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**HOW WITNESSING DOMESTIC VIOLENCE AFFECTS THE FUTURE OF
CHILDREN: AN EXPLORATORY STUDY**

by
Victoria “Skye” Cleckler

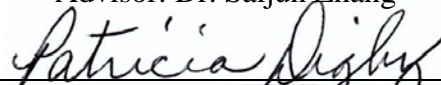
A thesis submitted to the faculty of The University of Mississippi in partial fulfillment of the requirements of the Sally McDonnell Barksdale Honors College.

Oxford
April 2024

Approved by



Advisor: Dr. Saijun Zhang



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Last of all, I thank you for allowing me to present this research thesis to you, as I plan to continue in this scope of practice after graduating from the University of Mississippi.

ABSTRACT
HOW WITNESSING DOMESTIC VIOLENCE AFFECTS THE FUTURE OF
CHILDREN: An Exploratory Study
(Under the direction of Dr. Saijun Zhang)

Domestic violence (DV), also known as Intimate Partner Violence (IPV), is a widespread issue that affects many people, families, and communities, with one in four women and one in nine men falling victim to domestic violence each year in the United States. However, these statistics only consider what has actually been reported. More than 44% of domestic violence cases go unreported each year. It can be inferred that a drastic number of children are also affected. Children who witness domestic violence are indirect victims of DV, as they experience psychological and emotional turmoil simply by witnessing the abuse. However, there are limited studies investigating the impact of DV on children, especially from the perspectives of child welfare related professionals.

This study aims to specifically investigate how witnessing domestic violence affects child well-being and their development through the perspectives of child welfare related professionals. The study's interview participants were all female social service workers and juvenile system professionals. Through a series of open-ended and closed-ended questions, the study explores how child welfare related workers view the impact of DV on children, current service status for these children, as well as additional resources needed to strengthen the support.

The results show that children witnessing DV face significant challenges in areas such as mental health and relationship-building. The quantitative data highlights DV's impacts on these children's mental health, suicidal ideations, delinquent behaviors, difficulty forming healthy

relationships, and other behavioral issues. Concerning mental health, participants noted that children often experience depression, anxiety, post-traumatic stress disorder (PTSD) and other psychological issues as a result of witnessing DV, even though they are not professionally diagnosed with these conditions.

In addition to affirming findings from the quantitative data, the qualitative data shows the need for trauma-informed therapy and increased therapy resources for children who witness DV. Although these resources are typically available, there are not many therapists who specialize in offering services to these children. Furthermore, many children who witness DV will fall through the cracks and not have access to these resources because the DV that he or she has witnessed has gone unreported. There is also a severe lack of resources in lower-income communities, which hinders children from accessing proper care for their trauma, such as trauma-informed therapy, behavioral therapy, and other psychiatric help (i.e. mental health disorder diagnoses).

Several limitations are present in the conducted study. The most glaring limitation is that there are only nine participants in the study given the limited time and resources available for the study. This limits the amount of information that is gathered and may not effectively represent the general children who have witnessed DV. Other limitations include the gender imbalance of the participants (all the participants are female), and that the participants are restricted to two counties: one in Northwest Mississippi, and one in Central Alabama. Despite the limitations, the findings shed light onto the important area and increase the understanding of children indirectly victimized by domestic violence.

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Introduction

Domestic Violence (DV), also known as Intimate Partner Violence (IPV), or relationship violence, is not only a nationwide but also a worldwide issue that has profoundly impacted the modern world. According to the United States Department of Justice, domestic violence is defined as "a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner" (Office of Violence Against Women, 2023). This definition encapsulates many forms of abuse, including physical, sexual, emotional, financial, psychological, or technological actions, as well as threats and any kind of coercive behavior. These behaviors include, but are not limited to, sexual coercion, emotional and financial manipulation, threat to safety, etc. While there are statistics available on how many men and women are affected by domestic violence (one in four women and one in nine men each year in the U.S., (*NCADV: National Coalition Against Domestic Violence*), there has been a notable lack of research conducted on one of its lesser-known victims: children. Despite being often unseen and unheard, children who witness domestic violence are majorly affected by witnessing DV. Past research has shown that these children are not only bystanders, but also often become victims themselves, experiencing maltreatment and abuse from the abusive parent or guardian. The limited research available on this topic highlights numerous ways in which children are affected, including the development of psychopathological disorders, detrimental effects on physical health, as well as challenges in forming healthy relationships in the future.

Previous studies have indicated a continuous trend where children who witness domestic violence are at a higher risk of perpetuating or experiencing abuse in their own interpersonal relationships later in life. Additionally, these children often lack adequate support systems to

help them navigate the traumatic effects of witnessing domestic violence. The lack of support and resources can also lead to experiencing effects of DV in their adult life as well. Despite the significant impact of domestic violence on children, there remains a notable gap in the literature, particularly regarding how child welfare workers perceive and respond to the effects of domestic violence on children.

While some studies have explored these effects from the perspective of children themselves, there is a need for more research that examines the professional interpretation of these effects and identifies resources to mitigate the trauma experienced by children who witness domestic violence. Therefore, this study aims to address this gap in the literature by exploring professionals' views about the characteristics of children being affected by domestic violence, their manifested problems, and service provision and additional resource needs for these children. These focuses aim to give insight into the experience of children who witness domestic violence, identify ways and resources to help them, and deepen our understanding of how domestic violence affects both individuals and communities. Ultimately, the goal is to empower professionals and communities to provide more effective support and resources to children who have witnessed DV, to ease the healing process and prevent future relationship violence perpetration.

Literature Review

Prevalence of Domestic Violence

In the United States alone, one in four women, as well as one in nine men are affected by domestic violence (*NCADV: National Coalition Against Domestic Violence*). According to the 2020 U.S. Census, this would mean that about 41,875,000 women and 18,044,445 men are affected by DV each year. According to the American Academy of Child and Adolescent

Psychiatry (AACAP, 2023), between three and ten million children witness abuse between their parents or caregivers each year (AACAP, 2023). With a few calculations, this number comes out to anywhere between four and thirteen percent of children living in the United States have witnessed domestic violence. The state of Oklahoma also has the highest rates of domestic violence in the country, with 49.1 percent of women and 40.7 percent of men experience domestic violence (Connections for Abused Women and Their Children, 2023). With the numbers of victims of domestic violence being this high, just in the United States alone, we can infer that there are also many cases across the world that we are unaware of, because not much research has been conducted in countries other than the United States. Therefore, the numbers represented above are only accurate on a national level, but they still have been subject to change since the Census, as well as the study that these numbers were pulled from, have been published. These numbers are also not completely accurate because many cases of domestic violence go unreported.

Although the prevalence for DV is so high, about 44% of cases go unreported each year (Connections for Abused Women and Their Children, 2023). This is mainly believed to be because of the stigma that surrounds domestic violence. Many victims feel shame, guilt, and responsibility, as well as loss of status, discrimination, and fear of having their experiences dismissed by others. With the prevalence of cases that go unreported, it can only be inferred that the number of children who witness DV, and are affected by it, would also heavily increase, which leads to children not being able to receive the help and services they may need in order to soothe the trauma of witnessing DV.

With these statistics that have been given for the United States, there are limited statistics on other countries and the prevalence of domestic violence. Therefore, these statistics do not

cover a general scope of worldwide populations but are more specific to those who are affected by DV in the United States. Some countries, particularly those in Latin America, as well as in third-world countries, do not have laws enacted to protect victims of interpersonal violence. For example, as of 2019 in the Arab regions of the Middle East, only six countries had enacted laws to protect survivors of domestic violence. Those countries include Jordan, Saudi Arabia, Lebanon, Bahrain, Tunisia, and Morocco (Chaban, 2019). Since DV has become a more prominent topic of discussion in these countries, many survivors have been able to come forward and share their stories, but there is still a huge stigma surrounding domestic violence in these countries. With the lack of resources available for victims, and the lack of support for them, there is also a huge lack of resources available for children who are in these terrible situations as well.

Effects of Witnessing Domestic Violence as Children

Although there have been many studies of domestic violence in many different countries, there has been limited research on how witnessing domestic violence affects children. This limited research has shown that children are affected by DV in many ways, even if there are no other comorbid issues, such as child maltreatment and abuse/neglect. Children who witness domestic violence, studies show, are more likely to develop recurring issues, such as declining mental health and development of psychopathological disorders, as well as other issues such as substance abuse, suicidal ideations/attempts, as well as an inability to form meaningful relationships, whether they are friendships or interpersonal relationships.

Post-traumatic stress disorder (PTSD), depression, and anxiety are the three major psychopathological disorders that affect victims of domestic violence, but many do not consider that they may also affect the indirect victims: children. Older children are typically more affected by witnessing DV than younger children because they are less reliant on adults and have more

understanding of the situation at-hand (Paul, 2019). Paul's study also found that children who witness domestic violence are more likely to develop PTSD than children who experience a natural disaster, such as a hurricane, tornado, tsunami, etc. The study states that there is a one in four chance of psychopathological disorder development when witnessing DV in comparison to a one in ten chance with witnessing a natural disaster (Paul, 2019). While children may be witnessing DV at a young age, many do not realize that it can still affect their development into adulthood. Even though memories typically are not strongly developed until early childhood (upwards of age five), children can still be affected by these experiences, especially if they have a strong sense of self and understanding (Paul, 2019).

PTSD is not the only psychological disorder that can be developed due to witnessing domestic violence. Anxiety and depression are both also widely associated with children who witness domestic violence. There are several perspectives in which the effect of witnessing domestic violence is based solely on the child and their reactions, as well as their personal coping mechanisms. If they have bad reactions to violent situations (e.g. self-blame/threat), and bad coping mechanisms, then there is a higher chance that adjustment problems, such as depression and anxiety, will be developed (Diamond & Muller, 2004). These adjustment problems are more likely to continue through the children's adolescence, as well as adulthood if not treated, or even with treatment (just because it is treated does not mean it will go away).

Other things that are affected when children witness domestic abuse are the child's behavior and behavioral development. When the behavior of the child is affected by this, it makes the child more likely to either become victimized in future relationships, or become an abuser, because the abuse is all that they know and that is how they view a "typical" relationship. A study conducted in 2021 found that children who witnessed violence, particularly in infancy

and early childhood (toddlers) were more susceptible to show behavioral issues (Walker-Descartes et al., 2021), while another study showed that witnessing violence until about the age of seven (Paul, 2019) showed more detrimental effects to a child's behavior.

Research that showcased how witnessing DV at home can affect behavioral issues also spoke about how children who witness DV at home are more likely to be suspended from school (due to behaviors) or are more susceptible to truancy (chronic absenteeism). School is considered somewhat of a protective factor for children, so when those who witness DV are not coming to school, and becoming truant, it can be assumed that the DV, if the child is not also experiencing maltreatment or abuse, is the reason. A study conducted in Australia showed that children who witness DV at home are more likely to become truant, as well as more susceptible to school suspension (Orr et al., 2021). The study's population was mainly made up of Aboriginal children who witness DV (made up more than half of the study's participants), but that does not belittle the findings. According to the study, witnessing family and domestic violence (referred to as "FDV" in this study), also risks the fact that children may have to move schools (Orr et al., 2021). If children are taken into protective custody or placed in a foster home, there is a very high chance that the child will have to leave the one environment that they can rely on to be safe (school), because they may be in a new catchment area. This also means that children may have to leave their friends, other family members, as well as supportive faculty and staff. This has a huge effect on children, as, at this point, they would have lost all of the support that they had through that specific school system, which plays a huge role in helping children who witness FDV, according to the study.

Although witnessing DV as a child mainly imposes negative psychopathological effects on children, it can also pose detrimental physical effects. A study conducted in 2011 found that

children, particularly young babies, are disproportionately affected by domestic violence because they rely on maternal care for survival and healthy development. Children who experience this in the early life stage also experience adverse effects, such as low birth weight, infant mortality, infant morbidity, as well as impaired development throughout life, as well as human-capital issues (Yount et al., 2011). A previous study, conducted by Bensley, Eenwyck, and Simmons, claims that women who had experienced or witnessed domestic violence or child abuse believed themselves to be in poor physical and mental health (Bensley et al., 2003). Another study focused on the physical development of children in relation to witnessing domestic violence also found that children who had witnessed DV were six times more likely to be overweight or obese than their other child counterparts (Gooding et al., 2015).

Children are also more exposed to domestic violence simply because of environmental factors. Studies have shown that children of lower socioeconomic backgrounds are more susceptible to witnessing DV in the home (Skafida & Devaney, 2022). Other studies have shown that gender also plays a role in this, as well as the development of the children later in life (Silva et al., 2021). However, the main take-away from this is how merely witnessing violence can lead to victimization in the future. These two studies provide factors that go into populations that are most affected by DV (females of lower socioeconomic backgrounds), but other studies have proven that children who witness DV, particularly in the previously mentioned situations, are at a severe risk of revictimization in the future (Walker-Descartes et al., 2021). Not only are children exposed to revictimization, but they are also more likely to become an abuser in the future, considering that violent relationships may be the only thing that they know, which, therefore, puts other people at risk of being a victim of domestic violence.

Limitations in Current Literature

Although limited research has examined the impact of witnessing DV among children, there are also several limitations that have been imposed. The main limitation throughout the literature that can be known is the fact that these studies are focused on a specific population, and thus more studies are needed to understand the impact of witnessing DV among children of various characteristics. For example, some of the studies focus mainly on children from lower socioeconomic backgrounds. Other studies focused on children who are one specific race or ethnicity, such as Aboriginal children in Australia, or other races, such as African American.

Another main limitation that can be seen in current literature is how dated the literature is. Most of the literature that has been cited in this text is about ten or more years to date. For example, the Bensley, Eeenwyck and Simmons study that was conducted on the physical and mental health of children who witnessed DV, was published in 2003. This data, as well as other methods of research that were used in this literature review were older. Given the changing landscape of DV, especially the increased number of DV victims being reported (citations), it is important to reexamine the critical issue in the current social context.

Another limitation that is significantly displayed in the literature is that many of the researchers focus on the fact that women are typically victims of DV. While it is true that women are typically victims of DV, it does not mean that men are not capable of being victims. Reporting of DV cases is already so low that the likelihood of a man reporting that he is being abused by a partner is slim to none. Also, just like when women report DV, there is a risk that people (i.e. law enforcement, other first responders, as well as just their friends and family) may not believe them if they come forward. Victim blaming has become very prominent in our society today, and therefore, many do not come forward, because they feel that they will be

blamed for the violence that was executed against them, instead of blaming the perpetrator. This may be especially true for men, and thus children who witness such DV are more likely to be overlooked as well.

Methods of Study

Recruitment and Interview Participants

The study aims to engage professionals deeply immersed in child protection related fields, including child welfare, juvenile justice, and advocacy for adult victims of domestic violence. Research participants (interviewees) included nine individuals from the fields above who participated in this process, comprising a demographic makeup of four engaged in child welfare operations, two juvenile delinquency professionals, two youth court professionals, and one advocate for adult victims of domestic violence. There were zero males and nine females. I (the principal investigator) was able to recruit these nine interviewees in several ways. I knew a few of them personally due to the field in which I am employed, i.e. a child advocacy center (CAC) in Northwest Mississippi. Others, I am familiar with because I have spent time around them while in Central Alabama. Most of the interviewees work in and around my hometown in Central Alabama. The reason I was able to get in touch with many of these participants is because I am a social work student, and when that was mentioned, many were willing to discuss, even though they did not all study social work. It's crucial to understand that no matter what their professional titles are, all interviewees referred to themselves as "social workers." This identification showed each of their individual dedication to social issues without all of them falling under the broad occupation of social work and helping the public.

After obtaining approval from the University of Mississippi Institutional Review Board, the recruitment process for the study began. These interviewees were recruited via email. The

email asked the participants if they would be willing to partake in a study based around how witnessing domestic violence affects children. These interviewees were asked if they were willing to answer questions based around the children that they see while adhering to the confidentiality laws that are in place to protect children, what effects that they could see and that children may face in terms of witnessing DV and how their futures can be affected.

Data Collection

This research study occurred through a series of interviews structured around a list of questions pertaining to domestic violence in relation to children. I conducted both in-person interviews and telephone interviews with the participants and obtained their consent to participate in the interview based on the Institutional Review Board approved procedures. The participants were given the informed consent form to sign and scan back to me, and the signed documents were also stored in an encrypted hard drive, which I (the principal investigator) still have access to, and I am the only person who has access to these forms. Before recordings began, whether it was on Zoom or in-person, I went back over the informed consent form with the interviewee to make sure that there was no issue with any topics that would be discussed and that the interviewees were aware that the interview could stop at any time. After this clarification and the informed consent forms created by the University of Mississippi Institutional Review Board were signed and received by me, I started the interviews.

The interview included short-answer prompts and rating scales. The questions included in the survey were designed to explore diverse topics, transitioning from open-ended questions which encourage detailed responses, as well as the sharing of professional opinions, to closed-ended rating scales aimed at assessing multiple aspects of children's lives impacted by witnessing

domestic violence. Additionally, the study examined the demographics of the clientele each interviewee usually encounters, such as race, age, and gender.

After the initial discussion, the interview started asking different aspects of children's lives to gauge their well-being based on the interviewees' perspectives. This assessment, spanning mental and physical health, as well as the effectiveness of support systems that are accessible for children, shed light on the challenges that children who witness domestic violence have to face, most of the time without proper and accessible resources. Next, the participants were asked a series of open-ended questions towards gathering opinions from the interviewees, concerning topics such as mental health impacts, strategies for creating, as well as nurturing, positive relationships, and the effectiveness of current support systems present in children's lives to identify essential resources and ensure accessible services for these children. Through this in-depth exploration, the study aims to advance the understanding of the impact of domestic violence on children and responsive strategies that can be considered.

Analytical Methods

Two types of data analysis were used when compiling the results of the study. For the quantitative analysis, a descriptive analytic method was used. This method was used to find averages to the questions that were asked that involved rating specific impacts in the future of children who witness DV (*see* Figure 5), as well as the support systems that are present in the lives of children who witness DV (*see* Figure 6). The descriptive analysis was not very difficult to achieve, and resources such as Microsoft Word for audio transcriptions, as well as Microsoft Excel for chart creation and averaging of numbers and other statistical recording.

For the qualitative analysis, a schematic approach was used. This approach was used to better understand and summarize the information that was provided by the interviewees. With

this approach, I read through the transcripts that were made, with the help of the transcription tool in Microsoft Word, and would highlight major themes in my personal copies of the interviews so I could better understand and summarize the similarities that were present in the answers given by the interviewees. I also did this with the differences in the answers that were present in the interviews, and it made decoding the research much easier for me, and also helped make the research easier for others to understand, especially if they are not familiar with the topic presented.

Results of Study

The results of the study overwhelmingly indicated that children who witness domestic violence are indeed highly affected, both in childhood and as they transition into adulthood. Many of the interviewees agreed that children who witness domestic violence in the home are affected in major situations such as mental and physical health, relationship building, finding and maintaining jobs, among others. Although age is a factor in how a child may react to a situation, if the child is old enough to remember the situation, the reaction as well as the outcome experienced by the child is inherently negative.

Results from Quantitative Data

Each of the interviewees was asked a series of demographic questions. Those questions were: what do you typically see in DV situations, broken down by (1) race, (2) age, and (3) gender? The main racial group seen by the interviewees is either (1) more African American than any other race, (2) an even split between African Americans and Caucasians (*see* Figure 2). The participants noted that about 45% of the affected children were 0 to 6 years old, another about 40% were 7 to 12 years old, and the remaining were older children (*see* Figure 3). Participants

said there was generally not a gender difference among the children who had experienced DV and served by them (see Figure 4).

Figure 2: Race of Children Seen by Professionals

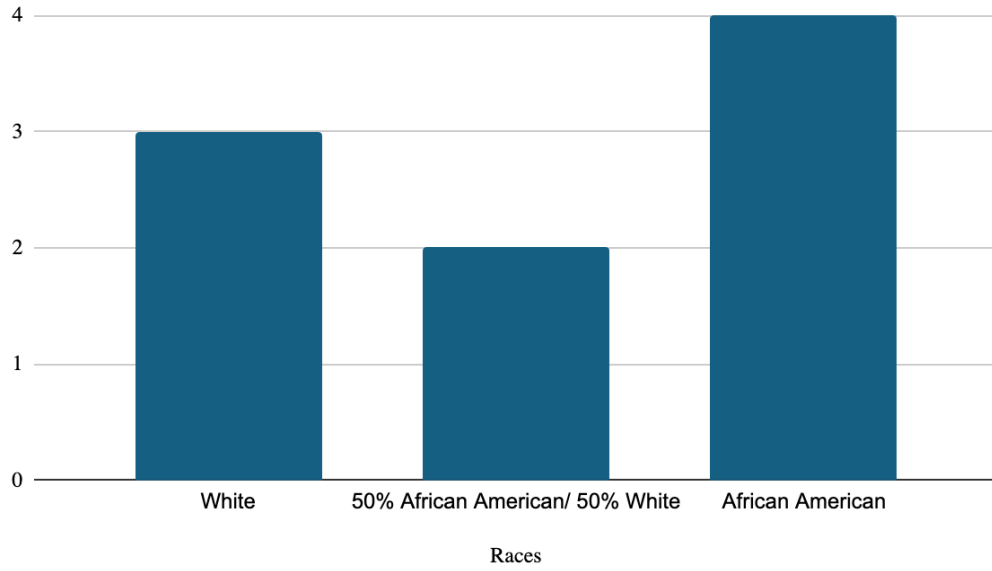


Figure 3: Age Groups Typically Seen

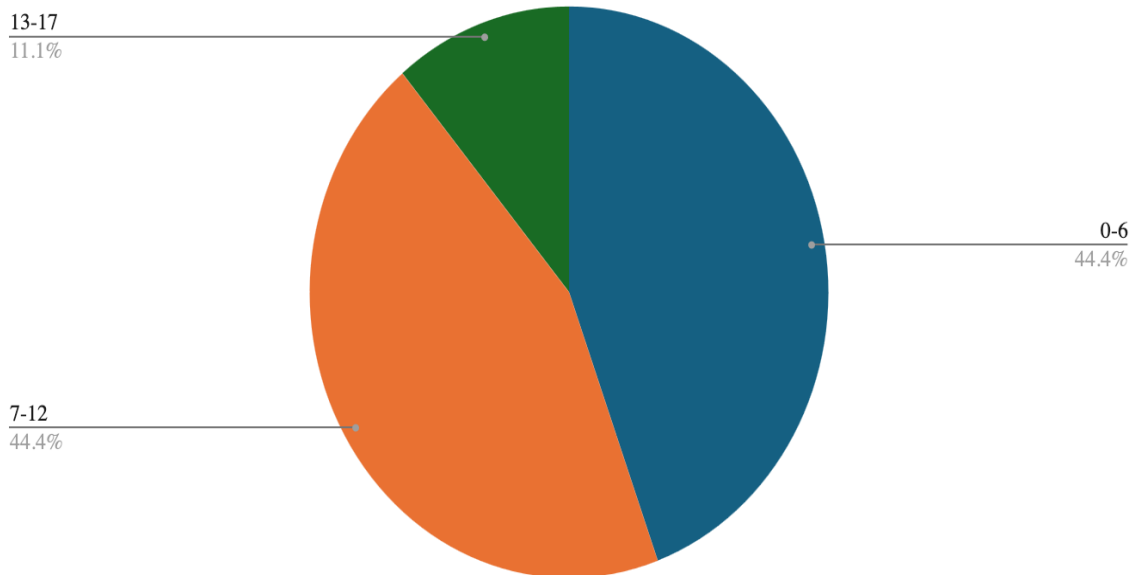
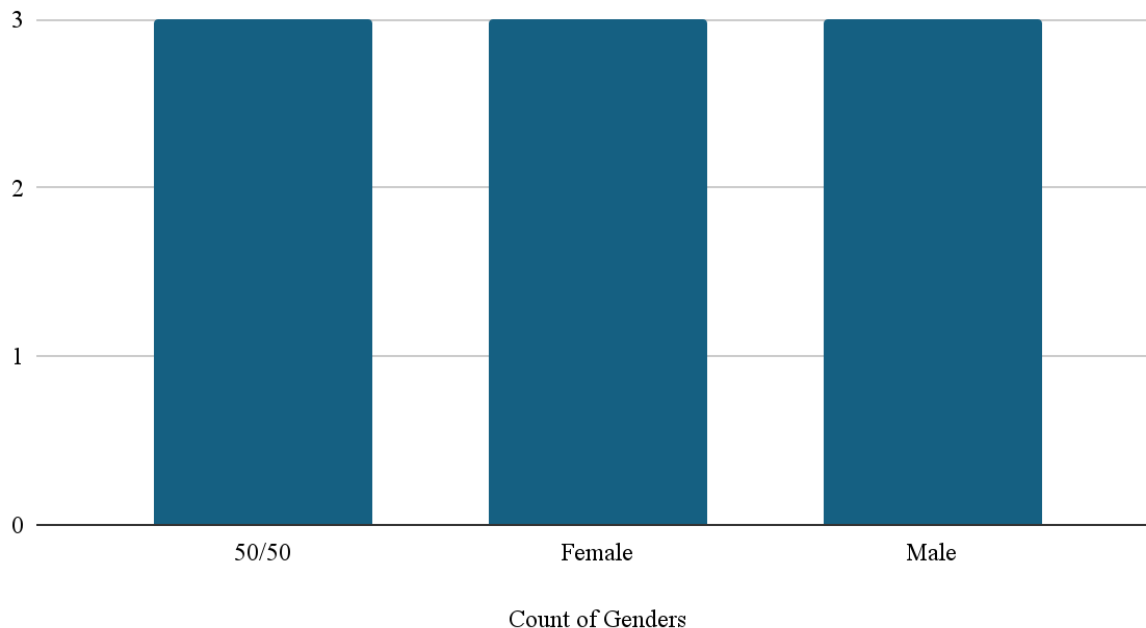
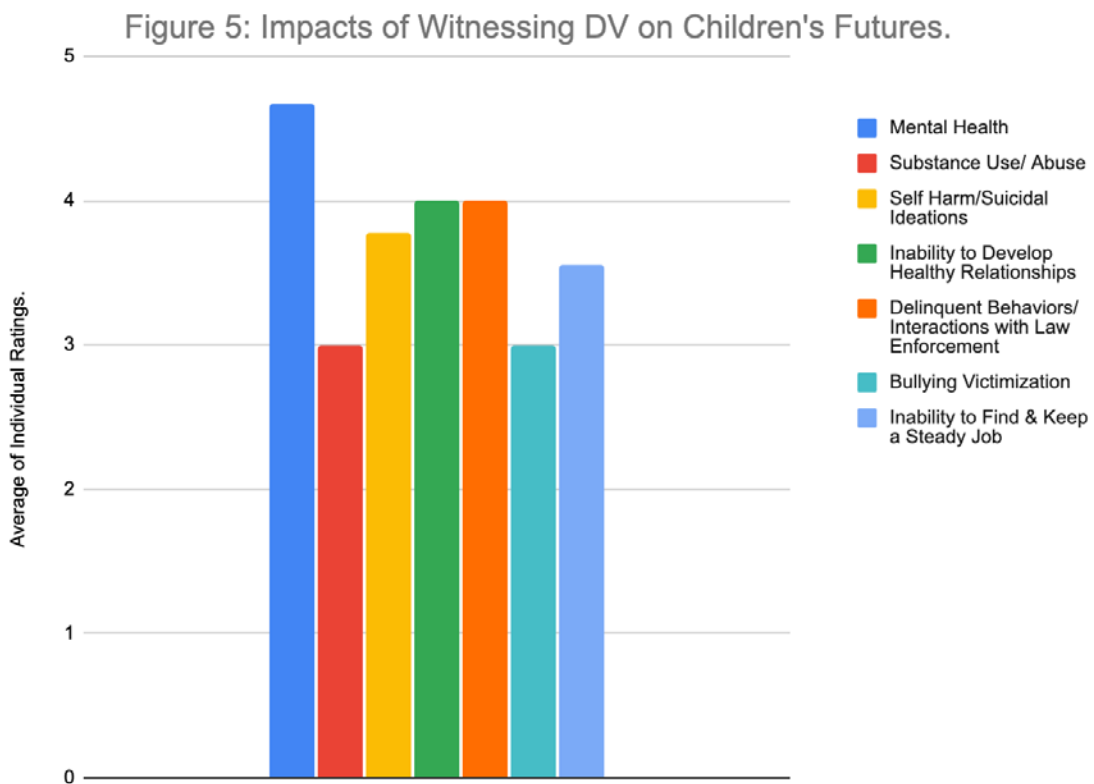


Figure 4: Gender Typically Seen



The next two questions asked participants to rate the level of impact on children on multiple aspects, with the rating of one meaning not at all affected, and the number five meaning extremely affected. This methodology of questioning was used to gauge the interviewees' perspectives of how witnessing DV affects multiple facets of children's lives, both currently and in the future. The options to be ranked are as follows: mental health, substance abuse, self-harm, or suicidal ideations and/or attempts, an inability to develop healthy social relationships, development of delinquent behaviors as well as any interactions with law enforcement, bullying victimization, difficulty in finding and keeping jobs, and any other things that the interviewee felt was necessary to state for the interview. Out of the eight items that were presented to the interviewees, the ones that were ranked as having the highest effects were the child's mental health, the development of suicidal ideations or attempts, the development of delinquent

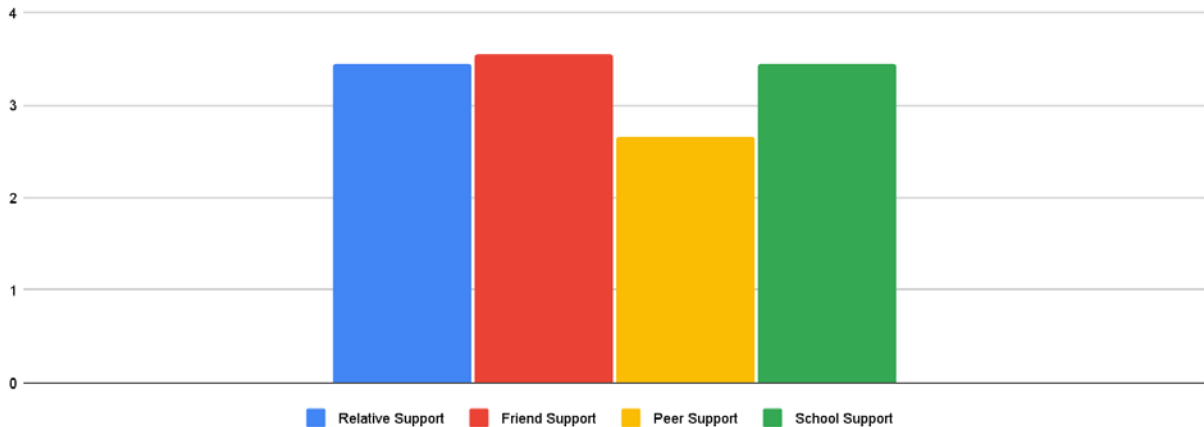
behaviors, as well as an inability for the child to create healthy, meaningful relationships throughout their lifetime in that order (*see* Figure 5). However, these questions may be a little biased, particularly in the sense of a child’s development of delinquent behaviors, as two of the interviewees work in the juvenile justice system, and therefore see more of this clientele. Even though the interviewees’ answers may have been slightly biased due to their occupation, past research supports the idea that all of these things affect the future of the children who witness DV in what is meant to be their safest environment: their home.



The second rating question was centered around the support systems that children who are in DV situations have. The same rating scale was used (the number one being very weak, the number five meaning very strong). Having a support system, particularly for children, is a key

part in development and how a child learns to understand their problems. The question ranked support systems among multiple groups, including relatives (other than the people involved in the abusive relationship), friends, other peers (classmates, possibly people from other extracurricular activities, such as church, recreational sports, etc.), and a support system within their school (administrators, counselors, a school social worker, etc.). Out of the options given, the biggest support system in these children’s lives is the school system (*see* Figure 6). School administrators, even though most do not realize it, play a huge role in the lives of children, and this may be the reason that many children feel supported while they are at school. It could also be that school is the safest place for these children to be. Especially since they are witnessing/experiencing domestic violence and maltreatment firsthand. The second highest ranked support system was the child’s friends. Friends are a huge part of everyone’s everyday life, and it is not much different for these children in adverse situations. Even though these children may not share their experience at home with their friends, it is still very important and possible for them to feel that sense of security.

Figure 6: Support Systems



Results from Qualitative Data

After the ranking questions, the interviewees were given the opportunity to share their opinions through five open-ended questions. These questions were created to uncover each interviewee's professional perspective on the experiences of children who witness DV and the various challenges they face in both the short and long terms. These questions were focused on gaining a deeper understanding of how witnessing DV impacts children psychologically and how the presence, or absence, of meaningful and positive support systems affects these children.

Adverse Mental Health Consequences

When discussing the psychological effects of witnessing DV, the interviewees, who were not mental health professionals, all expressed a common observation: the children they work with often exhibit signs of mental distress, such as sadness and anxiety. Despite their lack of formal training in mental health, these professionals noted these behavioral and emotional changes in the children they interacted with and expounded upon the negativity of these emotions being experienced, particularly by younger children. This aligns with pre-existing research findings (Paul, 2019) which also highlight the emotional toll that witnessing DV can take on children, including feelings of fear, sadness, and confusion. Multiple interviewees noted other adverse reactions to the witnessing of DV, including flashbacks, nightmares, bed-wetting, feelings of distress, and the development of mental health disorders. The commonly diagnosed psychopathological disorders in children who witness DV are depression, anxiety, and PTSD. When the presence of PTSD was discussed with the interviewees, although they are not qualified to make professional diagnoses, they indicated that while depression may be prominent symptomatically speaking, they were unaware of any prior or current diagnoses of psychopathological disorders.

Need for Service Improvement

Regarding questions concerning the child welfare system, including the support it provides children who witness DV, there was an agreement among the interviewees that the system needs significant improvement. This sentiment was shared by individuals who work outside of the system, as well as within the system. Many social workers are driven by a desire to enact positive change within the system and Child Protective Services (CPS) due to the shortcomings they witness. One recurring suggestion across the board was the need for trauma-informed therapy tailored to the specific needs of children who have witnessed DV.

Additionally, there was an emphasis on the idea of increased access to therapy resources in general, as many children who witness DV do not receive the necessary support they need and deserve. It is often overlooked that witnessing violence in the home may have just as severe consequences as experiencing the abuse directly. However, due to fear and intimidation tactics used by perpetrators, children may be hesitant to disclose their experiences. Phrases like “what happens at home stays at home” contribute to the silence surrounding DV, making it difficult for children to seek help or support. Other things, such as threatening the children, direct abuse of the child also contribute to the silence of victims who witness DV. Direct victims of DV may also be threatened by the perpetrator by threatening the child, and therefore do not speak up about the violence that he or she faces, as well as what their children witness each time they are abused.

Barriers for Enhanced Support

When discussing the challenges within the child protective system that hinder the delivery of effective services to children who witness DV, the interviewees all discussed the struggles of understaffing and inadequate resources as major obstacles. The constant turnover of

social workers, often referred to as the “revolving door” phenomenon (See Interview 2, Appendix B), poses a barrier to providing consistent and quality care to vulnerable children. Furthermore, the overwhelming caseloads assigned to social workers also increase the severity of the problem, making it challenging for caseworkers to devote adequate attention and support to each case. This overload not only strains the system, but also compromises the well-being of the children it is meant to serve, as well as the workers. It is extremely important to recognize that these challenges stem from systemic issues rather than individual issues of social workers. Addressing these challenges, according to the interviewees, will help provide a better system for children, as well as help better the environment that the workers are present in.

Funding limitation in the service system. While the “revolving door” of caseworkers, as well as the caseloads that are put on each case worker were the most significant answers in terms of the inadequacies of the child protective system, something else was brought up that is extremely important and makes up a huge part of the social work profession: funding. Funding through things such as federal grants, as well as just the state in which the agency is located can change the trajectory of the services that children receive. For example, a 501c nonprofit Child Advocacy Center in the state of Mississippi does not receive enough funding, so it must shut down. Therefore, their catchment area is required to either shift to another center that can serve the children in their area, or the children simply are no longer able to receive services.

Limitations of the Conducted Study

There are several limitations that have become apparent when looking at the results of the conducted study. The most glaring limitation of the study is that there are only nine interviewees, and therefore the data is not representative of a huge population of children who are in the child protection or juvenile systems. The second limitation that has been proposed is that all the

interviewees are women. This does not necessarily change the data or the reliability of the study, but it omits potentially different perspectives from male professionals. Even though, as the researcher, I do not necessarily deem this as a limitation, I can see that there are people who may, so therefore I felt the need to list it.

Another limitation that has been noted is that eight of the nine interviewees are in the same general metro area. The location has been redacted, but this was also something to make note of, as the location of the interviewee may be related to the observed demographics of the children, particularly their race. Since many of the clients are from the same metro area, there is a high likelihood that they are seeing similar clients, or possibly the same racial/ethnic groups due to the high percentage of a specific race present in this metro area. Therefore, the data may be slightly skewed due to the location of the interviewees and their occupation. The final limitation of the study is that two of the interviewees were retired and no longer working in their respective fields, as mentioned in the interviews. Therefore, the data that they provided may also be skewed due to the possible inaccuracy between the time that the interview was conducted in comparison to when the interviewees interacted with the populations mentioned in their interviews.

Discussion

In totality, there have been many ways in which witnessing domestic violence can affect the futures of children, both short-term and long-term. The main way that children are affected by witnessing DV, according to the study, as well as previous literature, is psychopathological. Many of the interviewees mentioned that their clients experience disorderly thinking, suicidal thoughts, post-traumatic stress, and more. As previous research and the conducted study also entailed, the psychological effects of witnessing DV for children can be extremely detrimental to

them, and possibly lethal. Many children who witness DV are at-risk for development of many disorders, such as depression, anxiety, PTSD, and more.

Other things that previous research and the study presented corroborate is how physical development can also be affected by witnessing DV. Not only can mental disorders be developed, but eating disorders, such as anorexia nervosa and bulimia, can also be developed. Other things, such as obesity, can also be developed. Some children who witness DV are also more prone to injury and are also more prone to suffer less attention from parents, which, depending on the age, can alter physical development (lack of maternal attention for a newborn, for example). Lack of attention and proper care can become extremely detrimental to children who grow up around DV, even if they do not witness it first-hand. Should childhood development go awry, it's very possible that development into adulthood will also be affected. Witnessing domestic violence, in turn, makes children age prematurely. This current study further suggests it is important to examine both the psychological and physical impacts of children who witnessed DV.

Something that also needs to be understood, even though the conducted study did not focus on it, is that children who witness DV are more likely to become either victims of abuse or an abuser. DV is cyclical, and if this is all that children know, then it is very common that they could end up in either position. Women are typically more likely to become abused, as women are the main population that are affected by physical interpersonal violence. However, this does not mean that they are the only ones who are affected. Women are just as capable of domestic violence as men are and let that serve as a reminder that DV is not just physical abuse.

Domestic abuse has been prevalent and is normalized in some places in today's world. Many people do not realize that they are being abused because they are extremely manipulated

by their partners. Domestic violence is not only physical, but it can also be emotional, economical, manipulative, and many other things. More than 70% of DV cases go unreported each year, because people are scared, and there is a lack of resources available to those who are affected. The study aimed to better understand ways that new resources can be built, or if old resources are even accessible to those who need them. Children, the world's most vulnerable population, are severely affected by this, yet there are rarely any resources available to them. With the furtherance of this study, there are hopes that more resources can be developed and made available, as well as accessible, to those who experience DV, no matter race, gender, ethnicity, socioeconomic backgrounds, etc.

It is glaringly apparent that additional research is necessary on this topic. While I had the opportunity to conduct a small-scale study, I did not have the necessary resources to conduct a large-scale study. To bring about meaningful change, more resources should be made available, whether it be by a university or an agency that focuses on child welfare. With those resources, a larger study could be carried out to bridge the gap in the literature. A large-scale study combining research and real world experience could not only effectuate a paradigm shift in the way we help and view children who witness DV, providing them with more resources, but also equip people with a better understanding of the long term effects of merely being a witness to domestic violence.

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Figures

Figure 1: Children Served Per Month

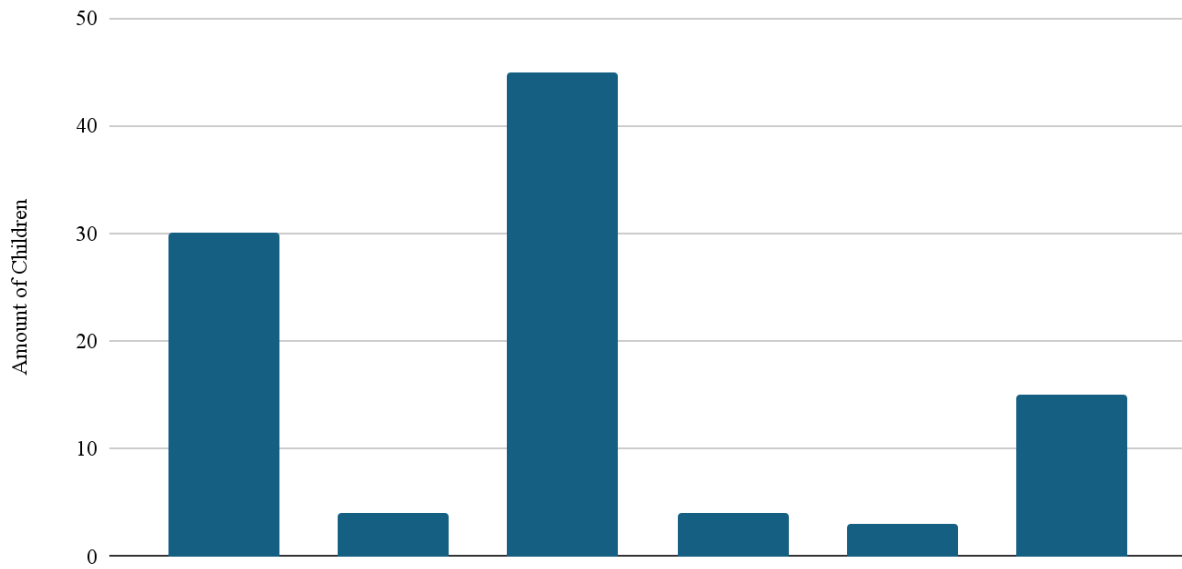


Figure 2: Race

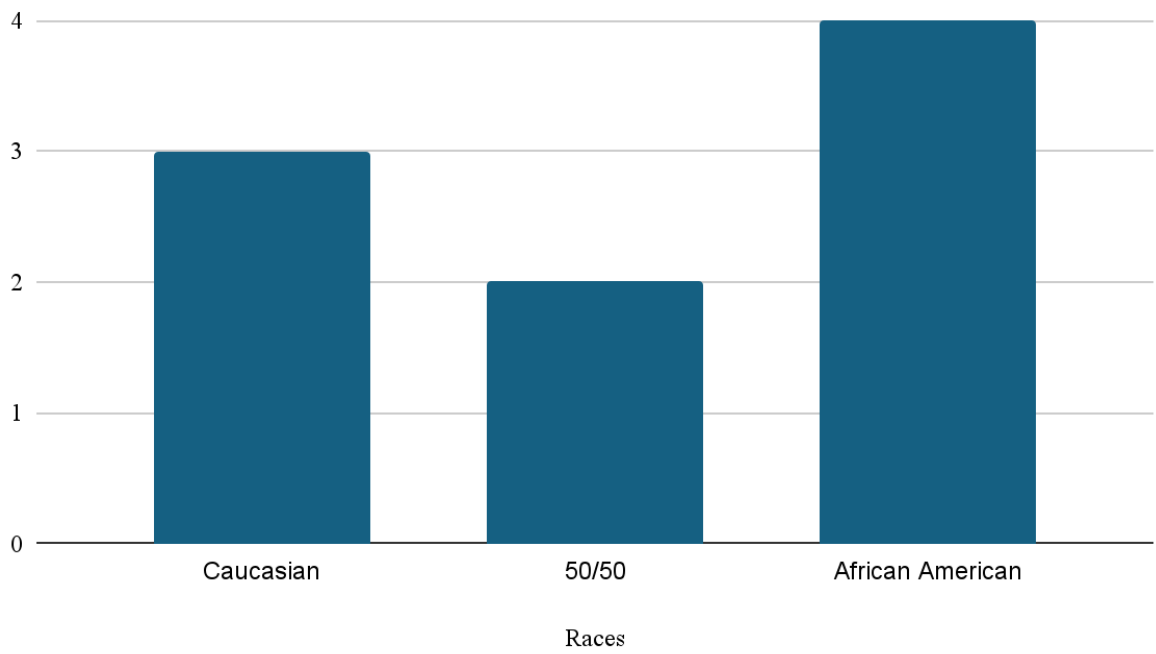


Figure 3: Age Groups Typically Seen

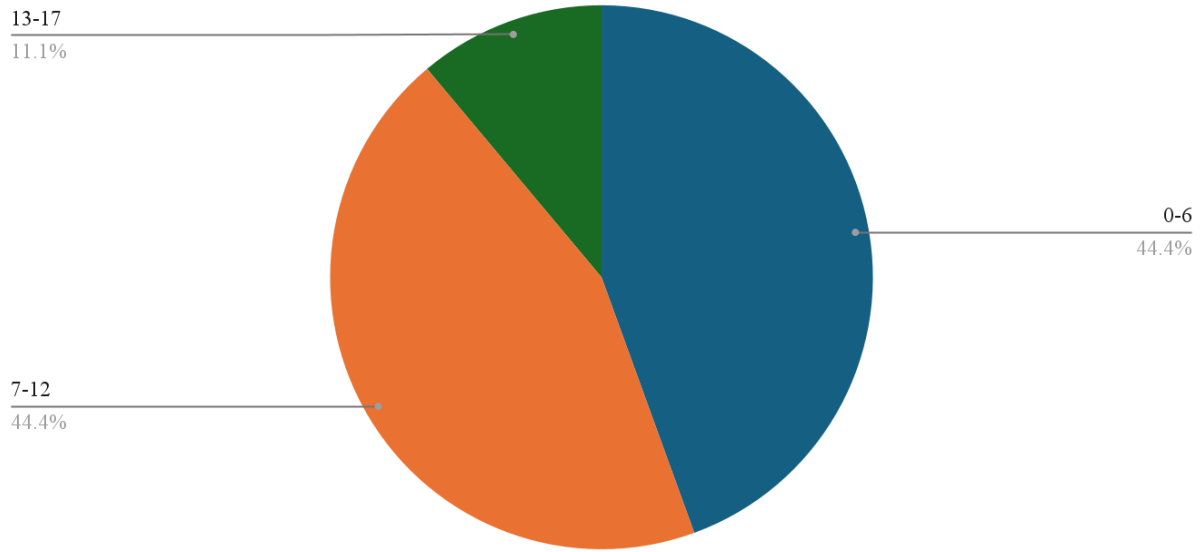


Figure 4: Gender Typically Seen

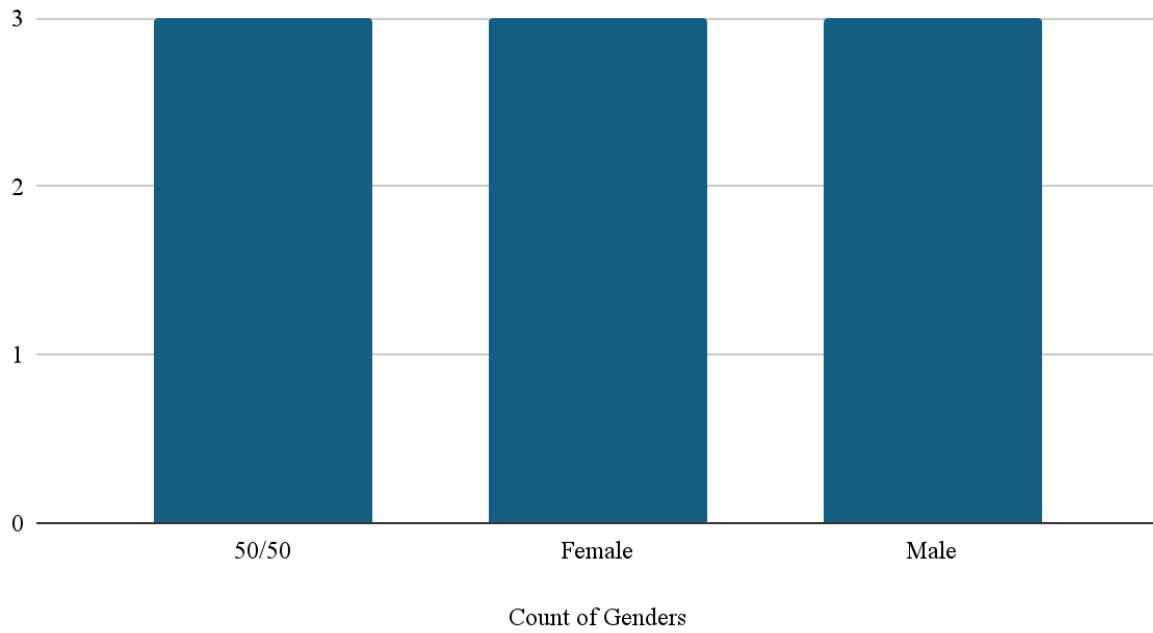


Figure 5: Impacts of Witnessing DV on Children's Futures.

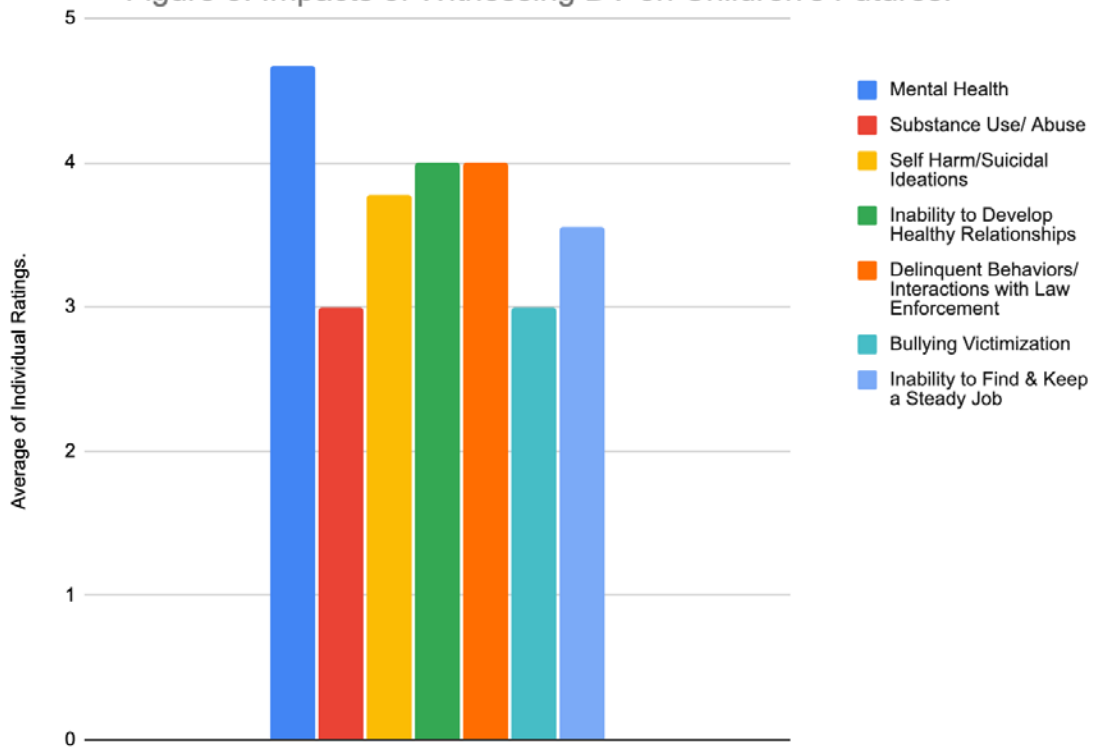
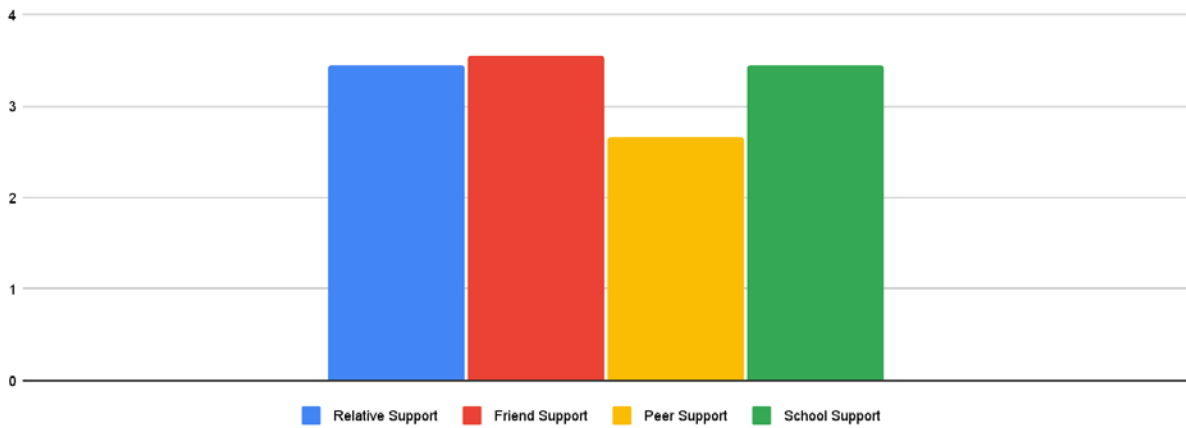


Figure 6: Support Systems



Appendix A

Interview Questions

Informed Consent

Before we start the interview, I would like to make sure you understand that this interview will be recorded by audio recording. This recording will be stored on an encrypted hard drive after the completion of the interview, and any identifying information, including, but not limited to name, agency, title, etc. will not be listed in the interview transcripts. Do you understand and consent to this interview, and the audio recording of this interview? If you consent to the interview and the recording of the interview, let's get started!

Introductions

Before we start the interview, I would like to introduce myself to you, as well as the purposes for this interview.

My name is Victoria "Skye" Cleckler, and I am a senior social work major. I am a principal investigator conducting an interview-based study titled "How Witnessing Domestic Violence Affects the Future of Children". This study is done in partial fulfillment of the Sally McDonnell Barksdale Honors College at the University of Mississippi, as well as just interest in the subject. The purpose of this study is to better understand how witnessing domestic violence in the home can affect children throughout the rest of their lives.

Without further ado, please introduce yourself for the record. Remember that this information will not be provided to anyone and will only be accessible to me, the principal investigator.

- Name:
- Agency:
- Professional Title:
- In this interview, domestic violence refers to behaviors and actions that occur within intimate relationships (physical and emotional abuse, financial abuse, etc).

Demographics

1. How many children do you typically see within a typical month? (approximate number)
 - a. What race of children do you see the most in this area? (Caucasian, African American, Native American, etc).
2. Among children who experience/have experienced child maltreatment, what proportion would you estimate have also witnessed domestic violence?
3. What is the main age group that you see in these domestic situations?
 - a. Age 0-6

- b. Age 7-12.
 - c. Age 13-17.
4. What gender do you mainly see in these domestic situations?

Qualitative Questions

1. How would you rate the negative impact of witnessing domestic violence on these children's future lives, based on the clients you have seen? (1: not at all; 5: extremely significant?)
 - a. Mental Health (1 2 3 4 5)
 - b. Substance use (1 2 3 4 5)
 - c. Self-harm or suicidal thoughts/attempts (1 2 3 4 5)
 - d. Inability to develop healthy social relationships (1 2 3 4 5)
 - e. Delinquent behaviors or having interactions with law enforcement (1 2 3 4 5)
 - f. Bullying victimization (1 2 3 4 5)
 - g. Difficulty in finding or keeping jobs (1 2 3 4 5)
 - h. Other (please explain)
2. How would you rate the support system of these children (1: very weak to 5: very strong)
 - a. Relatives (1 2 3 4 5)
 - b. Friends (1 2 3 4 5)
 - c. Peers (1 2 3 4 5)
 - d. School (1 2 3 4 5)
3. Do you believe that witnessing domestic violence has a long-lasting effect on children? Why or why not?
4. How many children, as mentioned in the quantitative portion of the interview, would you say do not have a good support system (parents, family, friends, peers, school, etc)?
5. In your professional opinion, how many of these children have developed psychopathological disorders or issues as a direct result of witnessing domestic violence?

6. What do you think are some important services that should be considered to help these children?
7. What are the challenges or inadequacies in the current child protection system that affect the services these children receive?

Appendix B

Conducted Interviews

Interview 1

Principal Investigator (S.C.)

Whenever you're ready.

B.C.

OK. B.C [Name redacted]. I am a licensed bachelor social worker [LBSW] and I was employed with [Location Redacted] County Family Court as the domestic violence liaison/juvenile probation officer.

Principal Investigator (S.C.)

Okay. So just in this interview, domestic violence refers to any behaviors and actions that occur within intimate relationships that are controlling or abusive, such as financial abuse, physical and emotional abuse, etc.

So, starting with a few demographic questions, how many children would you typically see in a month in your job as a domestic liaison. An estimate is fine. I understand that there may not be an exact number.

B.C.

Oh gosh. Maybe 30 within a month.

Principal Investigator (S.C.)

And then what race of children did you typically see the most?

B.C.

African American more than Caucasian.

Principal Investigator (S.C.)

Okay. So, among some of the children who I'm sure you had experience in the youth court who had experienced just regular child maltreatment, what portion of those would you also estimate have witnessed domestic violence?

B.C.

100% of those kids had witnessed domestic violence.

Principal Investigator (S.C.)

What is the main age group that you see in those situations? Age groups being zero to six, seven to twelve, and thirteen to seventeen?

B.C.

Probably zero to six at that time.

Principal Investigator (S.C.)

And then the last demographic question would be, what gender did you mainly see? In these children. Or if it was 50/50?

B.C.

I would say 50/50.

Principal Investigator (S.C.)

So, the next two questions or it looks like a lot of questions, but it's really just two; they're rating scale questions. So, the first question in totality is how would you rate the negative effect of or negative impact of witnessing DV on these children's future rating scale being one not at all? Five being extremely significant and then we have some headers for it. So, the first one is mental health, again one being not at all affected and five being extremely affected.

B.C.

Extremely affected.

Principal Investigator (S.C.)

Okay, so a five?

B.C.

Mhm.

Principal Investigator (S.C.)

Okay. And then the next one is substance use.

B.C.

Three.

Principal Investigator (S.C.)

Any self-harm or suicidal thoughts, ideations or attempts.

B.C.

Four.

Principal Investigator (S.C.)

OK. And then an inability to develop healthy social relationships?

B.C.

Four.

Principal Investigator (S.C.)

Any delinquent behaviors or having interactions with law enforcement

B.C.

Five.

Principal Investigator (S.C.)

Bullying victimization

B.C.

Five.

Principal Investigator (S.C.)

Okay. And then the last one is difficulty in finding or keeping jobs?

B.C.

Four.

Principal Investigator (S.C.)

And then if there's any other effect or anything that you can think of that was not mentioned that you'd like to share, that would be great. If not, we can move on to the next question.

B.C.

I mean, I'm sure it was covered, but I I would assume in just relationships period having any type of boyfriend, girlfriend. Once they're married, things like that. It was a 5 on something like that. In any kind of relationship. Personal relationships within.

Principal Investigator (S.C.)

Definitely. I understand. Okay.

The next one is also just a rating system question, but it was. How would you professionally rate the support system of these children? Again, one being very weak to five being very strong and we'll start off with any relatives, siblings, Cousins. Grandparents. Parents, if they're not the guardians, anything like that?

B.C.

You mean being supportive of the children that were involved in those relationships. And if they were supportive, is that the question?

Principal Investigator (S.C.)

So yeah, so just if they weren't supportive, I would probably just say a one in the main case of what you've seen, I would say a one or just not at all or you know if you want to bump it up a little bit. I understand that most relatives don't have a great support system for this, but.

B.C.

Yeah, I would say, I mean maybe a two, I mean, I mean I would say one, but maybe a two because some of those situations did have that support.

Principal Investigator (S.C.)

And then any friends, any support system within friends.

B.C.

Yeah, I would say two.

Principal Investigator (S.C.)

Right. And then any other peers, maybe church acquaintances, acquaintances at school?

B.C.

I actually would say that might be a three because we had services that were through churches or through the Y [YWCA]. I mean outside services were very supportive of people that were victims of domestic violence.

Principal Investigator (S.C.)

OK. And then the last one is the school support system, meaning any administrators maybe a school social worker or guidance counselor? Anything like that.

B.C.

I would say 4 on that because well, at least in our district and our supporting districts.

Principal Investigator (S.C.)

Okay, so the last few questions are just some open-ended questions for your professional and personal opinion, if you don't mind answering them. The first one being, do you believe that witnessing domestic violence has a long-lasting effect on children? Why or why not?

B.C.

I do, and I guess the reason why I do is because when you're in that situation for as long as I was, you saw those that had witnessed domestic violence end up being either perpetrators or victims in those types of situations. A lot of young men end up falling into the footsteps of what the abuser did to their parent or to their mother, and you saw them on the criminal aspect when it came to juvenile delinquency. you always saw them coming back. And the females always tend to, the young ladies. always tended to end up in abusive relationships because that's what they witnessed from the very beginning. That's what they saw that their mom experienced and what she took and a lot of times, that's the relationships they're in. And I think that cycle just continues over and over again. But I think that's the domestic violence cycle. That's what happens.

Principal Investigator (S.C.)

So, we did speak a little bit on the support systems of children in the previous questions, but this question kind of touches on what you mentioned earlier about how many children would you

estimate the percentage do/did not have a good support system. It could be a total number that did not have any type of support system.

B.C.

Say that again. I'm sorry. What was it?

Principal Investigator (S.C.)

How many of the children, or like a percentage of the children, I guess that you mentioned before do not have any type of good support system, so like no family relationship, no school, peers, anything like that?

B.C.

I'd say, I mean, I get, I guess I'd give it 50% would not have had that those services.

Principal Investigator (S.C.)

OK, so in your professional opinion, how many of these children have developed psychopathological disorders or issues as a direct result of witnessing domestic violence, meaning PTSD, depression, anxiety. Maybe bipolar disorder, or anything like that?

B.C.

Coming up, I mean, this would just be a guess because you know, I don't see those kids after the fact after that you know, so I mean. It's hard to kind of say if they ended up with a mental health diagnosis because they could have had that before. You know what I'm saying? So I mean, I guess you could go with maybe 30% of those kids may have ended up with a diagnosis.

Principal Investigator (S.C.)

Okay. What do you think are some important services that should be considered to help children specifically who have witnessed domestic violence?

B.C.

I think maybe some trauma informed therapy or resources for the trauma informed therapy, I mean. In {Location redacted} County, where I worked, you were able to access like the YWCA. They had children's groups, and they were able to assist families with shelter. You also have our place, which has all those services in one building, which is law enforcement, counselors, social workers. All those things. So, I mean, I think if we could provide more of that, that would be helpful for these kids.

Principal Investigator (S.C.)

And then the last question of the interview is, what are some of the challenges or inadequacies in the current child protection system that affect any type of services that these children receive?

B.C.

Like DHR [Department of Human Resources] through the child?

Principal Investigator (S.C.)

It can be any. So, like the main issue that has been brought up has been funding. There's not enough funding for programs. Maybe. Not enough workers is another one I've heard a good bit of.

B.C.

Yes, I know that here, there is not enough workers and there's not enough people that will assist these children, especially through DHR and money. Yes, of course. I mean I think that's across the board.

Principal Investigator (S.C.)

Yeah, that one's just everywhere.

That's the end of the interview but thank you so much for your participation!

B.C.

You're welcome! Have a great rest of your day and good luck with your study!

Principal Investigator (S.C.)

Thank you! You too!

Interview 2

Principal Investigator (S.C.)

And then if you can start with your name, agency and professional title, the name will be censored through initials, and the agency will also be censored.

M.M..C.

My name is M.M..C. [Full name redacted]. I work for [Company name redacted] and I am a domestic violence victim advocate.

Principal Investigator (S.C.)

All right. So, we'll just start with some demographic questions. How many children do you typically see within a month or if you have any clients that are adults, how many children do you see through them?

M.M..C.

In a month, depending on if I saw five adult clients in a month, I would say that at least four out of the five had children [80%].

Principal Investigator (S.C.)

OK. And then what race of children or in your clients do you typically see the most in this area?

M.M..C.

Here in [Company name redacted], you know we serve ten counties and I say that we see half and half between. You know, you know African Americans and, you know, white children.

Principal Investigator (S.C.)

Among children who experience or have experienced any kind of child maltreatment, what proportion would you also estimate have witnessed domestic violence in the home?

M.M..C.

I personally say it would say the majority of them, because if they're being abused or neglected, there's a pretty good chance that the other parent in the relationship is probably being abused as well.

Principal Investigator (S.C.)

Okay. And then what is the main age group of children that you typically see with your clients?

M.M..C.

Through these options right here, I'd say I would say from zero to 12. That's a pretty good range of because a lot of times the parents that come in here are the victims they have children from 4 to 16 years old. So.

Principal Investigator (S.C.)

And then what gender of children do you mainly see?

M.M..C.

Again, I would say probably about half and half between, you know.

Principal Investigator (S.C.)

Between Male and female?

M.M..C.

Yes.

Principal Investigator (S.C.)

So, the next few questions are just some qualitative questions starting with a rating scale, it will be based on the clients you've seen. How would you rate the negative impact of witnessing domestic violence on these children's futures, one being not at all and five being extremely significant and we'll start off with their mental health?

M.M..C.

I would say extremely significant, so a five for that.

Principal Investigator (S.C.)

Okay. And what about substance use or possible substance abuse?

M.M..C.

Substance abuse, I would say a strong four or five for that as well.

Principal Investigator (S.C.)

Any self-harm or suicidal ideations or attempts.

M.M..C.:

Four.

Principal Investigator (S.C.)

inability to develop healthy social relationships.

M.M..C.

Five.

Principal Investigator (S.C.)

Any delinquent behaviors or having negative interactions with law enforcement.

M.M..C.

Definitely five.

Principal Investigator (S.C.)

Any type of bullying victimization?

M.M..C.

Four.

Principal Investigator (S.C.)

Difficulty in finding or keeping jobs, and if there's any other effects that you can think.

M.M..C.

Four. No, I think a lot of these cover it just with, you know, witnessing abuse at home. What their life, what style looks like after that and what they start doing. This was a pretty good list.

Principal Investigator (S.C.)

Next question, same kind of rating system, how would you rate the support system of the children with people, one being very weak to five very strong?

M.M..C.

The children that I see and having a support system with relatives, I would say it is strong. I'd say a five because a lot of the grandparents usually step in when these situations arise.

Principal Investigator (S.C.)

And then friends.

M.M..C.

With friends, I would probably say three or four just because sometimes it might be the friend that is the one doing the abusing. You know, I guess in these situations you just don't always know, even if there's friends or relatives.

Principal Investigator (S.C.)

Okay. And then any type of others, like peers, maybe students at school or at church maybe.

M.M..C.

I would say 3 because a lot of children at this age it's hard unless they're older for it to have peer support. But I I would say 3, that's just my personal.

Principal Investigator (S.C.)

And then the last one being school, meaning any type of administrators, counselors, school social workers.

M.M..C.

Four.

Principal Investigator (S.C.)

Okay, so these next few questions are just some opinionated questions. Some are professional and personal opinions and then some of them double back to any quantitative portions. First question being, do you personally believe that witnessing domestic violence has a long-lasting effect on children?

M.M..C.

100%. Why? Because what child, when they do lose their innocence from watching their mother or their father being abused is not going to be completely affected? And the fact that it changes their whole world like everything's different now. Everything's no longer, you know, innocent. It's now "This is normal for me to see my mom and my dad, you know, be hit and my brother or my sister, you know, get abused." So, I think that when you don't have the right resources in line, it's going to make a child be, you know, filled with anxiety, lots of depression, bed wetting. Just things like that, uncontrollable things that no child should ever have to witness and that anyone should ever have to go through.

Principal Investigator (S.C.)

How many children, you know, mentioned in the quantitative portion, which we know we didn't do an exact amount, but how many of those children that you have personally seen would you say probably do not have a good support system.

M.M..C.

Again, I have to look at it like this. If a mom's coming in here seeking services and she's got a child, we're right there. That shows that the child doesn't have support system from the family and or if he/she does, it means it's going to go to extended family. A lot of the times the grandparents or the aunts, you know cousins, family members, will step in. But I would say that there are times that I have adult clients that come in here that have absolutely no support and they have children and it's just mind blowing. But for the most part, the majority of people have some kind of lifeline out there and and if they don't, then you know truly, we become their lifeline and hopefully can give them other lifelines out there to have as well.

Principal Investigator (S.C.)

Okay. In your professional opinion, how many of these children that have witnessed domestic violence or that you've seen have developed any kind of psychopathological disorders or issues as a direct result of witnessing DV?

M.M..C.

I think the majority of them will have some kind of effect in their lifetime. If it's not just short term with, you know, things like wetting the bed or just being afraid or crying all the time or pulling back from school, or even just starting fights and things like that. Because they've watched a family member, so they think it's okay. But yes, I think that. For the whole anxiety,

post traumatic stress disorder is one I wanted to definitely, you know, touch point on because the nightmares, the changes in sleep and just anger and irritability and things like that, they're completely going to change that child's world.

Principal Investigator (S.C.)

What do you think are some important services that should be offered, or sorry, that should be considered to help children of witness TV.

M.M.C.

Definitely trauma informed, you know, therapy. A parent or a friend or a peer cannot be the one to pull someone through all this because it's traumatic and you need the proper person with the background that that can bring them through

Principal Investigator (S.C.)

Definitely.

Principal Investigator (S.C.)

And the last question is what are some challenges or inadequacies in the current child protection system that affect the services these children receive?

M.M.C.

I would say as far as in our community with Child Protective Services, I know that it's always been a struggle to just keep employment there. The same caseworkers working with these families, it's like they come in and they start working with the family, and the next thing they know, they've left their job and it's a new person coming in and so I feel like that, to a family, can feel like failure because they're never keeping the same person that's actually trying to get them. You know where they need to be so I would say just the revolving door.

Principal Investigator (S.C.)

Well, thank you so much. That is the end of the interview.

M.M.C.

That was easy

Interview 3

Principal Investigator (S.C.)

So we've already done some off-camera introductions, but if you would introduce yourself for the record, the full name, the agency and location is not going to be. In the transcription I'll just use initials and then I will censor out the location. So if you want to go ahead and introduce yourself

L.D.

Yeah. So, my name is L.D [Name redacted] . I am an advocate coordinator for CASA of [Location redacted] County. CASA is Court Appointed Special Advocates. And we have two offices in [Location redacted] County. One is in [redacted] and one is in [redacted]. And I work at the [redacted] Courthouse.

Principal Investigator (S.C.)

Let's see. Just in the interview, domestic violence refers to any behaviors and actions that occur within an intimate relationship. So, anything from physical and emotional abuse, financial abuse, any of the abuses, there's a long list.

L.D.

Right, absolutely.

Principal Investigator (S.C.)

That we'll just start out with a few questions about demographics. How many children just in total, not just domestic violence related. Do you typically see within a month you think?

L.D.

Within a month, I want to say. About 45 to 50 kids.

Principal Investigator (S.C.)

And then what race of children do you see the most? So Caucasian African American split even?

L.D.

The most. Yeah, I would say African American the most second would come Caucasian and very rarely do we have. You know, Hispanic families, Asian families, that is rare. It's split even. Well, no, I would say African American and then Caucasian.

Principal Investigator (S.C.)

OK, so among children who you've seen who have experienced or who experience or have experienced, I'm sorry, child maltreatment, what portion would you estimate have also witnessed domestic violence in the home?

L.D.

Would this be a percentage or?

Principal Investigator (S.C.)

You can do either or maybe a number a percentage.

L.D.

Maybe about 50, I want to say 50 percent, 50% yeah.

Principal Investigator (S.C.)

And then in the same kind of situation about this domestic violence situations, what is the main age group that you typically see? So starting off would be ages zero to six, then 7:00 to 12:00 and then 13 to 17.

L.D.

Seven to twelve.

Principal Investigator (S.C.)

And then the last demographic question is what do you, what gender do you mainly see? So do we typically see females or male?

L.D.

Males, females. OK. Females. Yeah. OK, that's great. Thank.

Principal Investigator (S.C.)

You on to the qualitative questions, these ones are on a rating scale. So it'll be like one through 5, one meaning not at all to five being extremely significant.

L.D.

Okay.

Principal Investigator (S.C.)

So, the first question, there's two questions like this, but they have multiple different things and body. So, starting off with this one, it's based on the clients you've seen. How would you rate the negative impact of witnessing DV in these children's future lives? We'll start off with mental health, one being not at all and five being extremely significant.

L.D.

Okay. I would say five.

Principal Investigator (S.C.)

Okay. Substance use.

L.D.

Substance use. Would this be leading to substance abuse?

Principal Investigator (S.C.)

It could be. I mean, it's just whether you feel as though substance use is being like maybe it's being brought into the home and the child is being affected by it or if they're maybe at a higher risk of, you know, using illegal substances in the future.

L.D.

Gotcha. Using an integer, yeah, I would say four.

Principal Investigator (S.C.)

Self-harm or suicidal ideations or attempts.

L.D.

Three.

Principal Investigator (S.C.)

OK. And an inability to develop healthy social relationships.

5

Principal Investigator (S.C.)

OK. Any other types of delinquent behaviors or having interactions with law enforcement?

L.D.

Four.

Principal Investigator (S.C.)

Bullying victimization.

L.D.

Four,

Principal Investigator (S.C.)

Okay. And then difficulty in finding or keeping jobs?

L.D.

Four.

Principal Investigator (S.C.)

Okay, and then the last one is just if you have any other things that you feel may be severely impacted and if you would explain? For me, that'd be great. And if you don't have anything, we can move on to the next question.

L.D.

Yeah, I would say which I don't know if it would kind of be included in one of the options that you listed out, but isolation is, I think, that would be like a subcategory of the, you know, like socialization and healthy relationships. Isolation is one of the biggest factors that I've observed while working with children. You have witnessed domestic violence trouble in school. That's also another one. You know, education concerns. And then I believe you already stated the behavioral part. So that's also a pretty big factor.

Principal Investigator (S.C.)

OK, so going back on to the isolation part a little bit. There has been research proving that isolation has become a big part of it. Do you think that it is like personal isolation like the kid or the child is isolating themselves? Or do you think it's more of the parents are isolating the child? Or a little bit of both?

L.D.

It could go both ways. Yeah, I would say both. Yes, both. I mean, we've seen where, you know, of course, the child, the child is isolating themselves. But we've also seen where parents or you know, mothers or fathers who are in abusive relationships or relationships that have some domestic violence going on. To isolate their children out of fear of, you know, the child maybe talking too much about what's going on in the home or, you know, just out of fear of, you know, DHR [Department of Human Resources] being involved or anything of that sort. So yeah, I would say it would go both ways.

Principal Investigator (S.C.)

Okay. The next question is on the same rating scale. How would you rate the support system that these children have? One being very weak to five being very strong and we'll start off with relatives. It could be parents, grandparents, aunts, uncles. Siblings anything.

L.D.

I would say three.

Principal Investigator (S.C.)

And then friends.

L.D.

Three.

Principal Investigator (S.C.)

Okay. And then peers, so this would just be like acquaintances, any people like maybe like church friends or anything like that?

L.D.

Two.

Principal Investigator (S.C.)

Okay, and then school. So, for me when I mean school, I mean administrators, maybe a school social worker, a counselor, teachers, anything like that.

L.D.

Yeah, four. I've noticed that the school would offer the most support in these situations and that, you know, it would to my assumption it would be because the child is in school almost every day and they are able to pick up on those signs. So yeah, I would say school would be the most supportive, yeah.

Principal Investigator (S.C.)

It's great. The last few questions are just some open-ended questions. The first one being a professional opinion question. Do you believe that witnessing domestic violence has a long-lasting effect on children? Why or why not?

L.D.

Yes, absolutely. I think that the biggest thing is witnessing an unhealthy relationship. It could become normalized in a child's life because it may be the only relationship type that they've ever witnessed and observed, so they might have difficulty building those healthy relationships as an adult. And, you know, a lot of behaviors could be learned. As a child, I would think that you know, of course, if the child is not able to address those, but you know with them being a child, I would say that it could possibly follow them into adulthood as well. And then of course, the effects of mental health a lot of times, unfortunately, it could be left untreated. A lot of trauma is not healed and and for that reason, I would say that yes, it does affect a child in their childhood as well.

Principal Investigator (S.C.)

We talked about the support systems and we also talked about how many children you typically see in a month, how many of those children would you say do not have like any? Type of good support system.

L.D.

I would say. Maybe about? Okay, so out of fifty, I would say ten children.

Principal Investigator (S.C.)

OK, so about 1/5 or so of the children that.

L.D.

That's it. Yeah, yeah, I think.

Principal Investigator (S.C.)

Okay. And then in your professional opinion, how many of these children that we've spoken about that have witnessed domestic violence or may have been in of a victim of child maltreatment as well have developed psychopathological disorders or issues that as a direct result of witnessing this kind of violence?

L.D.

Oh, okay. This would also be a smaller percentage. I would say 1/5 [20%].

Principal Investigator (S.C.)

Okay. And then what do you think are some important services that should be considered to help these children who have witnessed domestic violence?

L.D.

Yeah, that's a great question. Of course, I'm always an advocate for therapy. Therapy and just building that support system as you stated whether it be peers or friends or relatives, you know just being active and participating in extracurricular activities and just. Addressing any type of trauma responses as they, you know, as they continue to grow and heal.

Principal Investigator (S.C.)

Definitely. And then the last question is what are some challenges or inadequacies in the current child protection system that affect the kinds of services that these children are safe?

L.D.

Yeah, that's also a great question. You know, unfortunately our system is very flawed and a lot of times, you know, with the number of children and the caseloads and the stress that are put on social workers, unfortunately some cases do fall through the cracks. I mean, we see it all the time. It's just the realistic, you know, part of it a lot of children don't. The services that they need, or they or you know when they do end up getting the services, sometimes it's kind of too late and it's already affected the child in so many ways. So, I would say, yeah, like the, you know, lack of social workers, the high caseloads and then. You know, addressing the situation not early enough, you know, like the lack of early intervention definitely plays a role.

Principal Investigator (S.C.)

So that was the last question. Thank you so much. I really enjoyed this, and you've been a great help. Thank you.

L.D.

Thank you. I wish you the best of luck.

Principal Investigator (S.C.)

Thank you! Have a great rest of your day!

Interview 4

Principal Investigator (S.C.)

OK. So, we just spoke about consent off camera, but just to make sure, do you still consent to the recording of this interview?

L.F.

Yes, thank you.

Principal Investigator (S.C.)

So to start off, would you please introduce yourself. This information will not be provided to anybody and will only be accessed by me, the principal investigator.

L.F.

Sure. I'm L.F. [Full name redacted]. I'm the domestic violence prosecutor in the [Redacted] division of {Redacted} County, Alabama.

Principal Investigator (S.C.)

I know you know domestic violence is, but just for the sake of the study, it just refers to behaviors and actions that occur within intimate relationships, such as physical and emotional abuse, financial abuse, anything of the sort.

Principal Investigator (S.C.)

OK. So, to start off with just a few demographic questions, how many children do you typically see within a month of your work?

L.F.

I'm Trying to think. So, our cases are different. We typically don't see children as victims. They usually are the ones that are witnesses. As far as children being victims, I would say. Maybe one or two a month. And of course, you know a lot more children are witnesses to the abuse then usually is reported.

Principal Investigator (S.C.)

How many would you say that you see on average that are just witnesses of violence?

L.F.

In a month, I would say between 10 and 20.

Principal Investigator (S.C.)

And what race of children do you typically see the most in either area as victims or as witnesses?

L.F.

Well, let's. I would say it's about an even percentage. I would definitely say it is 50/50 to be honest with you.

Principal Investigator (S.C.)

Between Caucasians and African Americans or other races?

L.F.

Yes, yes. We typically don't have very many Hispanic cases now, that being said, there are starting to be a lot more, but I have not seen many Hispanic children involved in these cases.

Principal Investigator (S.C.)

Right. So, what is the main age group that you see in these situations, situations witnessing intimate partner violence? [IPV is a synonym for DV]

L.F.

I would say six and under.

Principal Investigator (S.C.)

And then what gender do you mainly see in these situations? Like, are there more females or males witnessing or becoming victims?

L.F.

As far as becoming victims, I've seen more male children become victims.

Principal Investigator (S.C.)

OK. So on to the qualitative questions. Based on the clients, you've seen male, female, any race, any ethnicity, anything like that, how would you rate the negative impact of witnessing domestic violence on their future lives? I've got a few headers. Rate one through five, one being not at all affecting them, and five being an extremely significant effect, and we'll start off with the mental health of the child who's witnessed the violence.

L.F.

I would say five.

Principal Investigator (S.C.)

OK, so extremely significant.

L.F.

Yes, because most children that I know have witnessed domestic violence, they. Will eventually be interviewed with DHR [Department of Human Resources], so I would say five.

Principal Investigator (S.C.)

OK. And then the next one moved on is substance abuse. I know you mentioned that the population you typically see is 6 and under, but this would be probably geared more towards, you know, the older age groups.

L.F.

I would say one.

Principal Investigator (S.C.)

OK. And then the next one would be self-harm or suicidal thoughts, ideations, attempts, anything like that.

L.F.

Five.

Principal Investigator (S.C.)

Inability to develop healthy social relationships.

L.F.

Four.

Principal Investigator (S.C.)

Delinquent behaviors or having interactions with law enforcement.

L.F.

Five.

Principal Investigator (S.C.)

OK, bullying victimization.

L.F.

Two.

Principal Investigator (S.C.)

Difficulty in finding or keeping jobs later in life.

L.F.

I would say five.

Principal Investigator (S.C.)

And then if there's any other things that you can think of that may be affected by this, if you could explain, if not, then we can move on.

L.F.

So I would say that most of the children, like I said, they will come in contact with DHR or other social services that know that they've witnessed domestic violence between their parents and so, you know, a lot of them will go into foster care as a result.

Principal Investigator (S.C.)

Thank you for sharing that. I appreciate that. How would you rate the support systems of these children that have witnessed this violence? Same scale, one being very weak to five, being very strong, and we'll start with relatives can be any parent, grandparent, anything?

L.F.

I would say five.

Principal Investigator (S.C.)

OK, so a very strong relationship or a very strong support system.

L.F.

Yes, most of them have grandparents that are their support system.

Principal Investigator (S.C.)

OK, what about friends?

L.F.

Five.

Principal Investigator (S.C.)

And then just peers, just acquaintances, maybe neighbors, kids in school.

L.F.

Three.

Principal Investigator (S.C.)

OK. And then just the school system in general being teachers, administrators. Maybe a social worker.

L.F.

Three.

Principal Investigator (S.C.)

Okay. And then these last few these last five questions are just some open-ended questions if you wouldn't mind explaining your answer. The first one being, do you personally believe, well personally and professionally, I guess believe that witnessing domestic violence has a long-lasting effect on children. Why or why not?

L.F.

Yes. Because like I said, they will come in contact with DHR. Not necessarily that their parents may lose custody, but it's a very good possibility that they do. And just being in that environment is never a good situation for children.

Principal Investigator (S.C.)

Definitely. I completely agree with you. We kind of touched a little bit on it in the last portion about support systems and stuff. Would you say that a big portion of the children that you see in these cases do have a good support system or is it more of a smaller number or say maybe or is it kind of in the middle.

L.F.

Right, I would say a good portion of them have a good support system. Most of these kids that I see that are witnesses to domestic violence have grandparents that become very involved. So, I would say it's a majority of them.

Principal Investigator (S.C.)

I'm glad to hear that. In your professional opinion, do you think that there's a higher likelihood for children who witness these kinds of crimes to develop psychopathological disorders or issues as a direct result of witnessing the violence?

L.F.

I would say that. I would say that, you know, maybe a little bit more than half [50%] would. Just to be around that situation and again, it all leads back to, you know, them having to possibly go to foster care or to live with another relative as a result and just how that affects their life.

Principal Investigator (S.C.)

Definitely. What kind of disorders do you think would mainly follow through like depression, anxiety?

L.F.

I think anxiety would. And they're not necessarily as much as depression. Just having to go into a new environment that you're not familiar with.

Principal Investigator (S.C.)

What do you think are some important services that should be considered to help children who are directly affected?

L.F.

I mean, there needs to be counseling. Unfortunately, through the criminal justice system, there's none available. I mean, there's nothing that we can make victims or their, you know, their children go through any type of counseling. There's just nothing that we can offer to make them go through counseling. But, if there was, we would suggest that that they go through any type of counseling.

Principal Investigator (S.C.)

Okay. And then the last question is what are the challenges or inadequacies in the current child protection system, DHR, etc. that affects the services that these children may receive like you mentioned, like counseling or anything like?

L.F.

That well, I would say really the, the, the biggest challenge. Is that DHR doesn't notify law enforcement when they become aware that the children are victims of domestic violence or that they're witnessing it. So, there I think that there needs to be better communication with social services and law enforcement. We all have to work together and to flip it over, I mean, I don't think law enforcement necessarily makes social services aware that the children has witnessed domestic violence, so I think it just really, I think just everyone needs to be more aware that we all need to work together. We're not, you know, two separate entities. We're just trying to help these kids.

Principal Investigator (S.C.)

Definitely. And obviously kids are the most vulnerable population that we have. So it's very important to you know, try and band together. And I've noticed a lot of companies are start or a lot of agencies. I don't like to say companies, a lot of child welfare agencies are starting to work towards that. But you obviously still have the stragglers. Like you said there, where there's that lack of communication, that lack of contact. So, I think that's very important as well and I'm really glad that you mention that.

L.F.

That's true.

Principal Investigator (S.C.)

Well, thank you so much. I really appreciate it. I really appreciate your participation.

L.F.

No problem.

Principal Investigator (S.C.)

Thank you so much. I greatly appreciate it. You have a great day.

L.F.

Thank you. You too. Bye bye.

Interview 5

Principal Investigator (S.C.)

So if you want to start, we'll just do name agency and professional title. All of this will be censored if you like. If you say DHR of wherever you work, then I will censor out the county or the state or anything like that. And same with your name. Your name will be put in initials which will be M.M.. Is that okay?

M.M.

That's perfectly fine. Okay.

Principal Investigator (S.C.)

If you want to, you can go ahead and introduce yourself.

M.M.

Okay. I am M.M. [Full name redacted] and I work with the [Location redacted] County Department of Human Resources in Alabama and my title is social service caseworker 2.

Principal Investigator (S.C.)

OK. So just for reference, in this interview, domestic violence refers to any violent or manipulative behaviors and actions that occur within intimate partner relationships, I.E. physical and emotional abuse, financial abuse. Anything like that. So, to start off with the demographic questions, I'll ask how many children, if you can give an approximate number, that's fine. If not, that's fine as well. How many children do you typically see within a month?

M.M.

It fluctuates, but lately, when I say lately within the last few years, it's been about 45.

Principal Investigator (S.C.)

What race of these children do you typically see the most?

M.M.

Okay. We have a few Hispanic families in the north part of the county, but it's mostly it's mostly Caucasian.

Principal Investigator (S.C.)

Okay. Among children who experience or have experienced child maltreatment, what portion would you estimate have also witnessed domestic violence?

M.M.

Our best estimate is probably 80 to 85.

Principal Investigator (S.C.)

Okay. 80 to 85 percent?

M.M.

Yeah, percent. Sorry.

Principal Investigator (S.C.)

You're fine. And then what is the main age group that you see in these domestic violence situations? So, in the 80 to 85% that you just mentioned, would you say most of them are zero to six, seven to twelve, or thirteen to seventeen?

M.M.

Seven to twelve.

Principal Investigator (S.C.)

And then what gender do you mainly see in these situations?

M.M.

Mostly boys.

Principal Investigator (S.C.)

Interesting. On to the qualitative questions, we have a scale question. So, being one not at all or five being extremely significant, how would you rate the negative impact of witnessing domestic violence on the clients that you've seen? Start with mental health.

M.M.

That's going to be a 5.

Principal Investigator (S.C.)

And then substance use or substance abuse, either or.

M.M.

Five.

Principal Investigator (S.C.)

Self-harm or suicidal ideations or attempts.

M.M.

That's about a three.

Principal Investigator (S.C.)

An inability. In the child to develop healthy social relationships.

M.M.

I want to say four really on that one.

Principal Investigator (S.C.)

Okay. Delinquent behaviors are having interactions with law enforcement.

M.M.

That one is about a four.

Principal Investigator (S.C.)

Bullying victimization.

M.M.

I'm torn between three and four. I'm going to just go with three.

Principal Investigator (S.C.)

And then the last one, other than anything that you may think of that wasn't mentioned, would be difficulty in finding or keeping jobs?

M.M.

That is going to be a four.

Principal Investigator (S.C.)

Okay. Are there any other things that were not mentioned that you think may be affected either.

M.M.

Not that I can think of offhand.

Principal Investigator (S.C.)

Yeah, that's fine. So on to the next question about the support systems that these children may have, how would you rate the support system of these children? Same thing, one being very weak to five being very strong. We'll start off with relatives and can be mom, dad, grandparents, aunts, uncles.

M.M.

So if we're discussing relatives that are not in the household. it's going to be about a two.

Principal Investigator (S.C.)

Then friends is the next one.

M.M.

Three.

Principal Investigator (S.C.)

And then just regular peers or acquaintances.

M.M.

That one's a three.

Principal Investigator (S.C.)

And then the last one would be school. So, when I say school, I mean administrators, maybe a school social worker, guidance counselor or anything like that.

M.M.

That's going to be probably four or five.

Principal Investigator (S.C.)

So onto the open-ended questions. The first one is in your professional opinion, do you believe that witnessing domestic violence has a long-lasting effect on children?

M.M.

Yes. There's so much. There's so much trauma that we see with children, it's going to affect how they deal with their parents. If it is the parents that are having the DV issues, it affects the way the children relate to those parents. The victim, you know. We see children that start showing aggression towards the mother. For example, if she is the victim, we see that a lot. Or they or they have anger towards the offender, but we see it a lot later on too with making healthy relationships and being in healthy relationships themselves is a big issue.

Principal Investigator (S.C.)

Okay. So, we mentioned a little bit about children that you see often or how many children you see in a month. How many of those children do you think, you can say a percentage or if you have a direct number, that's great too, how many of those children would you say do not have any type of good support?

M.M.

And that sounded like the total kids that we see a month, right? So I said 45 was the number. Do not have a good support system about 35.

Principal Investigator (S.C.)

35% or 35 out of the 45 children.

M.M.

Sorry, 35 of the 45, sorry.

Principal Investigator (S.C.)

OK, that's fine. No, that's fine. I just want to make sure. In your professional opinion, how many of these children, again percentage or direct numbers are fine, have developed any type of psychopathological disorders or issues as a direct result of witnessing domestic violence? Psychopathological disorders, meaning depression, anxiety, PTSD? Maybe some. Anger issues, bipolar disorder, anything like that.

M.M.

OK. That one I went back and forth with because I wasn't really. I was thinking about severe or some psychopathic disorders or the whole spectrum there. But I think if you're covering all that with anxiety, depression, everything. That number is going to be high. Let's say 80%.

Principal Investigator (S.C.)

And then what do you think are some important services that should be considered to help these children in these domestic violence situations?

M.M.

Trauma counseling. That's a big one that we deal with a lot. Some of them benefit from behavioral aids. Therapeutic foster homes. If the children must be placed elsewhere, they need more homes that are specialized in just dealing with those issues that those children have from coming out of those environments. But the main thing is, it is good trauma counseling, not just. Straight up regular counseling.

Principal Investigator (S.C.)

And to double back, I didn't want to interrupt, but what do you mean by behavioral aids?

M.M.

This is a state of Alabama thing. But I don't know what it's like in other states, but we, as a department, pay for behavioral aid services, where there are aids that go into the home and help the children manage their issues within the home and help the families. They work directly with the families. It not really counseling, but they're instructing kind of how to manage the behaviors the children are exhibiting, and they work through the behaviors with the children to kind of help them relate back to the to the guardians.

Principal Investigator (S.C.)

OK. That sounds interesting. I think we have those in Mississippi. They're not under that name. That's why I was asking. I think they call them direct care professionals maybe I think it's what I think they're called. But every we have so many agencies that everything is a different title everywhere.

M.M.

It is. Everything's different. I deal with so many other state departments and everything's so different from state to state.

Principal Investigator (S.C.)

Right.

Principal Investigator (S.C.)

And the last question is what are the challenges or some challenges or inadequacies in the current child protection system that affect the services that children receive?

M.M.

I could go on about this all day.

Principal Investigator (S.C.)

Me too, but this is not about me.

M.M.

Yeah. So, we have a great shortage of workers. No one wants to do this job anymore. Especially if it's government, states that are privatized are probably different but. We don't get paid near enough to deal with this stuff, so we are so understaffed, even in our county, which is very small. We are currently like 4 workers down. No new hiring on the horizon.

Principal Investigator (S.C.)

Yeah, it's terrible. I mean, and that's not just here, that's everywhere and with how many people are having to apply for grants and not receiving the grants and then having to let go of employees.

M.M.

No, it is. It is not because we're understaffed, so caseloads are through the roof. And the work doesn't go away just because you're understaffed.

Principal Investigator (S.C.)

Yeah, it just piles up on everybody.

M.M.

Yeah, it's so stressful, and especially in larger counties, I mean their case loads are through the roof. I could not even imagine there's not enough funding for services or for much of anything to help, and so you're just kind of trying to put out fires and find the best thing you can to work with. Definitely. And there may or may not be some management issues, but that's a whole other story.

Principal Investigator (S.C.)

Do you think that may be a national thing?

M.M.

Yeah, it gets into politics and yeah.

Principal Investigator (S.C.)

And everywhere thing.

M.M.

They don't pay attention to it.

Principal Investigator (S.C.)

It's not always a fun thing, yeah.

M.M.

People that are running the show have never done the job and it gets in the way of a lot.

Principal Investigator (S.C.)

Yeah, that's something I've heard a lot of recently and I'm not a fan.

M.M.

Yeah. No, I feel like if you have never worked in the field and/or Child Protective Services, then you do not need to be making the rules and.

Principal Investigator (S.C.)

Yeah, I've seen all kinds of supervisors that have had to come in and bring children because their caseworker wasn't available and they're not. They don't have a clue about the kid. And it's terrible.

M.M.

Exactly. Exactly.

It's been good. It's been good here because, like I said, we're such a small county. Then we all kind of know what's going on and everybody else's cases, so it's easy to step in. But like I said, my best friend that works here is a supervisor. She's the investigation supervisor. But we're so understaffed that she is back in the field. To an investigation. So, she's carrying a full caseload also.

Principal Investigator (S.C.)

In addition to what she was already doing? That's terrible.

Principal Investigator (S.C.)

I am going to go ahead and stop the interview and say thank you for doing the interview. I really appreciate it.

M.M.

You are welcome.

Interview 6

H.M.

Hi, my name is H.M.. [Name Redacted] I'm with the law firm of [Redacted]. I'm an attorney who practices in the areas of juvenile delinquents.

Principal Investigator (S.C.)

OK. So just to start off. You mentioned before that you only really go to court with these children, but how many children? Would you typically say you go to court with in a month.

H.M.

And it might. It depends because of the way our court system is. However, I've been practicing for a long time, so it could be ten maybe in a month, depending on if it's a busy month, but I'm in private practice as well, so you have other organizations that handle just children who are in that juvenile court, or who have experienced domestic violence, or who are. So, it could be 5 to 10.

Principal Investigator (S.C.)

OK. What race do you typically see the most Caucasian African American, Native American?

H.M.

In this area you will see more African Americans in this.

Principal Investigator (S.C.)

Among children you've seen who experience or have experienced just normal child maltreatment or abuse, what portion would you also estimate have witnessed domestic violence? It can be a number. It can be a percentage, whatever works best for you.

H.M.

Probably 75%.

Principal Investigator (S.C.)

And then what is the main age group that you see in these situations? Umm, age groups being zero to six, seven to twelve and thirteen to seventeen?

H.M.

Seven to twelve I guess would be your age group because the younger ones really don't, what's the best way? They really don't pay attention to that. It really doesn't, you know, they go on about their daily business. So, at that age, that's when they really start to notice.

Principal Investigator (S.C.)

Yeah. And if they do notice it, they may not remember it because of all the like, your memories don't start developing until you're like, I think it's like 5, but.

Principal Investigator (S.C.)

Right. Obviously they can change based on the situations and then the last demographic question would just be what gender do you mainly see in these situations, male or female?

H.M.

Female.

Principal Investigator (S.C.)

So the next few questions are just rating scale questions. It starts off just being based on the clients you've seen. How would you rate the negative impact of witnessing violence on their future lives, #1 being not at all #5 being extremely significant? It starts off with their mental health.

H.M.

I would say four.

Principal Investigator (S.C.)

And then substance use or substance abuse.

H.M.

A four.

Principal Investigator (S.C.)

Any self-harm or suicidal ideations or attempts.

H.M.

Five.

Principal Investigator (S.C.)

An inability to develop healthy social relationships.

H.M.

Three.

Principal Investigator (S.C.)

I'm sorry you said three?

H.M.

Yes.

Principal Investigator (S.C.)

Okay, sorry. It cut out for me. I just wanted to make sure.

H.M.

That's fine.

Principal Investigator (S.C.)

Delinquent behaviors or having interactions with law enforcement.

H.M.

It's about a four.

Principal Investigator (S.C.)

Okay. And then bullying victimization?

H.M.

Two to three.

Principal Investigator (S.C.)

And then difficulty in finding or keeping jobs.

H.M.

Two.

Principal Investigator (S.C.)

And then the last one just says "other". If you have anything that wasn't mentioned that you'd like to talk about, that'd be great. If not, then we can move on to the next question.

H.M.

I'm thinking in regard to living, you know, just living a normal life. And in regard to that, it affects children differently, right? So, depending on how extreme the domestic violence issue was, some of them, if they witness it, then they will never. They don't want to be part of that. And then you have some that fall into that. You know that routine that day-to-day that they think that that's how you're supposed to live. And so, it just depends on that individual, that child as to how they go about when they become an adult, how they deal with that on a day-to-day basis. And, you know, counseling is also a very good thing. So, I think that counseling can also help individuals who may have gone back onto that track get forward and go, go forward, not back.

Principal Investigator (S.C.)

You've kind of answered one of the last questions with that like some important services, but we'll double back to that at the end. I greatly appreciate that answer and I 100% agree completely with everything you said. The next question, it's the same thing, but it's just instead of rating behaviors, it's about how you would rate the support system of the children, one being very weak

to five being very strong. Starting off with any relatives, obviously parents or guardians probably wouldn't be the first thing to come to mind that like maybe grandparents, aunts, uncles, cousins, siblings, anything like that.

H.M.

Well, it depends because sometimes a parent can be your support system depending on where they are, where they are in that situation. So, I would say three, you know two to three because sometimes the support system is not there. If nobody knows that the domestic violence has happened.

Principal Investigator (S.C.)

For sure, for sure. And then friends.

H.M.

Friends, I would say would be a five.

Principal Investigator (S.C.)

OK. And then peers?

H.M.

That's more of a two to three because they may not know what's happening.

Principal Investigator (S.C.)

And then the last one is almost the same thing. Schools

H.M.

Probably about a three to four.

Principal Investigator (S.C.)

And then just in a personal or professional or both opinion, do you believe that witnessing domestic violence has a long lasting effect on children? Why or why not?

H.M.

I do. And because parents are the first individuals that a child will trust, and so once the mess of violence, once they realize that it is the mess of violence, sometimes it doesn't just stop with the parent. It may also include the children. And so, when a child gets older, unless they have some type of. Treatment, you know, some kind of therapy. Then I think that, you know, they would go back. Why did they do that? They wouldn't really understand. Why would a parent or, you know, significant other treat someone that way? Because it's not just really all parents, right? You may have a sibling that may do domestic violence toward a parent. And so got to get to the root of the issue as to why that occurred. And for some kids, it's hard for them to comprehend that.

Principal Investigator (S.C.)

The next question we mentioned it a little bit in the quantitative portion, but a percentage is great. How many of the children that you mentioned that you see in court do not have a good support system?

H.M.

That's probably around 95%. Most of them don't. Most of them don't have one because I'm doing juvenile delinquents. So those are individuals who have had connections with or with the police for some kind of issue. And so, most of them sometimes think that the support system is not there. And so, and if it is, it's not a good support system, right? Because most of the time, some of those children, they'll get in trouble. But the parents just like whatever they, they don't really care. Right. And so, you see that that rotation where they get, it's just like a constant rotation and so the support system is not there and the courts here in Jefferson County, Birmingham especially for juveniles, they don't provide a lot of mental health. For these juveniles, and so they must go and look outside of Jefferson County, so the support is there, but it's not great and we have to. Do that, I would say. They must do better.

Principal Investigator (S.C.)

Well, you definitely answered most of the questions. I love that. In your professional opinion, how many of the children have possibly developed any type of psychopathological disorder issues as a direct result of witnessing DV?

H.M.

That you know, you don't know that you could say 50% or you could say less because you don't know because some of these children, they may have issues outside of that domestic violence because sometimes the domestic violence, like I said, they don't know that it's current. So, it happens a little bit late, right and so. Some of them may already have issues prior to that, and then domestic violence, once they realize what's happening. Then that just escalates it, but some of them are already pre-diagnosed but just haven't have a clinical diagnosis. And that doesn't sometimes start until they get in trouble, and then it's like they just keep getting in trouble and keep seeing them. And then once they get tested and evaluated, then there's that issue of "ohh hey, there's a underlying problem that needs to be addressed."

Principal Investigator (S.C.)

And then you've already mentioned therapy and more mental health resources, but what do you think are some other important services that should be considered to help children in these situations?

H.M.

In that situation, you know I want to say out some kind of activities that they can do, where they can forget about it and all the time, always, it's not where they can go live with another relative and it may be where you have a situation where a parent has to leave another parent to get out of domestic violence. But unless they go to a shelter or sometimes it's hard because they can't afford to. So, you know that. And the shelters are doing a great job as a way of being a bridge where parents can go to get away from another individual. And so just, you know, that kids know it's okay for you to come and talk to us, but like I said, some kids. Don't feel comfortable coming to

like the schools and say, “hey look, I saw Daddy hit Mommy or drag her down the hall.” Or if you have a sibling who hits and attacks another sibling, I mean, you know, you have siblings who fight all the time, of course. But then there's other issues where that is out of control. That so when maybe doing that because they have an underlying condition which is causing that, but now you have a domestic violence charge that you must address, so.

Principal Investigator (S.C.)

And then the last question of the interview is, what are some of the challenges or inadequacies in the current child protection system that affect the services that these children may receive?

H.M.

Well, like I said, the resources are not there. So, DHR [Department of Human Resources] is a revolving door and we know that because it's because of the pay, right, they're not getting paid. That's just being honest. So, they find better jobs. So, you may have someone who starts an investigation, they may not be the same person who, you know, ends up doing the investigation. It may go to somebody else. So funding is a big issue. Right? And then like I said, for juveniles specifically, there's a lack of certain treatment that needs to be addressed. You know, so most of it is funding. Funding is your main issue.

Principal Investigator (S.C.)

That is all. Thank you so much. I really appreciate it.

Interview 7

Principal Investigator (S.C.)

Go ahead and start whenever you're ready.

E.M.

Yeah, I'm E.M. [Full Name Redacted] . I'm an attorney at White Arnold and Dowd PC in [Location Redacted], and I'm also a certified guardian ad litem for children.

E.M.

Okay.

Principal Investigator (S.C.)

So just in the interview, domestic violence refers to any behaviors or actions that occur within intimate relationships that are like any type of financial abuse, sexual abuse, physical, emotional, or anything like that. So I guess. We'll start with some demographic questions. How many children would you say you typically see within a month>

E.M.

Well, it's. I think it's a little different from a normal social work situation where you're seeing them daily, but I have anywhere, usually I have about two cases. Where I represent children or a child in a case and those are usually appointed through the domestic relations court. If I have a lot of cases, that's like 4. I like to keep it under 4 so I can make sure I can give them attention, but so probably I mean on average too, I tried to visit, I just did a visit last week so.

Principal Investigator (S.C.)

What race of children do you typically see the most? If it is 50/50, that is fine

E.M.

And I think it has to do with the judge's discretion and appointing us. But I have had more white child clients than African American or non-white. I've had both, but it's mostly white in my experience.

Principal Investigator (S.C.)

Right. So among the children you've seen who have experienced or currently do experience child maltreatment, what proportion of those would you also estimate have witnessed domestic violence?

E.M.

Uh, I mean, I would think I'll, I mean, all of them.

Principal Investigator (S.C.)

Okay. And then what is the main age group that you see in these domestic violence situations, age groups being zero to six, 7 to 12 or 13 to 17?

E.M.

I have not seen it [zero to six] often.. Not that it doesn't occur, but it would definitely be the latter two age ranges [seven to twelve & thirteen to seventeen].

Principal Investigator (S.C.)

Okay. And then what gender do you mainly see in these situations?

E.M.

I mean most well, I mean again it goes back to the judicial discretion appointing me. So I think that you know, they put me with little girls a lot more often because I'm a female, but it has been more female. But I've also had clients that weren't, it's just, you know.

Principal Investigator (S.C.)

So now we're going to go into some qualitative questions. These are just kind of some rating scale questions. So based on the clients you have seen, how would you rate the negative impact of witnessing domestic violence on their future lives, one being not at all five being extremely significant and they'll start with their mental health.

E.M.

Five on mental health.

Principal Investigator (S.C.)

Any type of substance use or abuse.

E.M.

Not in my experience. They're not old enough or I haven't seen that in my clients.

Principal Investigator (S.C.)

You want to say like one or two? Any self harm or suicidal ideations or attempts.

E.M.

Yeah. I'm so sorry. I would say three.

Principal Investigator (S.C.)

An inability to develop any type of healthy social relationships.

E.M.

Five.

Principal Investigator (S.C.)

Any delinquent behaviors or having interactions with law enforcement?

Two.

Principal Investigator (S.C.)

Okay, Bullying victimization.

E.M.

Two

And the last one is difficulty in finding or keeping jobs.

E.M.

Three

And then if there's anything else that wasn't mentioned that you may want to speak on, you're more than welcome to do that. If not, we can move on to the next question.

E.M.

Um. I would think, you know, going back to the bullying and the mental health and sometimes you I've seen just their social interactions with others, especially like kids are in age. Sometimes they'll, you know, have had somewhere they couldn't really figure out how to interact with children around the same age. Sometimes they have dependency issues with the parents and that is something else that I thought I should mention.

Principal Investigator (S.C.)

So the next one is the same deal. It's how you would rate the support system of the children that you see, one being very weak to five being very strong. Starting off with a like a support system of relatives.

E.M.

Four

Principal Investigator (S.C.)

Okay, and then friends?

E.M.

Four.

Principal Investigator (S.C.)

OK. And then just any other type of peer maybe like a youth group or? People just at school that they see in passing, maybe.

E.M.

Two.

Principal Investigator (S.C.)

OK. And then a school support system. Any type of administration, a school social worker, anything like that.

E.M.

Three.

Principal Investigator (S.C.)

Okay. So these next few questions are just some open-ended questions. These are mainly for your professional opinion, if you can provide that. Do you believe that witnessing domestic violence has a long con effect on children?

E.M.

Absolutely, 100%. I think it affects their mental health. I think it affects their confidence. I think it affects their ability to feel safe in different environments. It impacts their anxiety levels to where sometimes they can't function like normal.

Principal Investigator (S.C.)

100%. So we mentioned how many children you typically see within a month earlier in the interview how many of those children would you say do not have any type of good support system?

E.M.

It just. Well, it depends on their age really, but thinking about it. I think out of 10 that I can pull an example from, two of them have a really genuine support system that is there to help them.

Principal Investigator (S.C.)

Okay. So in your professional opinion, how many of these children have developed any type of psychopathological disorder or an issue as a direct result of witnessing domestic violence so meaning, anxiety, depression, PTSD, anything like that?

E.M.

Oh, I don't know about psychopathological disorders because I'm not a mental health professional, but I am a legal professional. I would 100% of them have issues kind of related to that. I've spoken earlier that they may have to deal with it, which is horrible.

Principal Investigator (S.C.)

For sure, definitely. And then what do you think are some important services that should be considered to help these children?

E.M.

I think strengthening the because I understand that there have to be systems in place and a lot of times most times there are government systems, things strengthening those support systems, whether it be social workers or.

Principal Investigator (S.C.)

Yeah, that's been brought up a lot. And I, I mean, I see it too, even in Mississippi. I'm living in Oxford. I see it all the time.

E.M.

In schools, you know they have a counselor, but at some point the child has to go to an adult to ask to go to the counselor to ask. And, you know, I think there should be some way that they could just make it easier, like the secret code word. I know that sounds silly, but kind of in a way. It just makes it easier, like the secret code word. I know that sounds silly, but kind of in a way. But it's just, I mean it's tough because it seems like there are so many services available, but the services that are available are so strapped for resources and money and it's all, you know, very bureaucratic. So I would think just strengthening the training and the resources in those areas is step one, but also implementing sage guidelines where they [children who witness DV] can come to someone different, whether it be a law enforcement officer, or school, or something like that.

Principal Investigator (S.C.)

And you've already kind of touched on that in your response, but the last question is just what are some challenges or inadequacies in the current child protection or like DHR system that affects the services that these children do receive?

E.M.

I think it's overloaded. I think that. I think that there is not a lot and this is kind of counterintuitive, but there's not a lot of gray area in at least the laws where I practice. And so there are situations where it is not warranted, but they have to get to the processes because of course that's what they need to do. But you know that removing some of the stigma would maybe help a little, but again it's the agency, So yeah, I don't know how there's that kind of rainbows and butterflies thinking, because I think that people get really burnt out really quickly, In my opinion and experience. I think people who do that type of Lord's work get really burnt out because of caseload. So, just making sure that they have resources that would help with that.

Principal Investigator (S.C.)

Definitely. Okay, that is the end of the interview. Thank you so much for your participation. I greatly appreciate it!

E.M.

Of course. Thank you so much for working with me to schedule it!

Principal Investigator (S.C.)

Of course! Thank you so much. I appreciate it. Have a good rest of your day

E.M.

You too. Alright bye.

Interview 8

Principal Investigator (S.C.)

Okay, so to start off, we'll start with an introduction of yourself. The introductory material is name, agency and professional title will all be censored. Your name and the specific agency will be censored out. For confidentiality purposes, but we will be going by initials. If you want to go ahead and introduce yourself to the record, that would be great.

S.M.

OK, my name is S.M. [Name Redacted] , and I'm a juvenile probation officer in [Location redacted] County in the [location redacted] division. I have worked here for 28 1/2 years and as of January 3rd I will be retired. And I have worked with drug courts for a short time, I worked the sex offender cases and now I'm just medium risk, but I usually get most of the drug cases that come in.

Principal Investigator (S.C.)

So just for reference, in this interview, domestic violence refers to any behaviors and actions that occur within intimate relationships, such as physical, emotional, financial abuse, anything like that. So just to start off, how many children do you see within a month that have experienced some type of either witnessing domestic violence or any child maltreatment or anything like that.

S.M.

I've got one that is active now. And the perpetrator passed away when the child was like 11, maybe. And then I've had, that I know of, I've probably got three on my caseload right now.

Principal Investigator (S.C.)

Among the children you've seen have experienced or have experienced child maltreatment, abuse, anything like that. What proportion would you estimate have also probably witnessed domestic violence in the home.

S.M.

Probably this. It goes back so far. I would say maybe. Seven that I can think of. Right off hand.

Principal Investigator (S.C.)

Even, well, how many? Like off the top of your head, do you think you could? Say 7 out of you know however many or like a percentage, maybe better.

S.M.

I would say it's probably. Less than 10% maybe. I mean because I've, you know, 28 1/2 years and at one point I had 109 cases.

Principal Investigator (S.C.)

All at once. That's crazy.

S.M.

Yeah. Yes, it was crazy. Because sometimes they won't divulge domestic violence, but then sometimes. The parents will and they'll say, well, you know, I got divorced because of this or that or he left, blah, blah, blah, blah blah. Yeah, I would say.

Principal Investigator (S.C.)

Okay. What race would you say you typically see in these DV situations?

S.M.

In our area, there is definitely more of an African American population that is affected, but throughout the rest of the state, I would say it's a 50/50 split between African Americans and Caucasians and other races.

Principal Investigator (S.C.)

Yeah. Okay. And then what is the main age group that you see that will either disclose or have had family members disclose of this kind of?

S.M.

I believe ages thirteen to seventeen.

Principal Investigator (S.C.)

And then the last kind of demographic question would be what gender do you mainly see in these situations? So mainly be like you see more female children have witnessed more male children have witnessed. Is it about the same?

S.M.

I think male.

Principal Investigator (S.C.)

So, we'll move on to the qualitative questions. So, these ones are a rating scale of questions. So, it's just how would you rate the negative impacts of witnessing domestic violence on these children's futures? So just thinking back to, you know, you said the seven for sure that you could think of. You want to use those as the example rating scale being one not at all affected and five being an extremely significant effect and we'll start out with the child's or the adult now possibly their mental health.

S.M.

Did you mean the child, or when the child has grown into an adult?

Principal Investigator (S.C.)

No, just more of like a rating scale on like how these items may be affected. So, one thing not at all affected 5 being extremely affected. We'll start off like with their mental health. So, if he, he

or she witnessed this violence. Do you think it affected his mental health very significantly or maybe not at all?

S.M.

I would say 4

Principal Investigator (S.C.)

OK. the next one is the same. Substance abuse or substance use at all.

S.M.

5

Principal Investigator (S.C.)

Self harm or suicidal thoughts ideations attempts.

S.M.

3

Principal Investigator (S.C.)

Inability to develop healthy social relationships, whether that be friendships, interpersonal relationships, anything like that.

S.M.

I would say two.

Principal Investigator (S.C.)

Delinquent behaviors or having interactions with law enforcement.

S.M.

Three, maybe closer to four.

Principal Investigator (S.C.)

Bullying victimization.

S.M.

I'll say two.

Principal Investigator (S.C.)

And then difficulty in finding or keeping jobs.

S.M.

Three.

Principal Investigator (S.C.).

And then if there's any other ones that you can think of that may any other things that may be affected, you want to share those and explain if not we can move on?

S.M.

I see a lot of anger and verbal outbursts. They go from calm to angry and I wouldn't say it's verbally abusive. Just getting angry if you tell them something that they don't want to hear or something like that. I would say that it is a big five.

Principal Investigator (S.C.)

Okay. The next question is kind of the same rating scale, one being very weak, five being very strong. This one is more based on the support system that these children may have. So, this would be, how would you rate the support system that these children have, and we'll start off with a relative support system or a family support system.

S.M.

Five.

Principal Investigator (S.C.)

The next one would just be friends, friend groups, anything like that.

S.M.

Maybe a four?

Principal Investigator (S.C.)

And then just regular peers, acquaintances, maybe neighbors. Anything like that?

S.M.

Three.

Principal Investigator (S.C.)

And then the last one would be school. So that could be administrators, staff, other students. Maybe a school social worker? SRO anything like that?

S.M.

Three.

Principal Investigator (S.C.)

Now, these are just the last five questions or just a few open-ended questions. Personal and professional opinion questions. First one being, do you believe that using domestic violence can have a long-lasting effect on children? Why or why not?

S.M.

Absolutely, because that's where they learn how to behave. And for the most part, they will. Struggle with anger toward their partner. You know, girlfriends, our boyfriends. They don't open

up. Very well to let you know, but once they do, they kind of sometimes blow it off because they don't want. You to think that there's something wrong with them. That and they don't. Have a problem. They don't want you to know that for the most part, but then there's. One that. Talked about it a lot about how the dad would, you know, get angry at the mom pusher. And I don't think. The police were ever called.

Principal Investigator (S.C.)

As mentioned above, we talked about the OR above. For me, I'm looking at the paper as mentioned before. We talked about, you know, children having a good support system, like what rating we thought. How many of the children that you've seen in total, maybe just like a rough percentage, would you say did not have a good support system? So maybe their parents, family, friends didn't believe them when they spoke out about these things, or they just didn't have very many people to support them in that time period?

S.M.

I think I would rate that as probably a three. Is that what you meant to rate it?

Principal Investigator (S.C.)

Or like a percentage of how many kids that you would think that you've spoken about that maybe you've seen in total or maybe you've seen specifically relating to these kinds of situations?

S.M.

I would think 8% maybe.

Principal Investigator (S.C.)

Okay. Next question. In your professional opinion, do you think that a lot of these children have developed psychopathological disorders or issues as a direct result of witnessing violence? Maybe things such as depression, anxiety. Anything like that?

S.M.

I think. PTSD, trauma, anxiety, depression. You know, I think it's all of that. I think it's bad, it's all of that because I have seen a lot of kids that have that, but it hasn't always been from. Domestic violence though, but.

Principal Investigator (S.C.)

I mean, I agree. I mean, from a personal and professional kind of standpoint that it can be very difficult for children to learn how to cope with these things, and then they turn to unhealthy coping mechanisms. And then sometimes these turn into things like depression, anxiety, PTSD, maybe substance abuse, you know, things like that. What do you think are some important services that we should be offering or that should be considered to help children who have witnessed violence?

S.M.

I think we have pretty much dropped the ball. On all our kids, whether it's. Poverty, neglect, domestic violence. I think that there needs to be. Very well trained professionals. In every elementary school. And I and I think that. Administration teachers don't need to turn a blind eye to it when they feel like something could be going on. They need to talk to administration, talk to the child. And I I just don't think that. That happens very often.

Principal Investigator (S.C.)

Definitely. I completely agree. Last question of the day, I know it was kind of short, but it all just depends on how much you want to elaborate how long or short the interview is. You mentioned it before a little bit with like school administrators, not really speaking out about it and turning a blind eye which is, you know terrible considering you know mandated reporting and things like that. But, what are the challenges or inadequacies in the current system that affect the services that these children may receive?

S.M.

From the school or just?

Principal Investigator (S.C.)

School systems, child welfare systems, anything like that.

S.M.

DHR. Don't get me going on DHR. The foster care system. It's horrible. And that's not domestic violence as much as it is, it's abuse toward children. I think that schools may be overwhelmed. I don't think there are enough services out there. And some of the services that are out there are and I hate to say this, they're grants, and one day they're here and the next day they're gone. So, we don't have any. Consistency when it comes to kids, for the most part. I mean, we've got some great people, like when you talk to [name redacted]. Oh my gosh, she's amazing. She is absolutely in it for the long haul. And she is 1000% for these kids and we'll do whatever she has to do. And she is very, very good. So, you'll get a lot more in-depth information because she was a domestic violence liaison and now she's in the school system and trustful so. Yeah, you'll enjoy interviewing her. She's awesome.

Principal Investigator (S.C.)

I thoroughly enjoyed speaking with you today! Thank you so much for all your help. I greatly appreciate it! Have a great day!

S.M.

Yeah, you too. Thanks.

Interview 9

Principal Investigator (S.C.)

If you can just state your name, agency and professional title for the record. All identifying information, i.e. name and location will be redacted.

K.W.

My name is K.W. [Full name redacted] And I am-

Principal Investigator (S.C.)

Sorry, go ahead.

K.W.

That's okay. I'm employed with [Redacted] County Department of Human Resources in Alabama.

Principal Investigator (S.C.)

Okay. And then what is your professional title if you. Don't mind me asking.

K.W.

My professional title is Social Service supervisor too, which means that I've been promoted to a Level 2 supervisor.

Principal Investigator (S.C.)

Okay. And then just in this interview, domestic violence, I'm sure you know the definition, but it just in the specific standpoint refers to behaviors and actions that occur within an intimate relationship that may be causing harm to another partner, IE physical and emotional abuse, financial abuse, anything like that. So the first few questions are just about some demographics. The first question is how many children do you typically stay within a month just in totality?

K.W.

I'm a supervisor, so I supervise four workers. Who have approximately twenty to twenty-five kids on their caseload. So, I would say, I mean, as far as direct contact right now, I would say maybe ten to fifteen a month that I have would have some form of direct contact with through my employment. Supervision-wise it would probably be, you know, close to a hundred a month that we discussed at some point in time.

Principal Investigator (S.C.)

OK. And then what race of children do you typically see in your cases?

K.W.

In our area, I mean, Caucasian, would be the predominant race, and then as far as additional races, African American and Hispanic origin would probably be the secondary races that we see.

Principal Investigator (S.C.)

Okay. Next question would be among children who experience or have experienced any type of child maltreatment, what proportion would you also estimate have witnessed domestic violence? Out of the children that you've seen.

K.W.

I would say probably 75% at least. But now I've never done any actual, true, statistics on that. So that's just, you know, a professional estimate.

Principal Investigator (S.C.)

And then what is the main age group that you see in these possible situations? Age ranging from zero to six, seven to twelve and then thirteen to seventeen.

K.W.

Probably zero to six would be the primary age group.

Principal Investigator (S.C.)

And then the last demographic question is, what gender do you mainly see in these situations where you believe that there has been domestic violence involved?

K.W.

I would say it's probably 50/50 male and female.

Principal Investigator (S.C.)

Okay. So on to the qualitative questions. These next two are on a rating scale. So, the question for the first one is based on the clients you've seen, how would you rate the negative impact of witnessing domestic violence on the children's future lives, one being not at all and then five being extremely significant? And then I've just got a couple of headers or a couple of instances that you can rank if you don't mind the first one being the child's mental health. Again one being not at all significant, and then five being extremely significant.

K.W.

I would say at least a four.

Principal Investigator (S.C.)

OK. And then the next one is substance use or substance abuse?

K.W.

I would say four.

Principal Investigator (S.C.)

Any self-harm or suicidal ideations or attempts.

K.W.

Three.

Principal Investigator (S.C.)

An inability to develop healthy social relationships, whether those be friendships, intimate relationships, anything like that.

K.W

Four.

Principal Investigator (S.C.)

Any delinquent behaviors or interactions with law enforcement.

K.W.

Four.

Principal Investigator (S.C.)

Bullying victimization.

K.W

Probably a three

Principal Investigator (S.C.)

And then the last one is difficulty in finding or keeping jobs.

K.W.

Probably 3

Principal Investigator (S.C.)

And then if there's any others that you can think of off the top of your head that you'd like to speak about, that's fine. If not, then we can move on to the next question.

K.W.

I would just say probably you know that we see a lot, a big high incidence of behavioral issues and concerns with children who've experienced domestic violence, specifically aggressive behaviors, anxiety related issues that are related to trauma and observing domestic violence situations. As they get older, you typically see a lot of manipulation being used in conjunction with what they've observed at home.

Principal Investigator (S.C.)

OK, that sounds great. Thank you. The next question is also on a rating scale. There's not nearly as many, but this is more about how you would personally rate the support system that these children in these situations may have the same thing being one being a very weak support system to five being very strong. And we'll start off with relatives, probably not parents, because those

are probably the people that we're seeing in the situation, but maybe grandparents, aunts, uncles, cousins. Sisters, brothers etc.

K.W.

I would say at least a 2.

Principal Investigator (S.C.)

OK. And then friends?

K.W.

Maybe three?

Principal Investigator (S.C.)

Okay. And then any other type of peer, maybe a school acquaintance, church friend, anything like that?

K.W.

I would say a three.

Principal Investigator (S.C.)

And then any type of like school support system like administrators, school, social workers, counselors, anything like that.

K.W.

I'd say three.

Principal Investigator (S.C.)

Okay, so these next few questions, there's only five of them. They're mainly open-ended professional opinion questions. First one being, do you personally believe or personally or professionally believe? Sorry that witnessing domestic violence has a long-lasting effect on children?

K.W.

Yes, because of the trauma that's related to witnessing that type of interaction between your primary caregivers, whether it be your parents, you know, relatives, whoever your primary caregiver is, it's just very traumatic. It causes a lot of fear and anxiety about what's going to happen especially. You know when you see the emotional response that the victim may have. As a result, they, you know, are the victims. A lot of times as parents or caregivers. I mean, just in my observation are not necessarily as close because they don't have a very close relationship with their kids as far as emotionally, they're not as emotionally supportive to their children or the child they're caring for because they're having to, you know, they're barely able to keep their own emotional well-being intact. So, I mean, and that can have a very long-lasting effect, especially into adulthood. If you, you know, have a fear of abandonment or not being supported by a caring adult.

Principal Investigator (S.C.)

Definitely.

K.W.

Throughout your childhood, you know whether you were ever physically harmed during the course of domestic violence, or even witnessed physical abuse. As you know, in a domestic violence relationship, just the emotional detachment that a lot of victims will have with their children. I mean, to me, is a significant long-term lasting effect that negatively impacts the child.

Principal Investigator (S.C.)

Definitely. Next question is we talked a little bit about how many children like you see in a month either in supervisory or in person contact. How many of those children would you say have any type of good, or sorry, do not have a good type of support?

K.W.

Well, we're looking at working with, you know, victims of child abuse or neglect, I mean, very few have a good support system, so I mean it would be hard to put a number on that, but if I were to look at our current caseload, I would say, you know, 75 to 80% have minimal support. Whether it's a domestic violence situation or otherwise, but especially in a domestic violence situation. Because if you have a parent or caregiver that's in an abusive relationship, you know the family a lot of times are at odds with each other on who's actually responsible for whatever is going wrong in that relationship. And a lot of times, victims are often blamed for the relationship and the problems in the relationship rather than people making the perpetrator or the offender responsible for that. And I, I mean, I see that all the time. That happens a lot.

Principal Investigator (S.C.)

Yeah, and it's terrible. I hate that. In your professional opinion, how many of these children have developed some type of psychopathological disorder issues as a direct result of witnessing violence or any type of maltreatment? So as you mentioned earlier, you mentioned an anxiety aspect of it. This could also mean anything from depression to PTSD to anything like that.

K.W.

I would say the majority, if not all, probably have experienced some type of psychological effect of that, even if it's not necessarily to the point to where they're receiving professional treatment. But in general, I mean I know like in foster care situations and in situations where we're working with children that are still at home, we will often request what we would call a psychological evaluation, and almost all of them have at least one diagnosis, whether it be a victim of just child neglect or abuse or adjustment disorder, you know. Through anxiety disorders, depression and of course, there's also additional instances of other types of issues that would be considered psychological disorders, but those I mean are most common. You know, you almost always would see a child with an adjustment disorder or an attachment disorder.

Principal Investigator (S.C.)

What do you think are some important services that should be considered in helping children who witnessed domestic violence?

K.W.

I think that play therapy and psychotherapy, depending on their age and their ability to interact with others, you know their age will have a lot to do with that. Sorry, but also I would say for older kids, a support group that can help educate them about domestic violence and what that means because a lot of times they go on and repeat those relationships, whether they're the offender or the victim. And I think if they had, you know, a support group that helped them point out, you know, what, domestic violence actually looks like and what's considered domestic violence it could, you know, lessen the likelihood that they may would go into that type of relationship as an adult.

Principal Investigator (S.C.)

Definitely I 100% agree. And then the last question is just what are some challenges or inadequacies in the current child protection or child welfare system that affects services that these children could receive?

K.W.

I think that one of our biggest issues is that we have to focus on the most pressing issue that led to us getting involved, at least in the very beginning and a lot of times that's substance abuse or something that's not necessarily specifically related to domestic violence. And so when it's not, when domestic violence isn't the first issue that really got us involved, a lot of times those types of relationships, even though, you know, we may ask questions about that, they're not always brought up by, you know, the children or caregivers or parents, you know, they don't necessarily. Come out and say, you know, we have this really bad relationship a lot of times parents will try to repair a bad relationship out of fear that separating or trying to leave an abusive spouse or you know, their significant others would damage their ability to either maintain custody of their children or regain custody of their children, and that could be because the offender tells them that or just perceived you know from society.

Principal Investigator (S.C.)

Definitely. OK, well, that's the end of the interview. Thank you so much.

K.W.

Well, you're welcome, and I wish you luck on your research study.

Principal Investigator (S.C.)

Thank you so much, you have a great day