effects of witnessed violence. The size of children's social networks, as well as support from mothers and other significant adults, were also found to be correlated with positive outcomes. Implications for social services and community-based interventions are discussed.

To my late grandmother, whose warmth and intellect will always be with me

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I also want to thank my family, who has always believed in me and has been there for me in many ways throughout this time. Finally, last but not least, I would like to thank my husband who has been a beacon of light through the most arduous parts of this journey, and a fount of laughter and support through every day of graduate school.

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INTRODUCTION

In the last decade, researchers have turned their attention to the children of women experiencing partner violence. Although this research has demonstrated the behavioral difficulties experienced by children exposed to abuse against their mothers in comparison to children from non-violent homes, it is currently lacking in several important ways. First, the research in this area has not fully examined how the severity of violence to which the children are exposed affects their adjustment. Second, factors that may contribute to the resilience of children exposed to domestic violence have not been explored. In addition, this literature has given limited attention to several specific areas of the children's development, such as their social and academic adjustment. The current research also contains little data on children's own reports of their adjustment. Finally, this literature is limited by its sole reliance on descriptive measurements of children's adjustment in areas such as academic success and aggression, which can be greatly enhanced by measurements of children's actual performance (e.g., grades, disciplinary actions in school).

The following study was designed to addresses these limitations and broaden our understanding of children exposed to domestic violence in several important ways. Eighty children, aged seven to eleven, of both genders, whose mothers were experiencing partner abuse, were interviewed. First, the relationship between the severity of violence to which the children were exposed and their behavioral, emotional, social, and academic adjustment was examined

utilizing a combination of maternal and child reports, as well as school records. Second, the protective nature of social support, as well as the relationship between the severity of violence and the amount of social support in the children's lives, was examined. The following literature review summarizes our present knowledge of the adjustment difficulties of children exposed to abuse against their mothers and demonstrates the importance of examining these currently unexplored or limited areas of the literature.

Chapter 1

CHILDREN EXPOSED TO THEIR MOTHERS' ABUSE

Women with abusive partners

Domestic violence, or more specifically, violence against women, is gaining recognition as a serious and pervasive problem in this country. It is estimated that between 21% and 34% of women in the U.S. will be slapped, punched, kicked, choked, stabbed, shot, or raped by their intimate male partners sometime in their lives (Browne, 1993; Straus, Gelles, & Steinmetz, 1980; Straus & Gelles, 1986). Research on women with abusive partners has shown that the violence has a variety of detrimental effects on their lives and well-being. For instance, these women are more likely to experience depression than women who have not experienced intimate partner violence (e.g., Sato & Heiby, 1992; Vitanza, Vogel, & Marshall, 1995). They are also more likely to be isolated and to have fewer friends, family, or community support who could help them leave their assailant or find safety (e.g., Nielsen, Endo, & Ellington, 1992; Sullivan, Basta, Tan, & Davidson, 1992). Because a great deal of women experiencing partner abuse reside with their children, researchers also became interested in examining whether similar negative effects of the violence (e.g., depression), as well as other adjustment difficulties (e.g., discipline problems), are experienced by their children.

Effects on children of witnessing their mothers' abuse

Behavioral difficulties. A number of important concerns prompted researchers to investigate the possibility of elevated levels of aggressive or acting out behaviors in children exposed to marital violence. Early clinical reports and anecdotes from shelter workers suggested difficulties in this arena (e.g., Hilberman & Munson, 1977-78). Theories about the inter-generational transmission of violence through the modeling of aggressive behaviors in the home (e.g., Emery, 1982) also raised concerns. Finally, the relationship between non-violent parental conflict and later conduct problems in children (e.g., Amato & Keith, 1991) encouraged researchers to investigate children of abused women.

Thus, most of the studies examining the effects of witnessing violence against their mothers include measures of children's behaviors such as the Child Behavior Checklist (CBCL; Achenbach & Edelbrock, 1983; 1986; Achenbach,1991) or the Peterson-Quay Behavior Problem Checklist (BPC; Quay, 1977; Quay & Peterson 1979; 1983). The CBCL is a list of behavioral items which parents (in this case, usually mothers) rate using a Likert-type scale on how applicable each item is to their child. This measure contains a broad-band grouping of externalizing behaviors which include the aggression and delinquency subscales. Children's scores can be compared to that of a normed sample of same age peers, which contains cutoffs for clinically problematic scores. The BPC assesses deviant behaviors in children, and also contains items which parents rate on a Likert type scale. This measure is comprised of

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four subscales (conduct disorder, personality disorder, inadequacy-immaturity, and socialized delinquency) and also contains group norms.

The studies reviewed here are comprised mostly of school aged children, as this is the targeted population for this study. In addition, a small number of studies of younger children and slightly older children are included, to demonstrate that these difficulties also apply to other age groups.

Overall, the research on behavioral adjustment utilizing the CBCL and BPC, as well as studies using additional measures such as structured interviews (e.g., Holden & Ritchie, 1991), demonstrate that children exposed to violence against their mothers are at higher risk for behavioral problems than are children from comparable community samples or children from normed samples. Although these studies vary on the specifics of the behavioral problems, important similarities exist among them. For instance, Davis & Carlson (1987) found that children in their sample received higher parent ratings on aggressive behaviors, while Holden & Ritchie (1991) discovered a trend towards aggressive behaviors in their structured child interview. In their studies of boys, Jaffe, Wolfe, Wilson, & Zak (1986) and Rosenbaum & O'Leary (1981) found elevated externalizing behaviors and elevated conduct disorder scores, respectively. Elevated conduct disorder and externalizing scores were also evident in studies of both boys and girls done by Jouriles, Murphy, & O'Leary (1989) and O'Keefe (1994a; 1994b; 1995).

Behavioral problems were also seen for samples of preschool children. For instance, Fantuzzo et al. (1991) showed young children (ages 3 ½ to 6 ½)

residing at domestic violence shelters to be rated higher on externalizing behaviors than children living in homes with domestic violence, who, in turn, had higher externalizing scores than a non-violence community sample. In their sample of preschoolers (ages 3-5), Graham-Bermann & Levendosky (1998) found children from violent homes to be rated higher on externalizing, and to exhibit more aggressive play, more violence, anger, and frustration, and more negative interactions with the caretakers in playroom observations.

Studies of children from outside the United States, including Australia (Mathias, Mertin, & Murray, 1995), Israel (Sternberg et al., 1993), and Mexico (McCloskey, Figueredo, & Koss, 1995) have also demonstrated higher externalizing scores for children who have witnessed their mothers' abuse.

Although these studies show that women experiencing partner abuse are more likely to rate their children as having behavioral problems than mothers of comparison community samples, the studies are limited in a number of ways. First, the mothers' reports are confined to the time they spend observing their children, and may reflect, at least in part, an interaction between the child and the mother, rather than the child's global behavior in all areas of functioning. Second, as discussed by Sternberg et al. (1993), women who are experiencing violence from their partners may not judge their children's behaviors with objectivity, due to their own feelings of guilt, depression, or frustration that may be associated with the abuse. Finally, an increased externalizing, aggression, or delinquency score on the CBCL or BPC does not provide a specific measure of problematic behavior for children. Thus, in addition to a mother-reported rating

of externalizing behaviors, modeled on the CBCL, the proposed study included a measure of the actual number of times children were disciplined for disruptive behavior in school (i.e., suspended). This information broadens understanding of children's adjustment in two important ways: first, it provides an applied measure of children's adjustment in addition to mothers' reported rating of their aggressive behaviors. Second, in addition to the information obtained on their behavior at home (which is more visible to the women), it provides a measure of how the violence at home may influence their behavior at school.

Emotional difficulties. The nature of the violence in the children's homes and the increased prevalence of depression and anxiety among their mothers also spawned research interest into the emotional problems of children from violent homes. The most common measure of children's emotional adjustment is the internalizing broad band score from the CBCL, which includes anxiety/depression, withdrawal, and somatic complaints. Most studies utilizing this measure found higher internalizing scores along with the elevated externalizing scores described earlier (e.g., Graham-Bermann & Levendosky, 1998; Jaffe, Wolfe, Wilson, & Zak, 1986; Mathias, Mertin, & Murray, 1995). Other studies found evidence for elevated internalizing scores only, in the children from the domestic violence samples (Christopoulos et al., 1987; Holden & Ritchie, 1991). However, at closer inspection, the results from these studies are not easily distinguishable from the results of the others. For instance, in the Christopoulos et al. (1987) study, it was shown that outlier girls in the community sample affected the scores, while the rest of the children had both internalizing

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and externalizing scores above the mean. In addition, although children in the

violence sample did not have internalizing scores that were significantly higher

than children in the comparison community sample, their externalizing scores

were significantly higher than the CBCL normed sample. Thus, similar to other

studies, the children in the Christopoulos et al. (1987) domestic violence sample

were exhibiting elevated externalizing, as well as internalizing scores. Finally,

several studies found higher total CBCL problem scores, which reflects an

overall elevated prevalence of both behavioral and emotional problems (e.g.,

Holden & Ritchie, 1991; Kolbo, 1996; Mathias, Mertin, & Murray, 1995; Wolfe,

Jaffe, Wilson, & Zak, 1985).

However, similar to the research on behavioral adjustment, the research

on the emotional adjustment of children exposed to their mothers' abuse, which

utilizes the CBCL only, has several important limitations. First, although many of

these studies have found children to have elevated internalizing scores, most of

these studies do not report differences in the specific syndromes which comprise

this score (i.e., anxious/depressed, withdrawn, and somatic complaints). Of

these syndromes, childhood depression, which can have grave consequences

for children's development, is particularly important to assess. Research has

shown that childhood depression is associated with difficulties in several areas,

including cognitive, social, and interpersonal (Hammon & Rodolph, 1996). In

addition, longitudinal studies suggest that childhood depression is a good

predictor of adult depression (e.g., Harrington, Fudge, Rutter, Pickles, & Hill,

1990). Finally, recent research has demonstrated that the prevalence of

depression among children is rising (e.g., Gershon, Hamovit, Guroff, & Numberger, 1987; Ryan et al., 1992). Analyses of the possible sources of such increases have suggested that the rise may be due partly to current social variables such as family dysfunction and lack of resources and social supports (Hammon & Rudolph, 1996). Thus, the relationship between childhood depression, domestic violence, and social support is particularly important to examine at this time. However, even those studies that have examined the depression syndrome of the CBCL internalizing scale (e.g., Davis & Carlson, 1987; McCloskey, Southwick, Fernandez-Esquer, & Locke, 1995) are still limited by another major concern: their sole reliance on the report of the mothers.

As discussed above (in the behavioral problems section), there are several limitations to assessing children's adjustment based only on their mothers' reports. These limitations are especially pronounced in the case of emotional adjustment, since it is difficult for mothers to accurately report their children's thoughts and feelings (e.g., sadness, depression). Thus, it is important to include a child self-report measure of depression when studying children from violent homes. One such measure is the Childhood Depression Inventory (CDI; Kovacs, 1981), a modified children's version of the Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Enbaugh, 1961). This instrument asks children to rate their feelings of sadness, apathy, and depression in the preceding two weeks. Two studies of children exposed to their mothers' abuse, which utilized the CDI, found that they rated themselves as experiencing significantly higher levels of depression than the normed sample

(Spaccarelli, Sandler, & Roosa, 1994; Sternberg et al., 1993). Tang (1997),

utilizing a similar child self report instrument, the Depression Self-Rating Scale

(Asarnow & Carlson, 1985), found elevated depression levels in the domestic

violence sample in comparison to both children from the maritally discordant and

the non-violence groups. It is important to note here that two of these studies

(Spaccarelli, Sandler, & Roosa, 1994; Tang, 1997) did not find elevated

internalizing scores on the mothers' rating of the CBCL, indicating support for the

utilization of multiple reports of depression. Thus, in addition to a mother-

reported rating of internalizing behaviors, modeled on the CBCL, the proposed

study includes the CDI, which assesses children's reports of their depressive

feelings.

Social adjustment. According to Bandura's (1986) social cognitive

theory, children's behavior is influenced by their sense of self-efficacy, which is

derived from a combination of personal standards and a comparison of

themselves to other children. According to this theory, a home environment of

violence could influence both of these areas, causing children to have lower

perceptions of their own social competency and to behave accordingly. A child

self-report measure created by Harter (Perceived Competence Scale (PCS),

1982; Self-Perception Profile for Children, 1985) assesses these areas of child

adjustment by examining the way children perceive their interactions with other

children and adults, as well as how they compare themselves to their peers in

sports, school, and physical appearance.

The small number of studies that have utilized the Harter with children of

abused women have yielded mixed results. Two studies with school aged

children from violent homes (Kolbo, 1996; Spaccarelli, Sandler, & Roosa, 1994)

have found their self-competency scores to be lower than the normed

comparison sample (although there were sex differences in both studies).

However, a study utilizing a pictorial version of the Harter with preschoolers

(Fantuzzo et al, 1991), and two studies of school-aged children (Christopoulous

et al., 1987; O'Keefe, 1994b) found no differences between the children in the

violence sample and those in the comparative sample.

A number of studies utilizing other measures of social adjustment

(Fantuzzo et al., 1991; Graham-Bermann & Levendosky, 1998; Rosenberg,

1984; Wolfe, Jaffe, Wilson, & Zak, 1985) also found children in the violence

samples to have lower social competency scores. It is possible to explain some

of the differences in the results by examining the differences in methodology of

the studies. For instance, the Christopoulos et al. (1987) study, which did not

find differences between the groups, had at least one confounding factor: almost

half of the women in the non-violence comparison sample (n=19) reported

incidents of "less severe" forms of physical violence from their partners, such as

pushing and throwing things. Thus, the children in the two groups may have had

similarly low competency scores because both sets of children were exposed to

violence. There is not enough data at this point to speculate about the causes of

all the differences in the studies of this area. It seems clear, however, that the

lack of studies assessing children's social competency, and the relative

disagreement among existing studies, makes this an important area of further

research. Thus, the proposed study will include Harter's PCS among its measures.

Academic adjustment. Another area of the literature that has been relatively neglected is the academic adjustment of children exposed to domestic violence. Children's academic performance has obvious implications both for how they perceive themselves and for their success in this society. A small number of studies indicate that children exposed to violence against their mothers perform worse on tests of academic achievement than children from comparative samples (Moore et al., 1990; Wolfe, Zak, Wilson, & Jaffe, 1986; Mathias, Mertin, & Murray, 1995). However, no studies have examined the way children's actual performance in school (i.e., their grades) may be affected by domestic violence in the home.

There are several important differences between children's grades and their performance on achievement tests. The most important of these is the dynamic way in which grades are assigned to children by their teachers, as opposed to the standardized, non-interactive way in which children take achievement tests. In his theory of child development, Vygotsky (1978) talked about the major difference between a child's developmental level as determined by his or her independent problem-solving skills, and that child's level of actual achievement under some adult guidance or supervision. Success in elementary school depends more on this latter type of achievement, since classroom interactions do not take place in a standardized test-taking manner, with the child working alone to solve problems. That is, unlike achievement test scores,

children's grades are based in part on the interaction between the child and his or her teacher, and include the teacher's assessment of the child's initiative, efforts, and motivation. Thus, a measure of children's grades provides us with a more accurate understanding of their academic success and adjustment. The drawbacks of utilizing grades as a measure of academic adjustment lie in the variability between different teachers' grading styles, and the lack of standardization in grade assignment. However, when examined across different school systems and teachers, grades should provide a unique and meaningful measure of children's academic achievement. The proposed study will, therefore, include a measure of children's grades for the segment of the school year closest to the time of interviewing, and examine how this measure relates to the other variables in the study.

Chapter 2

PROTECTIVE FACTORS

Risk and Resilience

One important, though often unstated, goal of research with children of

abused women is to improve their well-being and enhance their development. In

order to best accomplish this, it is necessary to examine not only the risk factors

that negatively affect this development, but also the positive, or protective factors

that promote resilience in such high risk populations.   According to Masten,

Best, and Garmezy (1990),

> Resilience is the process of, capacity for, or outcome of successful
> adaptation despite challenging or threatening circumstances.
> Psychological resilience is concerned with behavioral adaptation, usually
> defined in terms of internal states of well-being or effective functioning in
> the environment or both [and] protective factors moderate the effects of
> individual vulnerabilities or environmental hazards so that the adaptational
> trajectory is more positive than would be the case if the protective factor
> were not operational. (P. 426)

Discussing his research of childhood risk and resilience, Rutter (1990)

emphasized the interaction that operates between risk and protective factors.

According to this moderating model, the protective factors do not cause

resiliency, but act indirectly to buffer the negative effects of the risk factors.

Literature on risk and resilience has identified several protective factors

that can buffer children from various negative risk factors (e.g., maternal mental

health, child temperament, social support). However, thus far, the literature on

children of abused women has focused mostly on the children's negative

adjustment and has done little to examine the relationships of risk and protective factors in their lives. A small number of studies have examined the role of certain variables that were predicted to contribute to the negative outcomes of children from violent homes, or protect them from the negative effects of witnessing violence. These risk and protective variables include child temperament, parenting, gender, age (Holden & Ritchie, 1991), parental aggression, family size, SES, parental drug and alcohol use (O'Keefe, 1994b), maternal stress, negative life events, and family crises (Wolfe, Jaffe, Wilson, & Zak, 1985). However, as seen from this list, even these studies tend to focus more heavily on risk factors that can contribute to maladaptive adjustment, rather than examining variables that can contribute to the resiliency of children.

Of the protective variables currently found in the literature, the buffering effects of social support in the lives of children exposed to domestic violence are particularly important for us to examine. First, research with women who have experienced partner violence has shown them to be especially vulnerable in this area, as they are often isolated from friends, family, and social services, by the perpetrator and by the abuse (e.g., Nielsen, Endo, & Ellington, 1992; Sullivan, Tan, Basta, Rumptz, & Davidson, 1992). This research has also found that the presence of social support is a positive moderator in the adjustment of these women to the violence in their lives (Sullivan, Campbell, Angelique, Eby, & Davidson, 1994). Second, as is described in the following section, there is some research that suggests that social support can enhance the resiliency of children exposed to their mothers' abuse. Finally, as will be briefly summarized, social

support has been found to be a significant buffer in the lives of children exposed to other stressors (e.g., poverty, divorce).

Social support and stress

The definition of social support used in this study is the perception by an individual that he or she is cared for and loved, esteemed and valued, and a member of a network of communication and mutual obligation (Cobb, 1976; Cohen & Wills, 1985). Until recently, there has been little research on the protective nature of social support in children. In contrast, the adult literature has shown social support to act as a buffer against the effects of a wide range of risk factors, including death of loved one, chronic illness, and major life changes (e.g., Cobb, 1976; Cohen & Wills, 1985). Social support is thought to benefit individuals in a multidimensional way, by providing them with "emotional sustenance, informational guidance, or tangible assistance" (Hauser & Bowlds, 1990, p.399). Although there is no agreement as to exactly how social support works to protect and help people, two main models of the positive effects of social support exist in the adult literature.

The first one, known as the buffering model, argues that social support is helpful in ameliorating the effects in people under high stress only (i.e., an interaction effect). The second model proposes that social support has a positive main effect regardless of the level of stress in people's lives. The research on social support has found significant support for both the buffering (e.g., Dalgard, Bjork, & Tambs, 1995; Licitra-Kleckler & Waas, 1993; Llabre & Hadi, 1997; Wasserstein & La-Greca, 1996; Ystgaard, 1997) and the main effect

models (e.g., Collins, Dunkel-Schetter, Lobel, & Scrimshaw, 1993; Jonge, Janssen & Van-Breukelen, 1996; Li, Seltzer & Greenberg, 1997), and the debate continues to be a controversial one. In their review of the earlier literature of buffering and main effects, Cohen and Wills (1985) discuss ways in which measures of social support and stress that are used in studies, and the way the data is analyzed, can often bias the results towards one of the two models. For instance, measures that assess a person's level of integration into a large network or community (e.g., number of people in one's social support network) are more likely to show evidence for the main effect model. In contrast, instruments that assess specific areas of social support relevant to the stressor (e.g., social companionship, esteem) have a greater chance of showing a buffering effect. Studies assessing the presence of a confidant, or a person to whom the respondent can talk to about private and personal issues, also show consistent buffering effects. According to Cowen & Willis, a multiple regression is the preferable analysis for showing these effects in studies using continuous variables, while a chi-square or log-linear analysis may be used with dichotomous variables. As concluded by the authors, both models have been supported by the research, and both contribute to our understanding of the different ways in which social support may operate to help people.

Based on these two models, questions assessing both specific types of social support (e.g., companionship, esteem) and global social support (e.g., number of people in social network, overall satisfaction with support) were examined in this study.

<u>Social support and children exposed to domestic violence</u>

Although few studies exist at this time on the effects of social support on children exposed to domestic violence, the mixed results from this limited research suggest that certain kinds of social support protect children from the negative effects of domestic violence on their adjustment.

A study by Kolbo (1996) examined the social support networks of 60 children from violent homes, aged 8 to 11, using a measure designed by the researcher: the Supportive Relationship Questionnaire (SRQ). This questionnaire is specifically aimed at assessing social support that is related to the violence in the home. That is, three of the four categories of social support questions included in the measure (emotional, instrumental, and informational) focused on support received by the child around the issue of exposure to violence (e.g., "When your mom and dad [or her boyfriend] fight ... is there someone you talk to who listens to you?") The third category (social/companionship) asked children who they like to have fun with. Children were then asked to rate the level of support offered by each person they named using a Likert-type scale of 0 (did not make them feel better at all) to 3 (made them feel a lot better). Both the severity and frequency of the violence to which children were exposed was measured using a modified version of the Conflict Tactics Scale (CTS; Straus, 1979), which was completed by their mothers. Measures of child behavior using the CBCL and child self worth (Self-Perception Profile for Children; Harter, 1985) were also used to determine the relationship between exposure to violence, social support, and child adjustment.

The mean problem behavior score for the children in this study was significantly above that of the normed sample for a non-clinical population, and not significantly different from the normed clinical sample. However, the global self-worth scores for the children in the study were also significantly higher than the normed scores presented by Harter. In other words, children in this study had significantly higher levels of behavioral adjustment difficulties, but displayed higher levels of feelings of self worth than the children in the normed samples. A moderating relationship between high levels of social support and ratings of self-worth was also found, but only in boys. It is important to note here that, regardless of the level of social support, low levels of exposure to violence were associated with higher ratings of self-worth for all children, whereas exposure to higher levels of violence produced more variability in children's self-worth ratings.

The authors hypothesized that the lack of buffering for girls may be explained by the caregiving role that women and girls often take in our society, further increasing their own psychological stress in high risk situations. However, it is also important to note that the study did not address social support received by the children in other arenas, apart from exposure to violence. Although children were asked who they like to have fun with, the support they receive for problems with schoolwork or interpersonal difficulties was not assessed. Similarly, they were not asked about positive support they may receive from people that goes beyond simply "having fun" (e.g., sharing secrets, learning skills, feeling cared for). Thus, it is possible that the negative effects of

exposure to violence on girls are buffered by social support in some of these other areas and the findings may be reflecting a gender difference in the kind of support that is sought or received by girls and boys, rather than a gender difference in the buffering role of social support in general.

Another study also examined the relationship between social support networks and the adjustment of children exposed to domestic violence (Rawlins,1993). Seventy-one children, half of whom resided in shelters for domestic abuse, participated in the study. The Self Perception Profile and CBCL were used to assess social competency and child behavioral problems, respectively. No differences in size of social support networks were found between the children exposed to violence and the non-exposed group, although children in the non-exposed group were more likely to include their mother, father, and other family members as part of their support network. Regardless of group, children with larger support networks received higher social competency scores, with the lowest social competency scores being received by children in the violence-exposure group who had small social support networks. Similarly to Kolbo's study, social support was not found to affect behavioral scores for either group of children. However, the researchers did not examine the children's satisfaction with the social support they received from the different people they reported, or evaluate how different kinds of social support (e.g., from mothers vs. fathers) may have moderated the children's adjustment.

O'Keefe (1994b) has also shown that children's behavioral and emotional adjustment are moderated by social support. This study examined both the

effects of social support received by the child's family from agencies and outside individuals, and the quality of the parent-child relationship as rated by both parents and children. It was found that both higher levels of family support and higher quality levels of parental support protected children from the negative effects of witnessing violence (i.e., higher internalizing and externalizing scores on the CBCL).

In contrast, two other studies which included social support measures did not find that social support buffered children from the violence they witnessed (McCloskey, Figuerdo, & Koss, 1995; McCloskey, Southwick, Fernandez-Esquer, & Locke, 1995). However, in the former study, only parental and sibling support was assessed, limiting the conclusions to these types of child support. It is also important to note that this study found children from violent homes to report less overall social support than the comparative non-community sample. The study also did not assess social support in a comprehensive manner, only asking the number of relatives living in close proximity to the child. Thus, it is impossible to determine whether these relatives served as a source of social support, as a source of stress and aggravation, or played no role in the child's life at all.

Due to the limitations of the above studies, as well as to their small number, it is too early to draw conclusions from this research. Rather, these preliminary findings serve to encourage further exploration into different aspects of social support (e.g., quantity, satisfaction) as it relates to the buffering of children from the effects of exposure to domestic violence.

Finally, it is important to note that social support has been found to be a significant moderator for other high risk groups of children. Studies, including ones that are longitudinal in nature (e.g., Werner, 1993), have found that children that are homeless and economically distressed (Graham-Bermann, Coupet, Egler, & Mattis, 1996), experiencing high amounts of stress (e.g., Wertlieb, Weigel, & Feldstein,1987), or at high risk for academic problems (e.g., Quamma & Greenberg,1994) are buffered from the negative effects of these stressors by social support.

Thus, although the literature on social support in the lives of children from violent homes is limited, there is evidence from this and other research to suggest the important role that social support plays in protecting children from exposure to violence. The purpose of this study was, therefore, to examine the relationship between children's exposure to violence and their adjustment for both specific (i.e., buffering) and global (i.e., main) effects of social support.

Chapter 3

HYPOTHESES

First, the literature on the effects on children of witnessing their mothers' abuse has demonstrated that these children experience more behavioral and emotional difficulties than their peers from non-violent homes. Less attention has been given to children's social and academic adjustment, or their own ratings regarding the effects of the violence in their homes. Although these areas have not yet been examined in depth, there is some evidence to suggest that children's social and academic adjustment may also be detrimentally affected by witnessing violence against their mothers. Thus, it was hypothesized that higher levels of exposure to violence would relate higher levels of behavioral and emotional difficulties and lower levels of social and academic adjustment.

Second, the literature on risk and resilience shows that social support is an important protective factor, or moderator, in the lives of adults and children experiencing a variety of negative life events. The literature has also shown main effects of social support in people's lives, which do not interact with stress. Based on some preliminary studies of children exposed to domestic violence, and on the literature on stress and social support in general, it was hypothesized that both buffering and main effects for social support would be found in the study. That is, social support was predicted to protect children from the negative effects of witnessing violence on their behavioral, emotional, social, and

academic adjustment, while also having a positive main effect on their

functioning in these four areas.

Chapter 4

METHOD

Participants

The participants were part of a larger longitudinal study of women with abusive partners and their children. The eighty children and their mothers, who participated in this study, were recruited from two domestic violence shelters and one social service agency that provides services for lower socio-economic families in a mid-sized Midwestern town. Women with at least one child aged 7 to 11, who had experienced abuse from their partners in the last 4 months, were included in the study. If their mothers agreed to participate in the study, children were approached separately to assess their interest and minimize possible coercion from their mothers. In families where more than one eligible child was interested in participating, one child was chosen randomly to receive the full interview, while the other children were given a shortened "mock" interview to minimize feelings of resentment among the children.

Almost half the women in the study identified themselves as Caucasian (49%), with 39% identifying themselves as African American, 5% as Hispanic/Latina, 5% as bi-racial, 1% as Asian, and 1% as Native American. Forty-four percent of the children were identified as African American, with 40% being identified as Caucasian, 10% as bi-racial, 5% as Hispanic, and 1% as Asian. The women in the study averaged 31 years of age, with the majority of

the sample (77%) being under 35 years old. Their children's ages ranged from 6 to 11 years, with an average of 8 years. Fifty five percent of the children in the study were female. The mean monthly family income of the women in the study was $1199, with a minimum of no income (unemployed) and a maximum $3472 a month. A little more than 22% of the women had not attended high school, 26% had high school diplomas or GED's, 7.5% had graduated from a trade school, 39% had attended some college, and 5% were college graduates.

Procedure

The interviewers were undergraduate females who participated in the project for college credit. All interviewers committed to two semesters (approximately 30 weeks) with the project in order to receive intensive training in interviewing skills with both adults and children, sensitivity training in working with a diverse community population, and knowledge about domestic violence, following a manual developed for this project (Sullivan, Juris, Gauthier, Nguyen, & Prewitt, 1997).

The interviewers were divided into "interview teams" consisting of child interviewers (undergraduates trained in general theory and child interviewing skills), babysitters for younger children (as needed), and a team leader (an experienced child interviewer who also had adult interviewing training and skills). The team leader was in charge of coordinating the team and arranging the interview. The women were first contacted by telephone, following proper precautions to assure their safety (i.e., inquiring whether this was "a good time to talk"). If attempts at telephone contact were unsuccessful, the team leader

followed a tracking procedure designed for the project, which included contact persons, school personnel, and other sources who were given by the woman in case she could not be reached. An appointment was arranged with the woman which was convenient to her and her children's schedule, and the team drove to the home (or other arranged location).

A majority of the interviews (about 90%) were conducted in the women's homes, with the remainder being conducted in other safe places that were convenient for the participants (e.g., the project office on campus, a domestic violence shelter). All interviews took place in separate rooms for each member of the family to ensure privacy and confidentiality. The children's interviews lasted an average of 110 minutes, with a range of 53 minutes to 445 minutes in length. The women's interviews were longer, with a mean of 145 minutes, and a range of 80 minutes to 300 minutes in duration. All women were paid $15.00 for the interviews, while all children were given their choice of $5.00 or a toy of that value.

Measures

The study utilized a number of preexisting standardized measures as well as some that were designed or modified specifically for this research.

Witnessed Violence Scale - Child Report. Children were asked three questions using a Likert response scale (1="never" to 4="a lot") which assessed their awareness of verbal abuse against their mothers (e.g., "There are many things people do to annoy or hurt each other such as making fun of someone or calling them names and saying things to make them feel bad. How often has

[assailant] said or done any of these type of things to your mom?"). Children were also asked to respond to two questions which assessed their awareness of physical abuse against their mothers (e.g., "How often have you seen or heard [assailant] hurt your mom physically? By that I mean anything from grabbing or slapping her to punching or kicking her, anything like that") using a Likert response scale (1="never" to 6="more than 4 times a week"). Scores on these five items were standardized to create an overall Child Experience of Abuse Scale (α=.81). This measure is found in Appendix A.

Witnessed Violence Scale - Mother Report. Mothers were asked to respond to three items assessing how often their children witnessed their emotional abuse, threats against them, and their physical abuse on a Likert scale (1="never" to 4="often") for emotional abuse and (1="never" to 5="3 or 4 times a week") for threats and physical abuse. The responses to these items were then combined to form an overall mother report of Child Witnessing (α=.81). This measure is found in Appendix B.

Experience of Violence Scale - Mother. Mothers were asked to rate each of 22 emotional abuse items (e.g., "How often has [the assailant] ridiculed or criticized you?") on a Likert scale (1="never" to 4=often")(α=.90). In addition, mothers were given a 12-item scale assessing the types of injuries they may have received (e.g., "Have you ever experienced internal injuries?"), using a "yes" or "no" format (α=.77). Finally, mothers responded whether they have ever experienced the physical abuse described by 7 items modified from the Conflict Tactics Scale (CTS; Straus, 1979)(e.g., "To the best of your recollection, has

[the assailant] ever pushed, grabbed, shoved, or slapped you?"). If the women responded affirmatively, they were asked whether or not this abuse occurred in the last four months (α=.62). The responses from these three scales (Emotional Abuse, Injury, and Physical Abuse) were standardized to form an overall abuse scale (α=.77). This measure is found in Appendix C.

Perceived Competence Scale. The Perceived Competence Scale (PCS; Harter, 1985) was used to assess the way children feel about their social functioning in several areas (e.g., academic, athletic, behavioral). The PCS presents children with 22 items (e.g., "Some kids feel that they are very good at their school work, but other kids worry about whether they can do the school work assigned to them") and asks them to choose which type of kids they are more similar to. The children are then asked to what degree they are like the children they chose (i.e., "really like them" or "sort of like them"). The items in the PCS can be combined to form five subscales and one global self-worth subscale. However, due to the large number of independent variables examined in this study, only the Global self-worth scale was utilized (α=.65). This measure can be found in Appendix D.

Childhood Depression Inventory. To assess whether children were experiencing depressive symptoms, the Childhood Depression Inventory (CDI; Kovacs, 1981) was used. The CDI contains 27 items which ask children to indicate, using a Likert scale of 1 to 3, how they have felt in a particular area in the past two weeks (e.g., 1="I feel like crying once in a while"; 2="I feel like crying many days"; 3="I feel like crying every day"). Children are then given a

total score for depression. The CDI has Chronbach's alphas ranging from .80 to .94 (Saylor, Finch, Spirito, & Bennett, 1984). The alpha for the sample in this study was .81. This measure is located in Appendix E.

Behavior Rating Scale. A measure with items similar to those found in the Child Behavior Checklist (CBCL; Achenbach & Edelbrook, 1986) which asks mothers to rate their children on items such as "argues a lot," "unhappy, sad, or depressed", was developed for this study. Mothers use a Likert-type scale to rate how much each item applies to their child (1="not at all true" to 4="very true"). The 20 items in the instrument include an Internalizing (α=.73) and an Externalizing subscale (α=.73), as well as an overall measure of children's behavioral and emotional adjustment (Total Behaviors scale; α=.83). This measure can be found in Appendix F.

Number of Suspensions. Children's externalizing behavior was also assessed with an item which asked mothers how often in the last four months their child had been suspended. These measures can be found in Appendix G.

Mean Semester Grade. Quarterly report cards collected from the children's schools were utilized to assess children's academic adjustment. Because children represented more than thirty different schools in the area and ranged in grade level from kindergarten to 6th grade, their report cards presented several different grading systems (e.g., check, check-plus, check-minus vs. A, B, C, D, E). Thus, the different grading systems were trichotimized to form a standardized system that could be compared across children. The first level included marks that indicated above average performance in the subject

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(e.g., grades representing "Excellent" and "Good," "Exceptional Achievement" and "Has Mastered Skill," or "Excellent Progress" and "Satisfactory"). The second level included grades that indicated average performance in the subject (e.g., grades representing "Average," "Needs Improvement," or "Working on Skill"). The third level included grades that indicated poor performance in the subject (e.g., grades representing "Poor" and "Failing," "Does not perform skill," "Unsatisfactory," or "Area of Concern").

Children's grades across seven subjects that were common across schools (Reading, Writing, Spelling, Mathematics, Science, and Social Studies) were averaged for a mean score for the semester. For the 17 children (40%) that did not have grades for spelling, an average of the six remaining subjects was taken. An additional child had an average that was comprised of English and Mathematics grades only.

Child Social Support Questionnaire. Children's perceptions of social support were measured utilizing the Child Social Support Questionnaire, modified from the Adult's Social Support Questionnaire (Bogat, Chin, Sabbath & Schwartz, 1983). This measure includes five questions which assess the quantity, role, and type of social support in different areas of children's lives. Each of the five questions addressed a specific area of social support that could act as a buffer for the children (e.g., companionship, care, esteem). Examples of questions are: "Who listens to you when you need to talk about something personal, for example, about problems between your parents, problems with friends, things like that?", and "Who can you really count on to always be there

for you?"

Global, or main effects of social support were measured in two ways: total number and satisfaction with support. For total number, the total number of people mentioned in the social support section was calculated, as well as the total number of times that mothers, fathers, and other adults were mentioned in the children's social support sections. Children were also given a Satisfaction scale consisting of 5 items that asked them to rate how they feel about how much and the way in which they spend time with their friends and family, on a Likert-type scale of 1="Very Happy" to 7="Very Unhappy" (α=.22). Because the items in this Satisfaction scale had low internal reliability (α=.22), they were deemed inappropriate for analyses in the study. Buffering effects were measured by calculating the total amount of confidants (people who the child feels cares about them, listens to them, and can be counted on) in each child's social support section. The social support measures can be found in Appendix H.

Chapter 5

RESULTS

Some of the scales used in the analyses were incomplete due to

participant refusal or missing data. Five children did not respond to questions for

the Children's Depression Inventory and three children did not respond to

questions about witnessing violence. Subsequently, when scaled, these

participants were not included. Due to high correlations between the

Internalizing, Externalizing, and Total Scales of the Behavior Scale (see Table

1), only the Total Scale was examined. School data were obtained for only 52%

(n=42) of children due to the unavailability of records for many children and

refusal by schools to disclose records for some children. However, analyses did

not reveal any significant differences between the children for whom school

records were obtained and those for whom school data were missing on any

adjustment variables (i.e., CDI Total, Total Behaviors, Harter Global),

demographic variables (i.e., age, gender, minority status) or for self-reports of

level of violence witnessed. All variables exhibited a range of scores showing

adequate variance among the sample (see Table 2). In addition, a correlation

matrix which includes all variables used in analyses can be found in Table 3.

For this study, a significance level of $p<.1$ rather than .05 was utilized in

order to equalize the Type 1 and Type II errors. With a sample of 80

participants, the utilization of a $p<.05$ would yield about 50% power to detect a

statistically significant predictor that accounts for 5% of the variance in the dependent variable. Using a significance level of $p<.10$ increases the power to 70% while still holding Type I error probability at 10%. In addition, because the hypotheses in this study were directional, one-tailed analyses were conducted when testing the hypotheses. Cohen's (1992) criteria were used in judging effect sizes: $r=.10$ is considered a small effect, $r=.30$ a medium effect, and $r=.50$ a large effect.

Demographic Variables

Correlations were conducted to examine whether the age of the children in the study was related to their adjustment or witnessing of violence. T-tests were conducted to examine whether there were differences between boys and girls on any of the outcome variables or their reported levels of witnessing violence. T-tests were also conducted to examine whether minority versus white children differed on adjustment or how much violence they witnessed. It was found that age was significantly related to the CDI Total scores ($r=-.30$; $p=.009$), a medium effect accounting for 9% of the variance. It was also found that boys had significantly more suspensions than girls ($t (2, 78)=-0.23$; $p=.039$; girls' mean =.15; boys' mean=.50). Consequently, for all tests using the CDI Total and the number of suspensions, age and sex were used as covariates, respectively. No significant differences were found between children of different ethnic/racial backgrounds (i.e., minority vs. white) on any adjustment, social support, or violence variables. Children's age or sex was also not significantly correlated with any other outcome variables, reported levels of witnessed violence, or social

support variables.

Violence and Adjustment

Descriptives. Because items comprising the scale of children's reports of witnessed violence were standardized using z-scores, Tables 4 and 5 present the frequencies of children's responses to separate verbal and physical abuse items. On average, 89% of the children reported witnessing at least some verbal conflict in the home (yelling and arguing), with 46% reporting high levels ("a lot"). Seventy four percent of the children also reported witnessing at least some verbal abuse towards their mothers (ridiculing and physical threats), with 37% reporting high levels ("a lot" or once a week or more). In addition, 62% of children reported witnessing at least some physical assaults against their mothers, with 21% of the children reporting high levels (once a week or more).

Children's Total Behavior scores ranged from 0 to 30, with a maximum of 38 points possible. Only one child, with a score of 30, fell in the fourth quartile for Total Behaviors. The majority of children (58%) had Total Behaviors falling in the second quartile. The scores of the remaining children were almost equally divided between the first and third quartiles.

Twenty percent of the children had been suspended from school at least once in the last four months, with boys having significantly more suspensions than girls. Only eight percent of children had mean semester grades below average (equivalent of D or F) and the majority of children (66%) had mean grades of 2.5 or higher, on a scale of 2="average or C" and 3="above average or A and B."

The children's average Harter Global scores ($\underline{X}$=3.21) were comparable to those of the normed sample ($\underline{X}$=3.10), which was composed of 6th and 7th grade children (Harter, 1985). The average CDI Total scores of the sample ($\underline{X}$=.03) were also comparable to that of the normed sample of school aged children ($\underline{X}$=9.28) (Kovacs, 1985).

Child Report. It was hypothesized that children who reported witnessing higher levels of violence would have higher depression scores as measured by the CDI, more behavioral and emotional problems as measured by Total Behaviors, a higher number of suspensions from school in the past semester, lower social competency as measured by the Harter Global, and lower academic achievement as measured by mean semester grades.

Pearson r correlations were used to test the relationships between children's reported levels of violence and the five adjustment variables. It was found that children's self reports of witnessed violence were significantly correlated to their Total Behaviors scores, at the p<.10 level ($\underline{r}$=.11; $\underline{p}$=.087), which is considered a small effect. No significant relationships were found between how much violence children reported witnessing and their scores on the CDI, the Harter Global, their mothers' reports of how often they were suspended in the past semester, or their mean semester grades.

Mother Report. Because there was only one significant finding for children's reports of their mothers' abuse, correlations were conducted between their mother's reports of violence and the children's adjustment. A significant positive correlation was found between mothers' reports of how much abuse

their children witnessed and their ratings of their children's adjustment on the Total Behaviors ($r=.32$; $p=.057$), a medium effect accounting for 10% of the variance. Mothers' reports of their children's witnessing of violence were also significantly correlated to the number of times children were suspended in the past semester ($r=.14$; $p=.057$), and the children's ratings on the Harter Global ($r=-.13$; $p=.060$), small effect sizes accounting for 2% of the variance each. Similarly, a significant positive relationship was revealed between mothers reports of how much overall abuse they experienced and their children's scores on the Total Behaviors ($r=.37$; $p=.000$) (a medium effect size accounting for 14% of the variance), as well as their number of suspensions ($r=.26$; $p=.006$) (a small effect size accounting for 7% of the variance). The children's reports of how much violence they witnessed were highly correlated to these maternal perceptions of child witnessed abuse ($r=.39$; $p<.005$), as well as to the women's reports of how much abuse they actually experienced ($r=.39$; $p<.005$). These were medium effect sizes accounting for 15% of the variance each.

Social Support and Adjustment

Descriptives. The number of individual (non-repeating) people mentioned in children's social support sections ranged from 3 to 27, with an average of 11 individual people across the five questions. The total number of people mentioned in children's social support sections (including individuals repeated for different questions) ranged from 5 to 44, with an average of 17 total across the five questions. Overall, 76% of people mentioned in the social support sections were adults (other than mothers and fathers[1]).

Seventy four children (93%) mentioned their mothers at least once in the social support section, while forty five children (56%) listed their biological fathers for at least one area of the support measure. It is important to note here that, although all children in the study have regular contact with their mothers (i.e., reside with her), only 3% of children (n=2) said they saw their biological fathers sometime this week, and almost half of the children (n=37) had not seen their fathers for at least one year. (See Table 7 and 8 for frequency of children's contact with biological fathers).

Of those biological fathers that were listed by children as sources of social support, 47% (n=21) were also the women's abusers in this study. In addition, 13 children (16%) listed assailants that were not their biological fathers in at least one area of the social support section. Forty six percent of these men (n=6) were the children's stepfathers, 39% were their mother's current boyfriends (n=5), and 15% were described as their mothers' former boyfriends (n=2). (See Table 7 for distribution of mothers, fathers, and assailants as they were listed among the five social support areas).

The majority of the children (96%) listed at least one friend of their age group in their social support section, with a range of 1-10, and a mean of 4 friends being mentioned. Twenty nine percent of children also mentioned at least one adult friend (with a range of 1-4 and a mean of 2) in their social support section. In addition, 77% of children mentioned a relative (e.g., cousin, aunt) in their social support section, with a range of 0-14 relatives and an average of 3 relatives per social support section being mentioned.

Buffering. It was hypothesized that social support would buffer, or protect, children from the negative effects of witnessing violence on their adjustment. As predicted, a multiple regression revealed that the number of confidants present in the children's lives (persons who care, listen to, and can be counted on according to the children), significantly buffered children from the negative effects of witnessed violence on their behavioral adjustment (p=.062) (See Table 9). That is, the interaction between high levels of witnessed violence and the presence of many confidants, moderated the relationship between violence and children's Total Behaviors scores, reflecting better internalizing and externalizing adjustment.

Main Effect. It was also hypothesized that global types of social support would have a main effect on children's functioning. As expected, correlations examining the relationship between children's adjustment and the total number of people in their social support section revealed a significant relationship to children's Harter Global scores (r=.13; p=.064), a small effect size. Significant positive correlations were also found for the total number of times adults (other than mothers and fathers) were listed (out of 5 possible areas of support) and the children's mean grades (.26; p=.024), their Harter Global scores (r=.16; p=.041), and their CDI Totals (r=-.12; p=.082), all small effect sizes, accounting for 7%, 4%, and 1% of the variance, respectively. No other significant relationships were found between the total number of people in children's social support networks and their adjustment scores, or for the total number of areas in which children had supportive adults and the number of times they were

suspended.

A correlation examining the relationship between children's adjustment and the total number of areas (out of 5 possible) that mothers were listed in the social support section revealed a significant relationship with children's Harter Global scores ($r=.27$; $p=.005$) and the number of times children were suspended ($r=-.14$; $p=.059$), both small effect sizes. Correlations did not reveal any significant differences between the other adjustment variables (Total Behaviors, CDI, and mean grades) and how often mothers were listed in the social support section.

Correlations examining the relationship between children's adjustment and the total number of times fathers (biological fathers and stepfathers) were listed in children's social support section were not significant for any of the adjustment variables, regardless of whether fathers were also assailants or not.

The total number of tests performed was 54, indicating that about 3 significant findings may have been obtained by chance.

Chapter 6

DISCUSSION

Overall, this study supports the hypotheses that domestic violence has negative effects on children's adjustment, especially in the behavioral arena, while social support has both buffering and main effects on the lives of children exposed to their mothers' abuse.

Violence and Adjustment

Descriptives. Overall, children in the study witnessed a wide range of abusive behaviors towards their mothers, with more than a third (74%) witnessing verbal abuse and more than half (62%) witnessing physical assaults. On average, about one fourth of the children reported witnessing high levels of verbal and physical abuse. This data highlights the importance of quantifying the violence to which children are exposed to, rather than simply determining whether or not children witnessed any abuse. In this way, samples of children in different settings (e.g., shelter vs. non-shelter), or with different adjustment profiles, can be examined in terms of levels and types of violence witnessed.

Children's behaviors, as rated by their mothers, fell in the middle range of the Behavior Rating scale, with a majority of the children (58%) having scores in the second quartile, and only one child having a score high enough to reach the fourth quartile. Although this scale has not been standardized on a community sample of children, the distribution of the scores suggests that, overall, children

in the sample are not experiencing unusual levels of behavior or emotional problems (i.e., the scores are skewed towards the lower end of the Behavior Scale).

Overall, children's mean semester grades also indicated a satisfactory level of academic adjustment, with the majority of children (66%) having grades of 2.5 or higher (the equivalent of C+ or higher), and only 8% of children having a "D" or "F" average for the semester. Thus, despite the violence in their homes, the children in this sample are making good progress in the academic arena of their lives. Future research can examine other factors, besides social support, that may contribute to children's academic resilience in elementary school.

In addition, mothers reported that about 20% of the children were suspended from school in the last four months, with boys having significantly more suspensions than girls. A lack of a control community sample (of children without violence in the home) makes it difficult to determine whether this suspension frequency falls within normal limits for children in this age group.

Children's Harter Global scores and CDI scores were both comparable to the normed samples of school aged children. This suggests once more, that it may be the level or type of violence witnessed by children, rather than the presence or absence of violence in the home, that affects children's adjustment, at least according to their own ratings.

Results. As hypothesized, children's reports of the levels of witnessed violence against their mothers were positively correlated with their Total Behavior scores. The amount of violence reported by children was not related to

their self reported levels of depression (CDI Total), their externalizing behaviors as evidenced by number of suspensions from school, or their self reported levels of social adjustment (Harter Global). However, consistent with the current literature, a significant positive correlation was found between mothers' reports of their actual abuse and their children's scores on the Total Behaviors scale, as well as with the number of times children were suspended (e.g., Christopoulos et al., 1987; Davis & Carlson, 1987; Jaffe, Wolfe, Wilson, & Zak, 1986; Holden & Ritchie, 1991). Similarly, a significant positive relationship was revealed between mothers' perceptions of how much violence was witnessed by their children and children's Total Behavior scores, number of suspensions, and Harter Global scores.

There may be several explanations for why maternal reports of violence were related to more children's outcome variables than children's reports. It is possible that the children's views of the violence in their homes did not relate to their views of themselves, as reflected by the CDI and Harter scores. It is also possible that children were inaccurate reporters of their own adjustment. Finally, it is possible that children's behaviors are more affected by the violence than their emotional (i.e., depression) or social adjustment. Although the significantly elevated Total Behaviors ratings contained both internalizing and externalizing items, only the externalizing behaviors were able to be corroborated by another source (the numbers of suspensions). Thus, it is possible that mothers were exaggerating their children's emotional distress and behavioral problems due to their own feelings of concern or depression.

It is also important to note, that, although there was variance in the levels of violence children reported witnessing, all the children in the sample had mothers who had experienced some abuse in the past four months. Thus, it is possible that it is the presence or absence of violence in the home that significantly affects children's scores on the CDI and Harter. This could not be tested due to the absence of a control group.

Children's social and emotional adjustment may also be influenced by chronic, rather than recent experiences with violence. That is, the level of violence witnessed over the past year, or the past several years, rather than in the last four months, may be affecting children's Harter and CDI scores. Because these data represent Time 1 of a longitudinal study, the effects of witnessing violence over time can be examined in the future.

In addition, although steps were taken to correct for this, the lack of significant findings may have been a result of low statistical power due to the relatively small sample size. However, despite the lack of additional findings for children's self reports of witnessing, the overall combination of child and mother reports suggests a significant relationship between the violence in the home and child adjustment difficulties, especially in the behavioral arena.

Social Support and Adjustment

Although previous literature has shown that high levels of specific types of social support can buffer individuals from high levels of a variety of stressors (e.g., Cohen & Hoberman, 1983; Flannery & Wieman, 1989; Power, 1988; Koeske & Koeske, 1990; Wilcox, 1981), the buffering effects of social support in

the lives of children of abused women have not been extensively studied. In addition, the small number of studies examining the effects of social support on the adjustment of children from violent homes have had mixed results. Whereas some studies have found buffering effects for social support (Kolbo, 1996; O'Keefe, 1994b), others have shown no effects (McCloskey, Figuerdo, & Koss, 1995; McCloskey, Southwick, Fernandez-Esquer, & Locke, 1995) or main effects only (Rawlins, 1993). Finally, as a result of an extensive review of earlier literature, Cohen and Wills (1985) concluded that certain kinds of social support were more likely to show buffering versus main effects for individuals. Supporting this explanation of the diverse findings on social support in the literature, the current study found both buffering and main effects for different kinds of social support in different areas of the children's development.

Buffering. As described in the literature (Cohen & Wills, 1985), buffering effects were predicted to be found for social support that met specific functional needs, such as esteem (caring) and informational support. As hypothesized, a multiple regression revealed that the number of confidants in the children's social support sections positively moderated the relationship between the levels of witnessed violence reported by the children and their Total Behavior scores. That is, children who reported witnessing very high levels of violence were protected from the negative effects of this violence on their behavioral adjustment by having many people in their lives who cared about them, listened to them, and could be counted on.

This finding is similar to that of O'Keefe (1994b), who found both quality

and quantity of parental and outside support to buffer children from the negative effects of violence on their behavioral adjustment (as measured by the CBCL). In contrast to Kolbo's (1996) results, this study found significant buffering effects for behavioral, rather than social adjustment. This suggests that a social support measure that captures support in other areas of children's lives (besides support provided around the violence in their homes) is important to examine for this population.

Main effects. It was hypothesized that main effects for global types of social support (i.e., a person's embededness into a social network) would also be found. Main effects were measured by calculating: (a) the total number of people in children's social support networks; (b) the total number of areas (out of five) that mothers and fathers were listed; and (c) the total number of areas (out of five) for which adults, other than their parents, were listed in children's social support networks.

As predicted, Pearson r correlations revealed that the total number of people in children's social support networks were significantly positively related to children's Harter Global scores. That is, the more embedded in a social support network that children perceived themselves to be, the higher they rated themselves on a measure of social adjustment and self worth. This is consistent with Rawlins' (1993) finding that the size of children's social support networks was significantly related to their social competency scores, for both children in the "violence" and "non-violence" groups. These findings suggest that children's perceptions of how many people are available to support them in different areas

of their lives may be particularly relevant to their sense of self concept and their adjustment in the social arena. Perhaps it is the feeling of having a large "safety net" that allows children to develop a more positive image of themselves and relate in a more effective way with others.

The total number of times mothers were listed in children's networks (out of a possible five support areas) also showed a significant positive correlation to children's Harter Global scores, and a significant negative correlation to the number of times they were suspended. Thus, children who perceived their mothers as being sources of social support in more areas of their life, were more likely to feel better about their social competency and self esteem, and were less likely to engage in delinquent behaviors in school. Although support from several different sources was shown to have a main effect on children's Harter Global scores, only support from mothers had a significant effect on children's suspensions in school over the last semester. This suggests that for children of abused women, a broader provision of social support by their mothers may be critical in helping them control their behaviors in school, regardless of the level of violence in the home.

In addition, the total number of times adults (other than their mother or father) were listed as sources of social support in different areas of children's lives, was significantly positively correlated to their Harter Global scores and their mean school grades, and significantly negatively correlated to their CDI scores. Thus, children who have more adults who are able to provide support in the different areas of their lives, are more likely to feel good about themselves, to

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do better in school, and to rate themselves as having fewer feelings of sadness and depression, than children who have adults in fewer (or no) areas of social support. This finding is particularly important because no studies have examined the impact of social support on children's academic adjustment as measured by their actual school grades. In addition, the presence of more adults in different areas of social support was the only factor (of the ones tested) that significantly affected children's scores on the CDI. Thus, this finding highlights the importance of caring, supportive adults, other than the parents, in helping children from violent homes adjust in several critical developmental arenas.

Although support provided from both mothers and other adults was significantly correlated to children's adjustment in a variety of areas, the total number of times fathers were listed in children's social support sections were not significantly related to any of the outcome variables, regardless of whether or not fathers were also assailants. These findings suggest that for school aged children of abused women, a supportive, positive relationship with their mothers or other caring adult, and their perception of how many people are supportive of them, are more important to their well-being than their relationships with their fathers.

There may be several reasons for these findings. First, whereas 93% of children listed their mothers for at least one of the five social support areas, only 56% of children listed their fathers for at least one area of the support measure. In fact, there was a higher percentage of children who listed an adult outside their mother or father in at least one of the five areas (76%). Furthermore,

almost half (46%) of fathers listed as sources of support by their children, were also their mothers' abusers, potentially making these relationships confusing and stressful for the children.

Finally, a vast majority of the children did not have regular contact with their fathers, making their presence in the children's lives less relevant. Only 3% of children reported seeing their father sometime this week, and only one fourth of the children (26%) saw their fathers within the last 5 months. In addition, almost half of the children had not seen their fathers for a year or longer, or have never seen their fathers. Considering this lack of contact, children mentioned their fathers a surprising amount of times as sources of social support. Children were most likely to say that their fathers "really care" about them (84%) and "can be counted on no matter what" (56%); percentages that were comparable to those given for their mothers. However, children were about half as likely to say that their fathers "listen" to them (31%) or are "fun to talk to" (33%) and "hang out with (17%) as their mothers.

This data suggests that it is important for children to believe that significant people in their lives are emotionally invested in them, even if they do not show it through their actions. Thus, fathers who are absent or are abusive to their mothers, are still internalized as caring figures by these children. That is, children may believe that in a hypothesized situation, their fathers would "be there" for them, or that they care about the children "deep down inside." On the other hand, children's beliefs about their fathers roles as listeners, talkers, or playmates, may be based more on their fathers' actions and the lack of actual

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time spent with the children.

In addition to fathers who were abusing their mothers, some children (16%) also listed other male figures, who were their mothers' assailants, as sources of social support. The majority of these men were the children's stepfathers and their mothers' current boyfriends. Similarly to the social support profile of biological fathers (assailant and non-assailant), non-father assailants were also more likely to be listed as people who "really care" about the child and "can be counted on no matter what" and much less likely to be listed for other areas of social support (e.g., boyfriends were not listed at all for the other 3 areas). Contrary to the other assailants, two men who were categorized as mothers' former boyfriends, were listed only as people the children like to "hang out with."

Again, this data highlights the importance of asking children the ways in which different people in their lives offer them support. Whereas fathers and other male figures in children's lives were mentioned as people who cared about the children, this kind of theoretical support alone did not make a significant difference in children's adjustment. This suggests that children need support from a variety of areas in their life, and shows the importance of adults that listen to, talk to, and spend quality time with school aged children. For these reasons, the children's mothers and other significant adults in their lives were able to make significant contributions to their well-being, while their fathers (even the non-abusing ones) could not.

While the current study enriches our understanding of the lives of children

of abused women, the results are qualified by several limitations which should be addressed in future research. As mentioned previously, a larger sample of children and their mothers would increase statistical power and provide more variance on all measures. A larger sample would also allow for the examination of gender differences, for which there was a lack of statistical power in this study. A greater number of items on the social support measure would also provide more variance for the children's responses. In addition, a social support satisfaction measure with better reliability would allow for examination of this important aspect of the children's support. Finally, the significant findings need to be interpreted cautiously due to the relatively large number of statistical tests that were conducted (n=54).

Despite these limitations, several important findings and directions for future research emerge from this data. First, this study indicates that not only the presence of violence, as has been shown in the literature, but also higher levels of violence witnessed by children, have negative effects on adjustment, especially in the behavioral arena. This research also supports the current finding in the literature that women's reports of the levels of violence they experience, (and their perceptions of how much violence their children witness), are significantly related to children's outcomes.

The findings also show that specific types of social support can buffer children from the negative effects of violence on their behavioral adjustment, while global types of social support can have main effects on their development in social, academic, and emotional arenas (including children's self reported

outcome variables). Although it was hypothesized that confidants buffer children by providing esteem (caring) and informational support, it is not clear exactly how the presence of confidants in children's lives protects them from the negative effects of the violence. Future research that includes qualitative measures (e.g., open-ended questions) of how children cope with witnessing their mothers' abuse and the role that confidants play in their lives can clarify this relationship.

The results also suggest that support from their mothers and other significant adults is more important to children than support from their fathers. This appears to be due to the fathers' lack of overall contact with the children, and the lack of "quality time" spent with them (e.g., listening to them, talking to them, and hanging out with them). In addition, the findings suggest, that, although children's social adjustment and self-esteem is affected by the total number of people in their support network, their mothers' support, and support from other adults, there are certain areas of adjustment which are more affected by their mothers' support (e.g., externalizing behaviors leading to suspensions), and others which are more affected by significant adults outside the family (e.g., academic adjustment and depression). Future research can explore the ways in which mothers, versus other significant adults, express their caring and concern for the children, and the kinds of activities and topics that are shared between the children and these adults.

In addition to introducing these important questions for further exploration, the current findings have significant implications for interventions with abused

women and their children. First, these findings suggest that separating children from their abused mothers, as is often done in domestic violence situations, does not maximize their adjustment. Rather, children's mothers, who serve an important supportive function in their lives, need to be provided with resources, support, and respite care, that would allow them to be more emotionally and physically available for their children. The mothers in the current study were shown to be twice as likely as fathers to actively listen and talk to their children, as well as spend time having fun with them. This increased attention and "quality care" was shown to make a significant difference in the children's lives. Yet, these women are given little outside support in order to continue, or expand, this important role.

Because individual women have different needs, it is difficult to prescribe general services that would be helpful for all women in abusive relationships who have school-aged children. However, services such as low-cost and flexible after school programs for children would allow women with unsupportive partners to work or engage in other necessary activities while their children were in a safe and stimulating environment. This would allow the women and their children to spend more of their at-home time engaging in one-on-one activities. At the same time, such programs would expand children's social networks and introduce them to significant adults outside the home, both of which were shown to have significant positive effects on their adjustment.

A program that paired children from violent homes with community volunteers, such as retired citizens or high school students, would also help

children by providing social support and building potential "confidant" relationships. Again, all parents, especially those with unsupportive and abusive partners, can provide better support to their children if their child-care duties are regularly relieved by caring others.

It is also important for intervention programs to take a more individual approach with abused women and their children, in order to provide support in the areas most needed for that family. Thus, while some women are in need of legal support, others may be struggling with housing issues. Similarly, while some children have many friends and are in need of an adult to help them with their homework, others need a group of peers with whom to share their concerns. Thus, the field needs to recognize the importance of offering support to both abused women and their children, as well as conducting better assessments as to which areas of support are most needed by each individual family.

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APPENDICES

APPENDIX A

WITNESSED VIOLENCE SCALE - CHILD REPORT

Now I'd like to ask you some questions about your mom and _Assailant's name_

1. Think about how things have been going in the last 4 months, like since about _holiday or specific time mark_. Since then, how often would you say you've heard your mom and _Assailant's name_ arguing?
   (SHOW YELLOW CARD# 2)

> NEVER. 1
> A LITTLE. 2
> SOMETIMES. 3
> A LOT. 4
> Not applicable. 8

2. How often would you say you've heard your mom and _Assailant's name_ yelling and screaming at each other, or one screaming or yelling at the other?
   (SHOW YELLOW CARD# 2)

> NEVER. 1
> A LITTLE. 2
> SOMETIMES. 3
> A LOT. 4
> Not applicable. 8

3. There are many things people do to annoy or hurt each other, such as making fun of someone or calling them names, and saying things to make them feel bad. How often has _Assailant's name_ said or done any of these type of things to your mom, since about _holiday or specific time mark_?
   (SHOW YELLOW CARD# 2)

> NEVER. 1
> A LITTLE. 2
> SOMETIMES. 3
> A LOT. 4
> Not applicable. 8

4. About how often have you seen or heard _Assailant's name_ threaten to hurt your mom, since about _holiday or specific time mark_?
   (SHOW YELLOW CARD# 2)

    NEVER. 1
    ONCE A MONTH OR LESS 2
    2 OR 3 TIMES A MONTH. 3
    ONCE OR TWICE A WEEK. 4
    3 OR 4 TIMES A WEEK. 5
    MORE THAN 4 TIMES A WEEK 6
    Not Applicable 8

5. About how often have you seen or heard _Assailant's name_ hurt your mom physically, since about _holiday or specific time mark_? By that I mean anything from grabbing or slapping her to punching or kicking her, anything like that.
   (SHOW YELLOW CARD# 2)

    NEVER. 1
    ONCE A MONTH OR LESS 2
    2 OR 3 TIMES A MONTH. 3
    ONCE OR TWICE A WEEK. 4
    3 OR 4 TIMES A WEEK. 5
    MORE THAN 4 TIMES A WEEK 6
    Not Applicable 8

WITNESSED VIOLENCE SCALE - MOTHER REPORT

1. There are some things that men might do to annoy or hurt their partners such as ridiculing, criticizing, controlling, or humiliating them. I want you to recall how many times _Child's name_ has ever seen or heard _Assailant's name_ do any of these things to you.
> (SHOW YELLOW CARD# 2)

> NEVER 1
> RARELY. 2
> SOMETIMES 3
> OFTEN 4

2. Now I would like to ask you questions about whether _Child's name_ might have seen or heard any of the abuse you've experienced. How many times has _Child's name_ ever seen or heard _Assailant's name_ threaten you? Would you say:
> (SHOW PINK CARD# 3)

> NEVER. 1
> ONCE A MONTH OR LESS 2
> 2 OR 3 TIMES A MONTH. 3
> ONCE OR TWICE A WEEK. 4
> 3 OR 4 TIMES A WEEK. 5
> MORE THAN 4 TIMES A WEEK 6
> Not Applicable 8

3. How many times has _Child's name_ ever seen or heard _Assailant's name_ physically harm you, or attempt to harm you?
> (SHOW PINK CARD# 3)

> NEVER. 1
> ONCE A MONTH OR LESS 2
> 2 OR 3 TIMES A MONTH. 3
> ONCE OR TWICE A WEEK. 4
> 3 OR 4 TIMES A WEEK. 5
> MORE THAN 4 TIMES A WEEK 6
> Not Applicable 8

EXPERIENCE OF VIOLENCE - MOTHER

1. Now I have a list of some of the emotional things men might do to annoy or hurt their partners and ex-partners. Using this card (SHOW YELLOW CARD #2) could you tell me, to the best of your recollection, how many times in the last 4 months *Assailant's name* did any of these things to annoy or hurt you?

```
                        NEVER . . . . . . . . . . . . . . . . 1
                        RARELY. . . . . . . . . . . . . . . .2
                        SOMETIMES . . . . . . . . . . . .3
                        OFTEN . . . . . . . . . . . . . . . . 4
                        Not applicable. . . . . . . . . . . .8
```

a. How often has he refused to talk to you?. . . . . ____

b. How often has he accused you of having or wanting other sexual relationships? . . . . ____

c. Told you about other sexual relationships he wanted or was having in order to hurt you. . . . . ____

d. Tried to control your money. . . . . ____

e. Tried to control your activities . . . . ____

f. Lied to you or deliberately misled you . . . . ____

g. Called you names . . . . ____

h. Tried to humiliate you . . . . ____

I. Ignored or made light of your feelings. . . . . ____

j. Ridiculed or criticized you . . . . ____

k. Criticized your family or friends to you . . . . ____

l. Harassed your family or friends in some way . . . . ____

m. Discouraged your contact with family or friends. . . . . ____

n. Threatened to hurt your family or friends. . . . . ____

```
NEVER . . . . . . . . . . . . . . . 1
RARELY. . . . . . . . . . . . . . .2
SOMETIMES . . . . . . . . . . . .3
OFTEN . . . . . . . . . . . . . . . 4
Not applicable. . . . . . . . . . .8
```

o. Broken or destroyed something important to you . . . . ____

p. Do you have or have you had pets in the last four months? (IF YES):
    Abused or threatened to abuse your pets to hurt you . . . . ____

q. Punished or deprived the children when he was angry at you. . . . . ____

r. Threatened to take the children away from you . . . . ____

s. Left you somewhere with no way to get home . . . . ____

t. Threatened to end the relationship if you didn't do what he wanted. . . . . .____

u. Tried to force you to leave your home . . . . ____

v. Threatened to commit suicide when he was angry at you . . . . ____

2. How many times in the last 4 months did _Assailant's name_ threaten you in
any way? By that I mean said or did things that made you feel scared or in
danger, whether in person, over the phone, through the mail, or through other
people. Would you say:
    (SHOW PINK CARD#3)

```
                        NEVER. . . . . . . . . . . . . . . . . . . . . . . . . . . 1
                        ONCE A MONTH OR LESS . . . . . . . . . . . .2
                        2 OR 3 TIMES A MONTH. . . . . . . . . . . . .3
                        ONCE OR TWICE A WEEK. . . . . . . . . . . 4
                        3 OR 4 TIMES A WEEK. . . . . . . . . . . . . . 5
                        MORE THAN 4 TIMES A WEEK . . . . . . . 6
                        Not Applicable . . . . . . . . . . . . . . . . . . . . . 8
```

Now I'd like to talk about the violence you've experienced from _Assailant's name_.
First I have some specific questions to ask, but then we can talk a little more
informally about what happened if you want, Okay?

3. First I have a list of different types of physical violence that women have
experienced from their partners and ex-partners. I wonder if you could tell me,
to the best of your recollection, whether _Assailant's name_ has <u>ever</u> done any of
the following things to you:

Has he ever:	EVER		IN THE LAST 4 MONTHS?		
	YES	NO	YES	NO	N/A
a. Broken your glasses or torn your clothing?	1	2	1	2	8
b. Pushed, grabbed, shoved or or slapped you?	1	2	1	2	8
c. Punched, kicked, choked or burned you?	1	2	1	2	8
d. Thrown something at you, tried to hit you with an object, or hit you with an object?	1	2	1	2	8
e. Forced sexual activity?	1	2	1	2	8
f. Tied you up or physically restrained you in some way?	1	2	1	2	8
g. Threatened you with a gun or knife or used a gun or knife against you?	1	2	1	2	8

4. (IF SHE HAS BEEN HARMED AT ALL) Now I'm going to go through a list of physical injuries and ask you yes or no if you ever suffered these injuries from his abuse.

Did you ever suffer:	EVER		IN THE LAST 4 MONTHS?		
	YES	NO	YES	NO	N/A
a. Soreness without bruises?	1	2	1	2	8
b. Cuts, scrapes, bruises, red marks, or welts?	1	2	1	2	8
c. Burns, including rug burns?	1	2	1	2	8
d. Loose or broken teeth?	1	2	1	2	8
e. Broken bones or fractures?	1	2	1	2	8

f. Internal injuries?	1 . . . 2	1 . . . . . 2 8
g. Strains or sprains?	1 . . . 2	1 . . . . . 2 8
h. Pregnancy complications or miscarriage?	1 . . . 2	1 . . . . . 2 8
I. Knife or gunshot wound?	1 . . . 2	1 . . . . . 2 8
j. Permanent scarring?	1 . . . 2	1 . . . . . 2 8
k. Any other physical injuries I haven't mentioned? (Specify) _____	1 . . . 2	1 . . . . . 2 8

PERCEIVED COMPETENCE SCALE

What I Am Like

SAMPLE SENTENCE

Really True for me	Sort of True for me				Sort of True for me	Really True for me
a. ❑	❑	Some kids would rather play outdoors in their spare time	BUT	Other kids would rather watch T.V.	❑	❑
1. ❑	❑	Some kids feel that they are very *good* at their school work	BUT	Other kids *worry* about whether they can do the school work assigned to them	❑	❑
2. ❑	❑	Some kids find it *hard* to make friends	BUT	Other kids find it's pretty *easy* to make friends.	❑	❑
3. ❑	❑	Some kids do very *well* at all kinds of sports	BUT	Other kids *don't* feel that they are very good when it comes to sports.	❑	❑

Really True for me	Sort of True for me				Sort of True for me	Really True for me
4. ❏	❏	Some kids are *happy* with the way they look	BUT	Other kids are *not* happy with the way they look.	❏	❏
5. ❏	❏	Some kids often do *not* like the way they behave	BUT	Other kids usually *like* the way they behave.	❏	❏
6. ❏	❏	Some kids are often *unhappy* with themselves	BUT	Other kids are pretty *pleased* with themselves.	❏	❏
7. ❏	❏	Some kids feel like they are *just as smart* as other kids their age	BUT	Other kids aren't so sure and *wonder* if they are as smart.	❏	❏
8. ❏	❏	Some kids have *a lot* of friends	BUT	Other kids *don't* have very many friends.	❏	❏
9. ❏	❏	Some kids wish they could be a lot *better* at sports	BUT	Other kids feel they are *good enough* at sports.	❏	❏

Really True for me	Sort of True for me				Sort of True for me	Really True for me
10. ❏	❏	Some kids are *happy* with their height and weight	BUT	Other kids wish their height or weight were *different*.	❏	❏
11. ❏	❏	Some kids usually do the *right* thing	BUT	Other kids often don't do the right thing	❏	❏
12. ❏	❏	Some kids *don't* like the way they are leading their life	BUT	Other kids *do* like the way they are leading their life.	❏	❏
13. ❏	❏	Some kids are pretty *slow* in finishing their school work	BUT	Other kids can do their schoolwork *quickly*.	❏	❏
14. ❏	❏	Some kids would like to have a lot more friends	BUT	Other kids have as many friends as they want.	❏	❏
15. ❏	❏	Some kids think they could do *well* at just about any new sports activity they haven't tried before	BUT	Other kids are afraid they might *not* do well at sports they haven't tried before.	❏	❏

Really True for me	Sort of True for me				Sort of True for me	Really True for me
16. ❑	❑	Some kids wish their body was *different*	BUT	Other kids *like* their body the way it is.	❑	❑
17. ❑	❑	Some kids usually act the way they know they are *supposed* to	BUT	Other kids often *don't* act the way they are supposed to.	❑	❑
18. ❑	❑	Some kids are *happy* with themselves as a person	BUT	Other kids are often *not* happy with themselves.	❑	❑
19. ❑	❑	Some kids often *forget* what they learn	BUT	Other kids can remember things *easily*.	❑	❑
20. ❑	❑	Some kids are always doing things with *a lot* of kids	BUT	Other kids usually do things *by themselves*	❑	❑
21. ❑	❑	Some kids feel that they are *better* than others their age at sports	BUT	Other kids *don't* feel they can play as well.	❑	❑

Really True for me	Sort of True for me				Sort of True for me	Really True for me
22. ❑	❑	Some kids wish their physical appearance (how they look) was *different*	BUT	Other kids *like* their physical appearance the way it is.	❑	❑
23. ❑	❑	Some kids usually get in *trouble* because of things they do	BUT	Other kids usually *don't* do things that get them in trouble.	❑	❑
24. ❑	❑	Some kids *like* the kind of person they are	BUT	Other kids often wish they were *someone else.*	❑	❑
25. ❑	❑	Some kids do very *well* at their classwork	BUT	Other kids *don't* do very well at their classwork.	❑	❑
26. ❑	❑	Some kids wish that *more* people their age liked them	BUT	Other kids feel that most people their age *do* like them.	❑	❑

Really True for me	Sort of True for me				Sort of True for me	Really True for me
27. ❑	❑	In games and sports some kids usually watch instead of play	BUT	Other kids usually play rather than just watch.	❑	❑
29. ❑	❑	Some kids do things they know they *shouldn't* do	BUT	Other kids *hardly* ever do things they know they are not supposed to	❑	❑
30. ❑	❑	Some kids are very *happy* being the way they are	BUT	Other kids wish they were *different*	❑	❑
31. ❑	❑	Some kids have *trouble* figuring out the answers in school	BUT	Other kids almost *always* can figure out the answers in school	❑	❑
32. ❑	❑	Some kids are *popular* with others their age	BUT	Other kids are *not* very popular.	❑	❑

CHILDHOOD DEPRESSION INVENTORY

Instructions: Kids sometimes have different feelings and ideas. This questionnaire lists feelings and ideas in groups. From each group, I would like you to pick one sentence that describes you best for the PAST TWO WEEKS. Remember, there are no right or wrong answers. Just pick the sentence that best describes the way you have been recently. **(MARK AN "X" IN THE APPROPRIATE BOX, OR ALLOW THE CHILD TO MARK THE BOX IF S/HE WISHES TO DO SO).**
Here is a sample question:

❑ I read books all the time
❑ I read books once in a while
❑ I never read book

Item 1
❑ I am sad once in a while
❑ I am sad many times
❑ I am sad all the time

Item 2
❑ Nothing will ever work out for me
❑ I am not sure if things will work out for me
❑ Things will work out for me

Item 3
❑ I do most things O.K.
❑ I do many things O.K.
❑ I do everything wrong

Item 4
❑ I have fun in many things
❑ I have fun in some things
❑ Nothing is fun at all

Item 5
❑ I am bad all the time
❑ I am bad many times
❑ I am bad once in a while

I Item 6
❑ I think about bad things happening to me
❑ I worry that bad things will happen to me
❑ I am sure that terrible things will happen to me

Item 7
- ❑ I hate myself
- ❑ I do not like myself
- ❑ I like myself

Item 8
- ❑ All bad things are my fault
- ❑ Many bad things are my fault
- ❑ Bad things are not usually my fault

Item 9
- ❑ I do not think about killing myself
- ❑ I think about killing myself BUT I would not do it
- ❑ I want to kill myself

Item 10
- ❑ I feel like crying everyday
- ❑ I feel like crying many days
- ❑ I feel like crying once in a while

Item 11
- ❑ Things bother me all the time
- ❑ Things bother me many times
- ❑ Things bother me once in a while

Item 12
- ❑ I like being with people
- ❑ I do not like being with people many times
- ❑ I do not want to be with people at all

Item 13
- ❑ I cannot make up my mind about things
- ❑ It is hard to make up my mind about things
- ❑ I make up my mind about things

Item 14
- ❑ I look O.K.
- ❑ There are some bad things about my looks
- ❑ I look ugly

Item 15
- ❑ I have to push myself all the time to do my schoolwork
- ❑ I have to push myself many times to do my schoolwork
- ❑ Doing schoolwork is not a big problem

Item 16
- ❑ I have trouble sleeping every night
- ❑ I have trouble sleeping many nights
- ❑ I sleep pretty well

Item 17
- ❑ I am tired once in a while
- ❑ I am tired many days
- ❑ I am tired all the time

Item 18
- ❑ Most days I do not feel like eating
- ❑ Many days I do not feel like eating
- ❑ I eat pretty well

Item 19

- ❏ I do not worry about aches and pains
- ❏ I worry about aches and pains many times
- ❏ I worry about aches and pains all the time

Item 20

- ❏ I do not feel alone
- ❏ I feel alone many times
- ❏ I feel alone all the time

Item 21

- ❏ I never have fun at school
- ❏ I have fun at school only once in a while
- ❏ I have fun at school many times

Item 22

- ❏ I have plenty of friends
- ❏ I have some friends BUT I wish I had more
- ❏ I do not have any friends

Item 23

- ❏ My schoolwork is alright
- ❏ My schoolwork is not as good as before
- ❏ I do very badly in subjects I used to be good in

Item 24

- ❏ I can never be as good as other kids
- ❏ I can be as good as other kids if I want to
- ❏ I am just as good as other kids

Item 25

- ❏ Nobody really loves me
- ❏ I am not sure if anybody loves me
- ❏ I am sure that somebody loves me

Item 26

- ❏ I usually do what I am told
- ❏ I do not do what I am told most times
- ❏ I never do what I am told

Item 27

- ❏ I get along with people
- ❏ I get into fights many times
- ❏ I get into fights all the time

APPENDIX F

BEHAVIOR RATING SCALE

Below is a list of items that describe children and youth. For each item that describes your **child now or within the past 4 months**, please circle the **2** if the item is **very true** or **often true** of your child. Circle the 1 if the item is **somewhat** or **sometimes true** of your child. If the item is **not true** of your child, circle the 0. Please answer all items as well as you can, even if some do not seem to apply to your child.

	Very True or Often True	**Somewhat True or Sometimes True**	**Not True**
1. Argues a lot	0	1	2
2. Can't concentrate, can't pay attention for long	0	1	2
3. Can't sit still, restless, or hyperactive	0	1	2
4. Clings to adults or too dependent	0	1	2
5. Complains of loneliness	0	1	2
6. Day-dreams or gets lost in his/her thoughts. 0 . . . . 1 2	0	1	2
7. Disobedient at home	0	1	2
8. Fears he/she might think or do something bad	0	1	2

9. Feels or complains that no one . . . . . 0 . . . . 1 2
loves him/her

10. Feels worthless or inferior . . . . 0 . . . . 1 2

11. Gets in many fights. . . . . 0 . . . . 1 2

12. Would rather be alone than with . . . . 0 . . . . 1 2
others

13. Poor school work. . . . . 0 . . . . 1 2

14. Poorly coordinated or clumsy . . . . . 0 . . . . 1 2

15. Stubborn, sullen, or irritable . . . . 0 . . . . 1 2

16. Temper tantrums or hot temper . . . . 0 . . . . 1 2

17. Underactive, slow moving or lacks . . . 0 . . . . 1 2
energy

18. Unhappy, sad, or depressed. . . . . . . 0 . . . . 1 2

19. Worries . . . . 0 . . . . 1 2

20. In the last 4 months, has your child been on any prescription medication
(for   example, Ritalin) for behavior problems? (Circle "1" or "2 below)

    Yes. . . . 1
    (If yes, what medication? _____)

    No 2

APPENDIX G

NUMBER OF SUSPENSIONS

1. Has (*Child's name*) ever been suspended from school?

       YES 1

       NO 2

1a. How many times?

       INDICATE EXACT NUMBER _____ (IF "0" WRITE "0")

CHILD SOCIAL SUPPORT QUESTIONNAIRE

<u>Instructions to Interviewer</u>: The purpose of this section is to get as many people in the child's life that provide him/her with support. Make sure that you give the child enough time to think about who these people might be. Prompt or probe for responses, without being pushy. Put the first name or each person, their last initial, and their relationship to the child on each line. **Do not exceed the ten spaces.** For example: child says she hangs out with Sally. Ask what Sally's last initial is. Ask child who Sally is (a friend, cousin, sister, etc.). If child can't think of anyone, put "no one." Indicate maternal/paternal if necessary to clarify who you are talking about (e.g., if there are 2 Aunt Marys). Probe for approximate age (e.g., "Is Jose a grown-up?" "Is Nina your age?").

<u>Instructions to Child</u>: I'd like to start out by asking you about people in your life that you may do certain things with, or people that may do certain things for you. I want you to list as many people as you can for each question. I will ask you for their name, and their relationship to you (like mom, dad, friend, teacher). I will also ask you for the first letter of their last name.

1. Who do you hang out with, for example, at their house, your house, around the neighborhood, or at school, etc.?

a) _____   f) _____

b) _____   g) _____

c) _____   h) _____

d) _____   I) _____

e) _____   j) _____

2. Who do you think are fun people to talk with, for instance, about things you like to do or T.V. shows, etc.?

a) _____   f) _____

b) _____   g) _____

c) _____   h) _____

d) _____   I) _____

e) _____   j) _____

3. Who listens to you when you need to talk about something personal, for example, about problems between you and your parents, problems with friends, things like that?

a) _____   f) _____

b) _____   g) _____

c) _____   h) _____

d) _____   I) _____

e) _____   j) _____

4. Who do you feel really cares about you?

a) _____   f) _____

b) _____   g) _____

c) _____   h) _____

d) _____   I) _____

e) _____   j) _____

5. Who can you really count on to always be there for you?

a) _____   f) _____
b) _____   g) _____

c) _____   h) _____

d) _____   I) _____

e) _____   j) _____

Table 1

Correlations Among Subscales of the Behavior Rating Scale

	Internalizing	Externalizing	Total
Internalizing	1.00	—	
Externalizing	.90**	1.00	—
Total	.85**	.52**	1.00

** significant at the 0.01 level

Table 2

Descriptives of Continuous Adjustment, Violence, Social Support, and Demographic Variables

Variable	N	Min.	Max.	Mean	Std. Dev.
Total Behaviors	80	0.00	30.00	14.21	6.86
CDI Total	75	0.00	26.00	9.03	6.32
Harter Global	80	1.50	4.00	3.21	0.68
Mean Semester Grade	42	1.00	3.00	2.47	0.46
# of Suspensions	80	0.00	4.00	0.31	0.73
Child Witness of Abuse	79	-0.82	1.91	0.57	0.72
Mom Report Own Abuse	80	-1.79	2.14	-4.56 E-^{16}	0.83
Mom Report Child Witness	80	-0.83	2.56	0.68	0.84
Mom Social Support	80	0.00	5.00	2.90	1.38
Dad Social Support	80	0.00	5.00	1.30	1.37
Adult Social Support	80	0.00	5.00	1.66	1.36
Confidant Social Support	80	0.00	5.00	1.25	1.24
Total Social Support	80	3.00	27.00	10.52	4.30
Age	80	6.00	11.00	8.55	1.50

Note. Because the Likert responses for these scales had different ranges (e.g., 1-4 vs. 1-6), the responses were standardized into z-scores. For non-standardized report of children's exposure to violence, see Tables 4 and 5.
Mom SS = number of times (out of 5) mother mentioned in social support.
Dad SS = number of times (out of 5) father mentioned in social support.
Adult SS = number of times (out of 5) other adults mentioned in social support.
Confidant = person who cares, listens, and can be counted on.
Confidant SS = number of confidants mentioned in social support.
Total SS = total number of non-repeating persons in social support.

Table 3

Correlations of Adjustment, Violence, Social Support, and Demographic Variables

	Total Behaviors	CDI Total	Harter Global	Number of Suspensions	Mean Grade
Total Behaviors	1.00				
CDI Tototal	.11	1.00			
Harter Global	-.12	-.43***	1.00		
Number of Suspensions	.30***	-.06	.01	1.00	
Mean Grade	-.43***	-.40***	.15	-.12	1.00
Witness Scale (Child)	.08	-.07	.00	-.04	.30***
Witness Scale (Mom)	.32***	-.02	-.13	.11	-.09
Experience of Violence (Mom)	.37***	-.03	-.05	.23**	-.05
Adult SS	.14	-.10	.04	-.07	.16
Total SS	-.05	-.04	.13	.07	.02
Mom SS	-.02	-.02	.27**	-.11	.11
Dad SS	-.02	.18	-.03	-.08	-.02
Confidant SS	-.14	-.09	-.18	-.13	.26
Age	.00	-.30***	-.04	.14	.01
Sex	.16	-.17	.14	.23**	.10
Race	-.11	.02	.00	-.14	-.23

Table 3 (cont'd)

	Witness Scale (Child)	Witness Scale (Mom)	Experience of Violence	Adult SS	Total SS
Witness Scale (Child)	1.00				
Witness Scale (Mom)	.39***	1.00			
Experience of Violence (Mom)	.39***	.67***	1.00		
Adult SS	-.02	-.05	-.029	1.00	
Total SS	-.05	-.18	-.12	.24**	1.00
Mom SS	-.24**	-.10	.14	.28**	.07
Dad SS	.04	-.04	.14	.09	.38***
Confidant SS	-.04	-.12	.07		.15
Age	-.12	-.17	-.10	.05	-.06
Sex	-.14	-.05	.01	.12	-.14
Race	-.15	-.18	-.22**	-.07	.16

	Mom SS	Dad SS	Age	Sex	Race
Mom SS	1.00				
Dad SS	.36***	1.00			
Confidant SS	.59***	.52***	-.014	.00	-.19*
Age	-.05	-.25**	1.00		
Sex	.08	-.13	.19	1.00	
Race	-.15	-.03	.06	-.13	1.00

Note: * p<.1; **p<.05, ***p<.01; Sex:1=female; 2=male; Race:1=white; 2=minority
Mom SS = number of times (out of 5) mother mentioned in social support.
Dad SS = number of times (out of 5) father mentioned in social support.
Adult SS = number of times (out of 5) other adults mentioned in social support.
Confidant = person who cares, listens, and can be counted on.
Confidant SS = number of confidants mentioned in social support.
Total SS = total number of non-repeating persons in social support.

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Table 4

Percent of Children Reporting Witnessing Verbal Conflict and Abuse

Frequency of Witnessing	Yelling	Arguing	Ridiculing of Mom
Never	13%	9%	19 %
A little	15%	9%	13 %
Sometimes	33%	30%	29.5%
A lot	39%	52%	38.5%

Table 5

Percent Of Children Reporting Witnessing Threats And Physical Abuse

Frequency of Witnessing	Threats	Physical Harm
Never	32%	38%
Once a month or less	23%	31%
2 or 3 times a month	10%	10%
Once or twice a week	8%	3%
3 or 4 times a week	4%	5%
More than 4 times a week	24%	13%

Table 6

Children's Last Contact with Biological Father

Last seen	Percentage of children
Sometime this week	3%
Less than 2 weeks ago BUT not this week	4%
2-3 weeks ago	8%
1-2 months ago	6%
3-5 months ago	5%
6-11 months ago	29%
12 or more months, or never seen father	46%

APPENDIX O

Table 7

Frequency of Children's Contact with Biological Father in the Last 4 Months

Frequency of Contact	Percentage of Fathers **not listed** as Social Support (n=35)	Percentage of Fathers **listed** as Social Support (n=45)
A lot	3%	4%
Sometimes	0%	24%
A little	23%	29%
Not seen in last 4 months	74%	42%

Table 8

Percent of Children Listing Mothers, Fathers, and Assailants as Social Supports

Support Source	N	Cares	Count On	Listens	Talks	Hang Out
Mothers	74	97%	74%	76%	46%	22%
Biological Fathers						
All	45	84%	56%	31%	24%	11%
Non-Assailant	24	71%	58%	33%	33%	17%
Assailant	21	100%	52%	29%	14%	5%
Other Assailants	13					
Step Father	6	100%	33%	17%	33%	17%
Mom's Boyfriend	5	80%	60%	0%	0%	0%
Ex-Boyfriend	2	0%	0%	0%	0%	100%

Table 9

Number of Confidants as Buffer for Negative Effect of Witnessed Violence on Children's Total Behaviors

	Standard α	R²	p-value
Step 1			
Child Witness of Abuse	0.077		0.249
Number of Confidants	-0.132		0.125
		0.024	0.199
Step 2			
Witness X Confidants	-0.276		0.062
Change		0.030	
Total		0.054	0.062