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Perspectives of young adolescent and mother dyads residing in family violence shelters:
A qualitative study using life story methods

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Perspectives of young adolescent and mother dyads residing in family violence shelters:

A qualitative study using life story methods

by

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Dissertation

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Now, my dear little girl, you have come to an age

when the inward life develops...

-- William James writing to his 13 year old
daughter in 1900 (Lawson, 2004)

DEDICATION

This dissertation is dedicated to William Jehan, my joy and inspiration,

and Dennis, the love of my life.

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My doctoral study would not have been possible without the love and support of my son Jehan and husband Dennis. They made many ongoing sacrifices, large and small, to support me in my work. They made me laugh heartily at times when I would not have thought humor was possible and I appreciate them more than words can ever express. I am grateful to my mother, my biggest cheerleader, and my other beloved family members who cheered from afar. During inevitable long lonely hours that tested my endurance, I was sustained by memories of my father and grandparents. I remember the love they always gave me as well as the inspiring perseverance they showed in their life stories.

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Perspectives of Young Adolescent and Mother Dyads

Residing in Family Violence Shelters:

A Qualitative Study using Life Story Methods

Amy Gardiner Chanmugam, Ph.D.

The University of Texas at Austin, 2009

Supervisors: Noel Busch-Armendariz and Ruth G. McRoy

This study provided a comprehensive picture of the lives of young adolescents (ages 12-14) and their mothers residing in emergency family violence shelters. It used qualitative Life Story methods emphasizing a holistic, contextualized, chronological approach to gain deeper insight into experiences as told from the emic perspectives of individuals who have lived them, with research questions addressing relationships, intimate partner violence (IPV), coping, and views of the future. The study was prompted by the prevalence of childhood exposure to adult IPV with 15.5 million American children/adolescents exposed annually, the risks of IPV exposure, and the paucity of first-person perspectives in existing research. Research focusing on adolescents is especially lacking. The study was informed by social cognitive and family systems theories and an ecological/resilience framework.

An ethnically diverse, purposive sample of 14 young adolescent-mother dyads (N = 27) was recruited from four Texas shelters. Youth and mothers were interviewed separately using a semi-structured interview guide. They completed standardized measures of IPV exposure level and youth psychological adjustment. Interviews were analyzed using thematic and categorical-content analysis. Four staff interviews at recruitment sites added context.

Results revealed high levels of IPV exposure, poverty, parental incarceration, child maltreatment, residential instability, school transitions and maternal health problems. Seven themes were prominent in youths' life stories, with the most prevalent concerning lifelong frequent moves, highly cohesive family boundaries, and loss and fear. Other themes concerned evolution in youths' thinking about family issues, complex feelings about adult males, centrality of physical child abuse, and the influence of parental crack cocaine abuse in their lives. Numerous quotes voice participants' strengths in spite of adversities. Youth typically framed experiences in terms of how they affected daily living, with IPV interwoven with the broader themes. Youth described key relationships, perceptions of fathers, general coping strategies, situational coping with IPV (including safety planning behaviors), perspectives on shelters, potential protective factors, and views of the future. Mothers' interviews expanded interpretation of youth narratives. Results compare youth-mother perspectives. Implications are discussed for theory, research, and social work practice, including practice in emergency shelters, schools, substance abuse treatment programs, law enforcement and CPS.

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CHAPTER ONE: INTRODUCTION

Current estimates indicate that 15.5 million American children and adolescents (ages zero to 17) live in a household where a parent is the target of violence by an intimate partner at least once annually, with seven million of these children exposed to *severe* adult intimate partner violence (IPV) (McDonald, Jouriles, Ramisetty-Mikler, Caetano, & Green, 2006a). A recent study of the national prevalence of exposure to severe parental IPV among adolescents, based on telephone interviews with a probability sample of 3,614 youth, led researchers to estimate that 9% of U.S. adolescents have been exposed to severe parental IPV (Zinzow et al., 2009). This translates into 2.3 million individuals ages 12 to 17.

Risks

In addition to immediate distress and physical danger they face, studies indicate that 40 to 60 percent of children and youth exposed to adult IPV experience long-term problems in several domains, including emotional, behavioral, academic, and social, as well as post-traumatic stress symptoms (Grych, Jouriles, Swank, McDonald, & Norwood, 2000b; Hughes, Graham-Bermann, & Gruber, 2001; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003). Although there is some debate about whether IPV is transmitted across generations (Johnson & Ferraro, 2000; O'Keefe, 1998; Rosen, Bartle-Haring, & Stith, 2001), a 20-year prospective study of a random sample of 543 children found that exposure to adult IPV was the strongest independent predictor of being in a violent intimate partner relationship in adulthood (Ehrensaft et al., 2003). Also, White and Smith (2001) found in their longitudinal study that as children exposed to IPV begin dating,

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coercive patterns occur in their earliest dating experiences, prior to age 16. Clearly, childhood exposure to adult IPV is a widespread problem with grave consequences.

State of Intervention Development and Research

In spite of these alarming facts, intervention research on this population is only at an early stage of development (Graham-Bermann & Hughes, 2003; Prinz & Feerick, 2003). The emerging body of research on the effects of IPV exposure has disparate roots from several areas where children exposed to IPV represent extreme or secondary subgroups. While the needs of younger children have begun to be addressed, research on IPV-exposed adolescents is scarce. Also, while a number of studies conducted outside the U.S. have sought the emic perspective on exposure to adult IPV from children and youth who have lived through the experience (Buckley, Holt, & Whelan, 2007; Goldblatt, 2003; McGee, 2000; Mullender et al., 2002), very few qualitative studies have been published detailing the lived experiences of American children and youth exposed to IPV (Peled, 1998). Even in the growing body of quantitative literature on this population, Sternberg and colleagues note the absence of children and youth perspectives: "Mothers are relied on as the primary (and often sole) informants… about their children's exposure to spouse and child abuse. Researchers using samples from battered women's shelters rarely ask children directly to describe their experiences…" (Sternberg, Lamb, & Dawad-Noursi, 1998, p. 124).

Little is known about how children and adolescents cope with IPV exposure. Studies with other traumatized populations have found that coping strategies and coping self-efficacy mediate the relationship between trauma and psychological adjustment

(Benight et al., 2000; Benight & Harper, 2002; Sandler, Tein, Mehta, Wolchik, & Ayers, 2000), but these variables have rarely been studied in children and adolescents exposed to IPV. In spite of the lack of empirical study in this area, practitioners identify "coping skills" as an intervention target for this population (Fowler & Chanmugam, 2006). Coping research overall indicates that "problem-focused coping," in which individuals take steps to change a stressor, is associated with better psychological outcomes than other types of coping (Compas, Connor-Smith, Saltzman, Thomson, & Wadsworth, 2001). Such direct steps may, however, be dangerous in families with IPV, and coping strategies generally associated with poorer psychological outcomes may be necessary for physical safety. Studies of the development of coping strategies suggest that age 15 is a turning point in the use of a wider range of coping strategies and more adaptive coping strategies, but that strategies learned in earlier adolescence may continue to be influential (Seiffge-Krenke, Weideman, Fentner, Aegenheister, & Poeblau, 2001).

The gap in intervention development and research for children and youth exposed to IPV exists for several reasons. First, critics have noted that early research on adjustment in children exposed to IPV lacks theoretical grounding and suffers from definitional and methodological problems (Edleson, 1999; Holden, 2003; Jacobus, 2005; Prinz & Feerick, 2003; Wolfe et al., 2003). Intervening variables that may influence the relationship between IPV exposure and adjustment, which are potential intervention targets, have only been studied with rigorous research methodology in the last decade. However, it is not yet clear why 40 to 60 percent of IPV-exposed children/adolescents show pathology while 40 to 60 percent do not.

Second, the heterogeneity of the population introduces special challenges in designing effective interventions (Hughes & Luke, 1998; Stephens, McDonald, & Jouriles, 2000). Third, because of the dynamics of fear and isolation, members of this population are hard to identify and reach for service delivery. Children and adolescents residing in battered women's shelters are estimated to be a small percentage of the population of IPV-exposed children and adolescents. Although a variety of professionals such as police officers and health care providers have contact with non-shelter children and adolescents exposed to IPV, it is not always possible to identify the presence of IPV in the family in short interactions. Moreover, the "family secret" can even be hard for teachers with daily contact with children to identify (Baker & Jaffe, 2007; Crosson-Tower, 2002; Kenny, 2004).

Fourth, designing appropriate services has proven challenging even for easily identified children and adolescents residing in emergency family violence shelters (Stephens et al., 2000). Typical interventions for psychological trauma, emotional, behavioral, social and educational problems have unique challenges in a shelter setting. A family's length of stay is unpredictable, ranging from returning to the home with the batterer in a matter of days to a stay of several months. In the communal living environment, children and adolescents may be exposed to material that is age-inappropriate, for example in well-intentioned intervention groups. For example, adolescents may participate in groups with curricula developed for younger children, or younger children may hear adolescents grappling with issues related to puberty or dating relationships. Most shelters have supervision rules that are age-inappropriate for

adolescents because of the close monitoring (Rose Hernandez, personal communication, December 2006; Yvette Mendoza-Rouen, personal communication, November 2006). Until recently, some Texas shelters had rules prohibiting mothers from bringing adolescent male children with them, which may still be the case in other states (Rose Hernandez, personal communication, December 2006).

<div align="center">Young Adolescents</div>

Although there is a popular cultural image of adolescence as a time of stress and conflict, particularly between adolescents and their parents, research does not support the idea that this period is extremely negative and conflictual (Bandura, 2006; Steinberg, 2005). Young adolescence (ages 12 through 14) is, however, a time of significant concurrent changes in several areas, particularly in the development of identity, sense of personal agency and autonomy, new educational demands, and new social roles in peer and dating relationships. Other changes include biological and sexual changes and the transition to middle school in early adolescence, which Bandura describes as "a major environmental change that taxes personal efficacy" (2006, p. 6). Clearly, the non-normative experience of exposure to adult IPV during this time adds a layer of complexity to the young adolescents' negotiation of multiple changes. Residing in a shelter also introduces transitions in residence and possible disruptions in daily routines, school attendance, peer group relationships, and relationships with the youths' fathers.

Research is needed on young adolescents exposed to IPV for three primary reasons. First, adolescents are more likely to physically intervene in battering incidents than school age children and are therefore at high risk of physical injury (Christian,

Scribano, Seidl, & Pinto-Martin, 1997; Jarvis, Gordon, & Novaco, 2005). Experiences portrayed in former President Clinton's memoirs illustrate this point (Clinton, 2004). He describes his changed response to IPV during early adolescence after many years of witnessing his step-father abuse his mother. At age 14, he physically intervened for the first time during an assault: "I grabbed a golf club… I told him to stop and said if he didn't that I was going to beat the hell out of him… It made me sick… proud… sad… I wish I'd had someone to talk to about all this…" (p. 58).

Secondly, adolescents may be at higher risk for internalizing disorders such as depression and anxiety in comparison to younger children (Sternberg, Baradaran, Abbott, Lamb, & Guterman, 2006). Finally, young adolescents may face an imminent risk of recreating violent dynamics as they begin their own intimate relationships (Ehrensaft et al., 2003; White & Smith, 2001). The Centers for Disease Control and Prevention (CDC) recently launched a national dating abuse prevention campaign targeting young adolescents in particular "because they're still forming attitudes and beliefs that will affect how they are treated and how they treat others" (http://www.chooserespect.org/scripts/about/aboutcr.asp). The CDC sees young adolescence as a particularly promising time for intervention to help them form healthy relationships. Thus, the gap in research on adolescents exposed to adult IPV impedes development of research-based interventions for a subgroup of youth especially vulnerable to IPV in their own intimate relationships. The lack of emic perspectives in this literature also impedes development of intervention practices grounded in experiences of those most familiar with IPV, those who have lived through it.

Public and Media Attention to Childhood Exposure to Adult IPV

Tragic stories of children and youth in homes with adult IPV play out regularly in the public eye in local and national news stories. In 1988, Hedda Nussbaum's televised testimony in her partner's trial for killing their adopted daughter led to widespread debate regarding the plight of battered women and their children (Kilgannon, 2004). A decade later, during football star O.J. Simpson's trial for the murder of Nicole Brown Simpson, *USA Today* reporters wrote that the divorced couple's children, Sydney and Justin, "live at the center of the most publicized murder case in history" (Price & Lovitt, 1997). Media often emphasize narratives of risk or resilience: Newspapers hailed Sydney Simpson's resilience at the time of her high school graduation a decade after her mother's murder, shortly before broadcasting her arrest and charges for disorderly conduct and resisting arrest after a fight at her former high school (CBS Broadcasting Inc., 2006).

As this dissertation is being written, youth across the U.S. are following the case of Chris Brown and Rihanna Fenty (Hoffman, 2009). Brown and Fenty both became nationally popular singers as adolescents, and dated for several years. Brown was recently charged with assaulting and threatening Fenty. He had previously been considered a positive role model for youth, for example as a guest on *Sesame Street* and a spokesperson for consumer products marketed to youth. As seen in this quote from an interview, Brown had spoken about how IPV in his home had affected him as a child:

> I (told my mother) "I just want you to know that I love you, but I'm gonna take a baseball bat one day… and I'm gonna kill him." …He used to hit my mom… He made me terrified all the time, terrified like I had to pee on myself… One night he made her nose bleed. I was crying and thinking, "I'm just gonna go crazy on him one day…' I hate him to this day. (Checkoway, 2007)

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Public figures also, however, present images of successful adults who suffered IPV exposure as children. For example, O.J. Simpson's trials took place during the presidency of Bill Clinton, who openly talked about IPV in his childhood home (Clinton, 2004). In 2007, the Pulitzer Prize for poetry was awarded to Natasha Tretheway, whose mother was killed by her abusive former partner during Tretheway's late adolescence (Gunn, 2008). According to Tretheway, poems in the volume for which she received the Pulitzer Prize were partially inspired by her reflections on the twentieth anniversary of her mother's murder. Film and television actor Victor Rivas Rivers (Rivers, 2005) and award-winning baseball manager Joe Torre have both written memoirs detailing childhood exposure to IPV and both devote significant time and financial resources to organizations created to help victims of IPV (http://www.joetorre.org/en/kid/Resources/Pages/My_Story.aspx).

Significance of the Study

The present study was informed by the research gaps and potential risks and resiliencies described above, as well as by needs identified by practitioners. In designing this study, the researcher sought input from battered women's advocates and practitioners working with children and adolescents exposed to IPV about the types of questions they would like researchers to pursue. These conversations took place in Texas and at the Third International Conference on Children Exposed to Domestic Violence in London, Canada in May 2007. Two of the strongest messages in these conversations were the need for far more services than are available to assist IPV-exposed children and adolescents, and the need for a strengths-focus rather than a deficit-focus in studying

these children and their families.[1] Clinical and advocacy efforts seek to focus on strengths and resiliencies, and research findings based on this approach may be more readily translated into practice.

This study sought to learn the perspectives and experiences of young adolescents (ages 12 to 14) and their mothers residing in emergency family violence shelters, with the goals of gaining a comprehensive, first-person understanding of their life experiences, and possibly identifying promising targets and settings for effective intervention. It examined individual and contextual factors relevant to understanding youths' perceptions, experiences, relationships, and coping efforts related to adult IPV. As a qualitative study, it emphasized: the insider perspective, a holistic and deeper view into participants' experiences, and attention to context and natural settings (Padgett, 2008). These elements take precedence over those typically emphasized in quantitative studies: expert or outsider perspectives, a pre-defined set of variables, a narrow focus, and breadth. It does not seek to make broad inferences from "generalizable" results in the sense that quantitative researchers do; rather, it seeks to meet the qualitative "metric of success" described by Padgett: "The capacity for a study to stimulate thought, improve practices and policies, and incite further research" (Padgett, 2008, p. 183).

Unlike most existing research on this population, data were collected from young adolescents themselves. The previous qualitative research with IPV-exposed children and adolescents in other countries indicates that they do not feel heard in their efforts to share

[1] Marlene Goley, personal communication, May 2007; Jennifer Hamilton, personal communication, May 2007; Linda Herbert, personal communication, January 2007; Rose Hernandez, personal communication, December 2006; Yvette Mendoza-Rouen, personal communication, November, 2006; Karen Wilson, personal communication, October, 2006

their experiences and would like their voices included in research, particularly if their perspectives may reach service providers and school professionals (Buckley et al., 2007; McGee, 2000; Mullender et al., 2002). The study followed recommended practices of using multiple informants (Sternberg, Lamb, & Dawud-Noursi, 1998) by interviewing young adolescent-mother dyads.

Implications for Social Work Practice and Research

The study advances social work practice and research in several ways. First, adolescents are under-represented in research on children of battered women (Jacobus, 2005; Sternberg et al., 2006; Wolfe et al., 2003). Second, coping has rarely been studied in this population, and safety planning, which has long been a recommended intervention for battered women, is now being recommended for IPV-exposed children by practitioners (Bancroft, 2004; NiCarthy, 2004). Little is known about what children and adolescents do to stay safe. Third, knowledge of youth perceptions related to accessing supports will assist practitioners with designing and providing appropriate services. After informal support networks, social workers have previously been identified as the professional group that victims are most likely to turn to for help (Hamilton & Coates, 1993). Fourth, protective factors that may explain why 40 to 60 percent of children exposed to IPV are resilient, while others suffer negative outcomes, are just beginning to be studied (Grych et al., 2000b; Hughes et al., 2001; Sternberg et al., 2006).

The study was initiated with the hope that analysis of families' narratives would identify future research directions relevant to their experiences. In-depth results from the study portraying the role of youths' fathers are an especially needed addition to the

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research literature. The study's resilience framework increased the likelihood that protective factors in the environment and strengths in individuals would be identified, and that the results would be meaningful for practitioners.

The following chapter reviews literature relevant to the study. It describes some of the debates and methodological shortcomings influencing this research and practice area and includes information on important sub-topics, such as co-occurring exposure to adult IPV and direct child abuse victimization, and issues related to service systems that interact with children exposed to IPV and their families.

CHAPTER TWO: REVIEW OF LITERATURE

Incidence and Prevalence

A decade ago, Edleson (1999) noted that estimates of the number of children

annually exposed to adult IPV range from 3.3 million to 10 million children per year.

Current estimates indicate that 15.5 million American children (ages zero to 17) live in

households where violence is directed at a parent at least once annually (McDonald et al.,

2006a). Of these 15.5 million (comprising 29.4% of all American children living in

married or cohabiting households), it is estimated that seven million (13.3 percent of all

American children in married or cohabiting households) live in homes in which *severe*

IPV occurs. McDonald and her colleagues calculated these recent estimates by including

a wider age range of children than previous studies, and using multiple informants to

determine the presence of violence. Their estimate of 15.5 million includes any acts of

violence between partners rather than only acts of severe violence. These estimates can

be considered conservative, however, because only households with married or

cohabiting parents were evaluated, and research indicates that children's exposure to

adult IPV often continues post-separation and may involve non-cohabiting partners

(Edleson, 2003; Radford & Hester, 2006).

In the widely-cited review by Edleson (1999), the lowest incidence estimate of 3.3

million children exposed annually was originally calculated by Carlson (1984). Carlson

has also updated her estimates to include data from more recent studies, and now

estimates that ten to 20 percent of children in the U.S. are annually exposed to adult IPV

(Carlson, 2000). According to Edleson and colleagues (2007), this translates to approximately seven to 14 million children exposed each year.

More recently, Zinzow and colleagues (2009) conducted a study on the national prevalence of exposure to severe parental violence among adolescents. They utilized a structured phone interview with a probability sample of 3,614 youth. Their results led them to estimate that 9% of U.S. adolescents have been exposed to severe violence occurring between their parents, which would translate into 2.3 million individuals ages 12 to 17. They note that they used a conservative set of five questions in their interview to assess parental violence that would only identify cases of severe violence. Also, their interview questions only asked about violence from one parent directed towards another, and thus did not include non-parent partners. Clearly, exposure to IPV is a widespread problem.

Definitions

A panel of experts convened by the Centers for Disease Control and Prevention (CDC) developed a definition of *intimate partner violence (IPV),* provided here in condensed form:

> Physical and/or sexual assault or threats against a married, co-habiting,
> or dating current or estranged intimate partner by the other partner,
> including emotional abuse and controlling behavior in a relationship
> where there has been physical and/or sexual assault
> (Saltzman, Fanslow, McMahon, & Shelley, 1999, as cited in Lewis-
> O'Connor, Sharps, Humphreys, Gary, & Campbell, 2006, p. 3).

Notably, under this definition, a relationship characterized by IPV need not be a relationship with ongoing violence. This is consistent with the viewpoint of practitioners (Bancroft & Silverman, 2002; Dalpiaz, 2007), and IPV advocates and scholars who have

emphasized the role of an underlying pattern of coercive control (Davies, Lyon, & Monti-Catania, 1998; Lischick, 2007; Osthoff, 2002; Stark, 2007).

Danis (2004) elaborates on some of the forms that emotional abuse and controlling behavior in IPV may take. She notes that IPV may include "repeated psychological abuse, sexual assault, progressive social isolation, deprivation, intimidation or economic coercion… [IPV] is perpetrated by adults or adolescents against their intimate partners in current or former dating, married, or cohabiting relationships of heterosexuals, gay men, lesbians, bisexuals, and transgendered persons" (p. 2).

IPV is also often referred to using the terms *domestic violence, spousal abuse, marital violence, battering, interpersonal violence* and *family violence*, although there are slight variations in the meaning some of these terms connote (Groves, 2002; Osthoff, 2002). For example, family violence may include child maltreatment. This study will use the term "IPV" according to the CDC definition. However, background literature on children and marital discord will sometimes be cited in chapters two and three. Marital discord research looks more broadly at conflict and includes non-coercive and non-violent interactions between adult partners, including arguments that are resolved productively. It is, however, informative in some ways for a study on children exposed to adult IPV. It will be noted in this proposal when a study or theoretical modeled focused on the more broad area of marital discord rather than IPV.

There is debate about how to appropriately operationalize and measure IPV. Some researchers have incorporated the ongoing relationship pattern into their definition and measurement of IPV (Coker et al., 2007; Punukollu, 2003; Smith, Smith, & Earp, 1999),

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while many have operationalized and measured IPV based on the presence of incidents of assault, particularly by using the Conflict Tactics Scale (CTS) (Jacobus, 2005; Kitzmann, Gaylord, Holt, & Kenny, 2003; Straus, 1979; Straus & Douglas, 2004) (CTS). The CTS, which is widely-used in research on adult relationships and research on how IPV exposure affects children, has been criticized because it does not measure the context within which acts of violence occur, including how a violent act evolves or is initiated; does not measure sexual aggression or threats; does not measure violence perpetrated by former partners; and because it views violence as part of a tactic involved in relationship conflict rather than violence used deliberately to subdue or subordinate another (Kimmel, 2002; Stark, 2007).

Researchers have also noted that the experience constituting a child's "exposure" to IPV has not been operationalized consistently in the literature (Edleson et al., 2007a; Holden, 2003). In fact, many studies do not define "exposure" at all. Many studies on the effects of exposure to IPV have included samples of "exposed" children with experiences ranging from being both an eyewitness to severe violence towards the mother and a direct victim of physical child abuse and children who have neither witnessed violence towards the mother nor been a direct victim of physical child abuse. This problem in the literature is becoming well-known (Edleson et al., 2007a; Holden, 2003; Jouriles, McDonald, Norwood, & Ezell, 2001; Prinz & Feerick, 2003; Wolfe et al., 2003). Recommendations have been made to address this short-coming, including the development of a taxonomy of exposure with proposed definitions (Holden, 2003) and the development and pilot testing of an instrument to measure the range of types of exposure (Edleson et al., 2007a).

Holden proposed a taxonomy of types of exposure after reviewing children's experiences described in the literature, resulting in ten types: exposed prenatally, intervenes, victimized, participates, eyewitness, overhears, observes the initial effects, experiences the aftermath, hears about it, and ostensibly unaware. The taxonomy provides a useful overview of the range of experiences included in the term "exposure" to IPV. In spite of the definitional shortcomings in existing literature, a substantial body of research exists indicating that significant numbers of children exposed to IPV experience a range of negative effects.

Given the negative effects, it is not surprising that some researchers and legislators argue that exposure to adult IPV can be seen as a form of child neglect, or child emotional or psychological maltreatment (Holden, 2003; Peled, 1997; U.S. Children's Bureau, 2007). Holden links dynamics occurring in families with IPV to types of psychological maltreatment. For example, a child may be terrorized by threats to loved ones, pets, or her or himself in a family with IPV. The child's needs may be neglected, or she or he may be isolated because of the partner-abusive adult's isolation of the family.

There is debate about whether or not child exposure to IPV should legally be defined as child maltreatment (Edleson, 2004; Edleson, Gassman-Pines, & Hill, 2006; Jaffe, Crooks, & Wolfe, 2003). State criminal and family statutes vary widely in whether or not exposure to IPV is considered a crime or maltreatment (U.S. Children's Bureau, 2007). Edleson (2001) notes that practitioners in the areas of both child welfare and battered women's advocacy have disagreed with efforts to legally define IPV exposure as child maltreatment. Some states have experienced unintended negative consequences

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after well-intentioned new laws defined exposure as maltreatment included covered by mandated reporting obligations.

 Service systems interacting with families are discussed later in this chapter. It seems that there is general agreement in the literature that exposure to IPV is harmful for many children, with potentially serious negative effects. Disagreements begin to appear when specific policy responses are suggested or implemented, particularly because of differences in beliefs and practices regarding who should be held accountable for the child's exposure and which service systems are suited to serve these families and enforce measures that protect family members from abuse (Bancroft & Silverman, 2002; Beeman & Edleson, 2000; Cowan & Schwartz, 2004; DeVoe & Smith, 2003; Edleson, 2004; Featherstone & Peckover, 2007; Hamel & Nicholls, 2007; Lessard, Lavergne, Chamberland, Damant, & Turcotte, 2005; Peled & Perel, 2007; Radford & Hester, 2006; Sullivan, 1997; Sullivan & Allen, 2001).

Research on Effects of Child/Adolescent Exposure to Adult IPV

The topic of effects of childhood exposure to IPV is increasingly a subject of interest for researchers and practitioners (Groves, 2002; Holden, 2003; Jaffe et al., 2003; Saathoof & Stoffel, 1999). Practitioners have noted gradual increases over the past two decades in services geared towards children exposed to IPV (Groves, 2002; Saathoof & Stoffel, 1999). Researchers have studied the relationship between IPV exposure and adjustment in several domains (e.g., psychological, social, academic). Between 2003 and 2005, four meta-analyses were conducted on the topic. Two were published in peer-reviewed journals (Kitzmann et al., 2003; Wolfe et al., 2003) and two were dissertations

(Davies, 2005; Jacobus, 2005). In 2006, Sternberg and colleagues published a "mega-analysis" on the emotional and behavioral effects of IPV exposure. To increase their statistical power to detect relationships between age, gender, type of violence exposure, and emotional and behavioral effects, they combined the raw data from 15 studies that all used the same outcome measure (Sternberg et al., 2006). (However, the resulting large sample [$N = 1870$] only included 17 participants over age 12.)

Research indicates that children exposed to adult IPV generally exhibit more negative outcomes than children not exposed to IPV. The effects of IPV exposure have been studied in a variety of domains, most frequently internalizing problems like depression and anxiety, and externalizing behavior problems like conduct disorders and aggression (Kitzmann et al., 2003; Sternberg et al., 2006; Wolfe et al., 2003). Social competence (Adamson & Thompson, 1998; Fantuzzo et al., 1991) and academic/cognitive outcomes have also been studied (Jacobus, 2005). The number of studies examining post-traumatic stress symptoms has increased in recent years (Wolfe et al., 2003).

In general, these studies have found that childhood exposure to adult IPV is associated with internalizing and externalizing behavior problems, lower social competence and lower academic achievement (Davies, 2005; Jacobus, 2005; Kitzmann et al., 2003; Sternberg et al., 2006; Wolfe et al., 2003). A large percentage of children do not, however, suffer clinically significant negative effects (Grych, Jouriles, Swank, McDonald & Norwood, 2000; Hughes, Graham-Bermann & Gruber, 2001). Hughes and colleagues describe these children as "resilient" and call for more attention devoted to

understanding the experiences of this group. Four recent meta-analyses which examined the relationship between exposure to adult IPV and internalizing and externalizing behavior problems found small to moderate effect sizes (d = .29 to .48 for internalizing behaviors, and d = .35 to . 46 for externalizing behaviors) (Davies, 2005; Jacobus, 2005; Kitzmann et al., 2003; Wolfe et al., 2003).

A small but growing body of research is examining post traumatic stress symptomatology in children exposed to adult IPV (Chemtob & Carlson, 2004; Jarvis et al., 2005; Wolfe et al., 2003). Two recent meta-analyses have calculated effect sizes for this outcome, finding moderate effect sizes for the effects of IPV exposure on Post Traumatic Stress Disorder (PTSD) outcomes, of d = -.51 (Kitzmann et al., 2003) and d = .45 (Jacobus, 2005). Post traumatic symptoms can include re-experiencing of the traumatic event, dissociation, and physiological arousal. Chemtob and Carlson studied mothers and children ages seven to 17 (N= 50) two years after their most recent exposure to adult IPV, and found a high rate of PTSD among children (40%) and mothers (50%).

Two meta-analyses examined the relationship between childhood IPV exposure and lower social competence (Jacobus, 2005; Kitzmann et al., 2003). Both reported small effect sizes, d = .23 to .26. These same meta-analytic reviews also calculated effects sizes for the relationship between IPV exposure and negative outcomes in the area of academic achievement. One did not find any significant effects (Jacobus, 2005) while the other one (which had more liberal inclusion criteria for studies in the underlying data set) calculated a small to moderate effect size effect (d = .43).

Unlike other findings, research on the relationship between frequency of exposure to violent incidents and maladjustment is clearer. Research indicates that more frequent exposure to violence is associated with more negative adjustment. Grych and colleagues (2000) studied this relationship in a shelter sample of 228 children (ages 8 to 14). They found that the frequency of the children's exposure to violence committed by their fathers contributed to the severity of negative effects in a "dose-effect model" (p. 91). The effect was particularly strong in terms of internalizing behavior problems. There was no difference based on partner violence committed by mothers. This finding was part of a larger study in which the researchers used a cluster analysis to determine whether there were certain patterns of adjustment to IPV exposure. They found five distinct groups: No problems reported (31% of the sample), Externalizing (21%), Multi-problem-externalizing (19%), Mild distress (18%) and Multi-problem-internalizing (11%). These groups were not distinguished by gender differences. They were distinguished by the frequency of the child's exposure to violence, parent-child aggression, and the child's appraisal of interparental conflict (their perceived threat and level of self-blame).

Intervening Factors in the Relationship between Exposure to Adult IPV
and Adjustment in Children and Adolescents

Research studies have not identified which specific risk and protective factors reliably explain the difference in outcomes for children/adolescents exposed to adult IPV. Maternal stress has been found to indirectly influence child adjustment, although the direction of effects is uncertain (Graham-Bermann & Hughes, 2003). The four recent meta-analyses mentioned above examined a variety of potential moderators and mediators (Davies, 2005; Jacobus, 2005; Kitzmann et al., 2003; Wolfe et al., 2003).

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Findings on intervening factors from these meta-analyses are discussed below. Notably, the many studies in the underlying data sets for each of these four meta-analyses (which have some degree of overlap) included wide ages range of children and adolescents, but there were more samples of younger children than adolescents in the underlying data sets and thus the meta-analyses overall included more data on children rather than adolescents. When information specifically referring to adolescents was available, it is noted below.

Gender and Age

All of the four recent meta-analyses examined these potential intervening variables in the relationship between childhood IPV exposure and psychological adjustment: child's gender, age, and research design variables. Psychological adjustment was examined in terms of internalizing outcomes (e.g., anxiety, depression) and externalizing outcomes (e.g., conduct disorder, aggression). The meta-analyses' results for gender as a possible intervening variable were conflicting. Three found no significant differences between boys and girls (Jacobus, 2005; Kitzmann et al., 2003; Wolfe et al., 2003), while one did (Davies, 2005). Results of the Davies meta-analysis indicated a stronger relationship in boys between exposure to IPV and externalizing behavior ($d =$ 0.46 for boys, $d = 0.23$ for girls, $p < .05$).

The child's age was not a significant intervening factor in the relationship between IPV exposure and psychological adjustment in any of the four meta-analyses. The "mega-analysis" conducted by Sternberg and colleagues (2006), however, found that age contributed to the effects of IPV exposure. They divided their sample into three age

groups for comparison (using hierarchical binomial multiple logistic regression), with the youngest age group as the reference group: 4-6, 7-9, and 10-14. In their examination of externalizing outcomes, results indicated that the two older groups had lesser odds of scoring in the clinical range (7-9 years olds had 0.67 times the odds, $p < 0.01$, and 10-14 year-olds had 0.69 times the odds, $p < 0.01$) than the youngest (4-6) age group. For internalizing outcomes, their analysis indicated the two older groups had greater odds of scoring in the clinical range (7-9 years olds had 1.16 times the odds, $p = .21$, and 10-14 year-olds had 1.38 times the odds, $p < 0.05$) than the youngest (4-6) age group. It should be noted that the age considered in studies seems to usually be the participant's age at the time of data collection rather than at another specified time, such as age at the onset of IPV exposure or age at time of the most recent IPV exposure.

Recruitment Setting

Three recent meta-analyses examined the sample recruitment setting (e.g., shelter, community, school) as a potential moderator of the relationship between IPV exposure and adjustment. Davis (2005) and Jacobus (2005) found that the recruitment setting was not a significant moderator. The meta-analysis completed by Kitzmann and colleagues (2003) found that recruitment setting influenced internalizing behavior outcomes, but only in the correlational studies included in their data set.

Child Maltreatment as a Potential Intervening Factor

Researchers have identified the co-occurrence of children being exposed to adult IPV and children experiencing physical child abuse (Appel & Holden, 1998; Edleson, 2001). Appel and Holden reviewed data from 31 studies on co-occurring physical abuse

and exposure to adult IPV and found a median co-occurrence rate of 40 percent. It should

be noted that the child's father, mother, or both parents could be perpetrators of abuse.

Studies in the review included instances of each of these perpetration models, but many

of the studies reviewed often did not report the abuse perpetrator's relationship to the

child. Researchers have studied whether a child's direct child abuse victimization, in

addition to exposure to IPV, is an intervening factor in the relationship between exposure

to adult IPV and the child's adjustment. The complex results from these studies are

difficult to summarize.

As noted previously, literature on IPV-exposed children/adolescents includes

studies that have not defined or poorly defined key terms, such as "violence," "exposure,"

and "abuse" (Appel & Holden, 1998; Edleson, 1999; Holden, 2003). This presents

significant challenges in drawing conclusions about the effects of co-occurring child

abuse and exposure to adult IPV because of the range of experiences children/adolescents

have in terms of whether or not they are direct victims of violence and other abuse, how

they are exposed to IPV, and the frequency and severity of adult IPV they are exposed to

(Appel & Holden, 1998). The samples of studies focusing on children/adolescents

exposed to adult IPV may include children with co-occurring direct victimization and

IPV-exposure together with children who are not direct abuse victims but are IPV-

exposed, without distinguishing between the two groups. Those studies that do

distinguish between these groups use a variety of definitions and methods.

Physical abuse. Three of the meta-analyses that have been discussed in this

chapter (Jacobus, 2005; Kitzmann et al., 2003; Wolfe et al., 2003) and the mega-analysis

previously discussed (Sternberg et al., 2006), considered whether a child's status as a direct victim of physical abuse influenced the relationship between exposure to adult IPV and the child's adjustment. These quantitative analyses varied in how they categorized children's experiences in terms of IPV-exposure and co-occurring abuse. While these differences make it impossible to draw a broad conclusion about the role of child abuse status as a potential intervening variable, it is possible to say that in general, most of these analysts reported that their findings suggested preliminary but inconclusive support for an additive negative effect of co-occurring physical child abuse and IPV exposure. Both Jacobus' and Wolfe and colleagues' meta-analyses found the trend for a small negative additive effect slightly stronger for externalizing behavior problems.

Poly-victimization. Recently, pioneering child maltreatment researcher David Finkelhor has introduced the terms "poly-victimization" and "poly-victims," noting that many children and adolescents experience multiple forms of victimization, ranging from witnessing community violence and being targets of conventional crimes (e.g., theft), to experiencing intrafamilial abuse or bullying at school (Finkelhor, Ormrod, & Turner, 2007). Research attempting to attribute outcomes to one type of victimization may be overlooking other salient experiences of victimization. The poly-victimization term is relatively new. Finkelhor and colleagues (Finkelhor, Hamby, Ormrod, & Turner, 2005) have developed the Juvenile Victimization Questionnaire to enable researchers to examine poly-victimization further, and the concept may become influential in the study of children and adolescents exposed to adult IPV.

Sexual abuse. The majority of research on the effects of childhood exposure to adult IPV that takes co-occurring child abuse into consideration as a relevant co-occurring factor has focused on physical child abuse. Practitioner Lundy Bancroft and others have noted similarity in the dynamics occurring in families with intrafamilial sexual abuse and families with adult IPV, such as secrecy, and suggest that child sexual abuse and IPV may frequently co-occur (Bancroft & Silverman, 2002; Radford & Hester, 2006).

Herman (Herman, 1981) notes that the following dynamics are common in families with father-daughter sexual abuse: isolation of the family system from others, a domineering patriarch, and extreme power and control dynamics. Research on maternal responses to disclosures of intrafamilial sexual abuse has cited the presence of IPV as a co-occurring factor (Sirles & Franke, 1989). Client case records reviewed as part of a recent program evaluation of the SafePlace Child and Adolescent Counseling Program found that 14 percent of children/adolescents receiving services had experienced both sexual abuse and exposure to adult IPV (Fowler & Chanmugam, 2006). In an Australian retrospective study of female college students (N = 199), Higgins and McCabe (1994) conducted discriminant function analysis to determine factors that distinguished sexually abused women from non-sexually abused women. Two of the three factors that most reliably predicted membership in the sexually-abused group were IPV-related: the level of family violence and "father's traditional family values" (p. 255), as measured by an instrument developed by the authors.

Neglect. Neglect has been studied as a type of maltreatment co-occurring with IPV exposure in two recent studies (Antle et al., 2007; Herrenkohl & Herrenkohl, 2007). A longitudinal analysis of the effects of several co-occurring forms of child maltreatment (*N* = 416) conducted by Herrenkohl and Herrenkohl included IPV. They found that IPV exposure was associated with physical abuse (r = 0.16, p < 0.01), sexual abuse (r = 0.17, p < 0.01), and neglect (r = 0.20, p < 0.001). Antle and colleagues reviewed child welfare cases (*N* = 2,350) investigated for neglect in one Kentucky county to estimate the co-occurrence of neglect and IPV exposure. They found that investigators had documented IPV in 29% of the neglect cases. The co-occurrence of other forms of maltreatment besides physical abuse, particularly sexual abuse and neglect, warrants further study in children and adolescents exposed to adult IPV.

Challenges in Studying Potential Intervening Factors

Some of the differences in results related to intervening variables found in comparing the recent meta-analyses conducted on the effects of IPV exposure may be due to low statistical power (Davies, 2005; Jacobus, 2005; Kitzmann et al., 2003; Wolfe et al., 2003). Small sample size for an analysis decreases the power to detect a significant relationship, and increases the risk of a Type II error (Rubin & Babbie, 2005), when results may be interpreted as not showing a statistically significant relationship when in fact there is one. Jacobus (2005) sees low power as a problem for many variables relevant to the study of IPV effects on children, noting for example that only 15 of the 36 studies in her data set classified children according to child abuse status. Thus, her study (and

presumably others as well) had low power to detect possible moderating effects of child abuse status.

Problems related to low power occur particularly in attempting to summarize literature on the effects of IPV exposure on adolescents. As noted previously, far fewer studies examine the experiences of adolescents in comparison to younger children. Again, using Jacobus (2005) as an example, she notes that just a "handful" of the studies she reviewed for inclusion in her meta-analysis reported data on adolescents, which was corroborated less explicitly by other meta-analysts (Davies, 2005; Wolfe et al., 2003). Even in the mega-analysis previously discussed (Sternberg et al., 2006), only 17 participants in the sample of 1870 were over age 12.

Other Possible Intervening Factors

Certain transitions and experiences may also influence child and adolescent adjustment. For example, residential relocation has been found to be a stressor for children (Roberts, Brown, Johnson, & Reinke, 2005). No studies were identified that included residential relocation as a potential moderating variable in studies of the adjustment of children exposed to IPV, although these children may experience residential instability. Retrospective in-depth interviews with women who were exposed to IPV directed at their mothers as children indicated both positive and negative emotions about participant-identified turning points such as residential relocations, parental separation and divorce (Humphreys, 2001). This qualitative study will be discussed in the section reviewing qualitative research.

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Criticisms of Research on Effects of IPV Exposure

Ten federal institutes and federal agencies convened a meeting of experts in 2002 to set a national research agenda on children exposed to violence (IPV, community violence, and war) (Feerick & Prinz, 2003). The meeting included review and discussion of existing research on exposure to IPV. This group described many of the same challenges and shortcomings reported in the recent meta-analytic reviews of this literature (Davies, 2005; Jacobus, 2005; Kitzmann et al., 2003; Wolfe et al., 2003): the need for definitional consistency, collection and reporting of descriptive information on demographic variables, attention to potentially confounding variables, and improved overall methodological rigor. Several of these issues echo challenges found in the literature on battered women. For example, critics note definitional and measurement challenges (Smith et al., 1999; Stark, 2007) and a deficit focus (Hughes et al., 2001) in the literature on women who have experienced IPV. Finally, Edleson and colleagues (2003) point out that a number of studies of children exposed to IPV involve simulated conflicts in laboratory settings, or use of stories of adult conflict, to study the topic.

Qualitative Research with Children and Adolescents Exposed to Adult IPV

A number of qualitative studies directly seeking the perspectives of IPV- exposed children and adolescents themselves have been conducted outside the United States, in England (McGee, 2000; Mullender et al., 2002), Ireland (Buckley et al., 2007), Israel (Goldblatt, 2003) and Sweden (Hyden, 2008), with very few published that were conducted in the United States (Peled, 1998). These studies convey rich data on children/adolescents' perspectives, often quite powerfully. (For in-depth examples of

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experiences of children in the United States, publications by practitioner Betsy McAlister Groves at the Child Witness to Violence Project (Groves, 2002) are often cited.) One theme across several of these qualitative studies is the wishes of children/adolescents to speak on their own behalf and be asked about matters that concern them firsthand (clearly conveyed, for example, in the title of Buckley's study: "Listen to me!"). Each of these studies provides detailed information that will only be summarized here with discussion of elements that pertain to the present study.

Swedish study. Hyden (2008) taped three group psychotherapy sessions of children and adolescents (ages 10 to 17) who had been exposed to adult IPV. (The number of participants was not reported.) She utilized narrative methods to analyze transcripts of the group discussions (Lieblich, Tuval-Mashiach, & Zilber, 1998). In particular, she examined how participants positioned and described themselves in relation to exposure to adult IPV. Her analysis yielded four main themes. First, participants described the involuntary nature of their involvement in exposure to IPV. Second, they discussed themselves as actors with agency, describing attempts to get away from the violence. Third, adults in their lives responded to their needs with silence in most cases; the participants perceived adults outside the family as incapable of helping them. Fourth, they encountered difficulties when adult professionals, including social workers and teachers, individualized the problems they faced rather than considering the systems involved.

Studies in the United Kingdom. McGee (2000), Mullender et al. (2002), and Buckley et al. (2007) reported similar themes about participants' perceptions of

professionals. McGee's study in England sought to give IPV-exposed children and adolescents ages five to 17 ($N = 54$), and their mothers ($N = 48$), a voice in discussions about support services for families. Although her study describes participants' experiences with various types of service providers in valuable detail, findings are not categorized into themes and thus difficult to summarize. Buckley and colleagues' qualitative study in Ireland involved 18 focus groups. Participants included IPV service providers ($n = 37$, 13 groups), mothers (11, one group) and children and adolescents ages eight to "17+" ($n = 22$, four groups) (2007, p. 299). Key findings included the uniqueness of each child/adolescent's IPV experiences and responses, even within the same family. Participants also reported a lack of awareness about IPV among key professional groups, including police and teachers.

Mullender and colleagues (2002) conducted a large mixed methods study in England with the goal of hearing children's firsthand experiences and understandings of adult IPV. In the initial quantitative phase, they surveyed school children ages 8 through 16 ($N = 1395$) about their knowledge and thoughts about IPV. Then they followed up with individual and group interviews of a subsample of 54 whose mothers had experienced IPV. Results suggested that all children and adolescents have some way they are attempting to cope with adult IPV. Coping efforts include psychological strategies (making sense of what happened and who is to blame, pretending nothing is wrong) and actions such as protecting siblings, creating a safe place, directly intervening, staying busy, getting help, and deliberately hiding the abuse from teachers and social workers (for fear of pity, being taken away from the family, or getting in trouble at home).

Israeli study. Goldblatt's (2003) phenomenological study focused on coping

strategies among 13 to 18 year-old Jewish Israeli adolescents (*N* = 21). All participants

experienced co-occurring physical abuse and exposure to adult IPV. The most prominent

themes that emerged pertained to participants' involvement in conflict between their

parents and the effects violence had on them. Goldblatt titled the roles participants played

in conflicts: gatekeepers, judges, counselors, and rescuers (2003, p. 539). These roles

were interpreted as ways that adolescents felt a sense of competence and mastery over the

situation. Participants reported ambivalent feelings about themselves, their families, and

the future. Some expressed doubts about their ability to be non-violent in their future

intimate relationships. One finding unique to this study describes the challenges

adolescents faced when they left home for a reprieve from family dynamics. Their "need

to be present and influence interparental disputes transcends temporal and spatial

boundaries" (p. 540), and led them to remain focused on what might be occurring at

home even when they were physically absent, and to blame themselves for being absent.

These concerns also led them to detach from the activities they were physically involved

with at that time (e.g., school, social activities).

U.S. study. Peled's (1998) phenomenological study detailed descriptions of the

experiences of 14 children (ages ten to 13) exposed to IPV. She interviewed youth and

each participant's mother for background information. Both mothers and children had

participated in IPV-focused group psychotherapy and were providing retrospective

information on their experiences of IPV. Peled stresses the importance of the group

psychotherapy experience in terms of framing the experiences of study participants and

facilitating their ability to talk about adult IPV. Similar to the qualitative studies from other countries, she sought to capture "the children's realities regarding the experience of violence, as they chose to present it, with their own categories of meaning" (p. 395). Rather than using a structured interview guide, she used a list of 14 "Categories of Desired Information" in her meetings with child participants (p. 397).

Peled's (1998) main findings are presented as five "semichronological" phases in the children's experience of IPV: Living with ordinary fights, Witnessing violent events, Challenged by mothers' public confrontation of the violence, Adjusting to new realities in the long-term aftermath of violence, and When violence is history (p. 399). The third phase, "Challenged by mother's public confrontation of the violence," includes parental separation, often accompanied with changes in residence and routines. This phase illustrates the time period that the present study focused on, when young adolescents are residing in shelters. The themes identified by Peled during this phase include a changing level of awareness about the IPV, residential changes and the shelter experience, and changes in relationships with parents. The shelter provided a mixed experience for some of her participants, with welcome safety mixed with stress related to the "challenging shelter environments" (p. 405) that are not described in detail.

Retrospective qualitative study. Humphrey's (2001) qualitative retrospective study with adults exposed to IPV as children mentioned in the previous section has implications for this study. Notably, the women in her study reported initial relief at parental separation, when in hindsight they saw the separation as a change that did not necessarily provide hoped-for relief for a variety of reasons, such as the mother's

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decreased availability due to increased employment, and continuing abuse from the IPV perpetrator in different forms, such as harassment through the legal system or stalking.

Coping Research

Coping strategies have been proposed as a potential moderator of effects of IPV exposure (Edleson et al., 2007a). Empirical research focusing on coping in children and adolescents exposed to IPV has been limited (Allen, Wolf, Bybee, & Sullivan, 2003; Mbilinyi, Edleson, Hagemeister, & Beeman, 2007). Much of the early child coping research in general involved samples with primarily white and mid-to-upper socio-economic status participants (Compas et al., 2001). Practitioners identify "coping skills" as an intervention target for children and adolescents exposed to IPV in spite of the limited research in this area (Fowler & Chanmugam, 2006).

Coping Theories and Definitions

Various theoretical viewpoints and definitions of coping appear in the general stress and coping literature, with the majority based on adult coping models and evolving from the work of Lazarus and Folkman (1984). A number of conceptual issues are not agreed upon, for example whether coping represents a dispositional style or a situational response to a particular stressor (Kerig, 2001). Thus measurement tools for children and adolescents are not well-developed (Compas et al., 2001).

Carver (1996) defined coping as the response an individual has to stress, occurring after she or he has perceived and appraised a threat and potential responses. Coping is "an ongoing dynamic process…conceptualized as purposeful responses that are directed toward resolving the stressful relationship between the self and the environment

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(problem-focused coping) or toward palliating negative emotions (emotion-focused coping)… a goal-directed process in which the individual orients thoughts and behaviors toward the goals of resolving the source of stress and managing emotional reactions to stress" (Compas, Connor-Smith, Saltzman, Thomson, & Wadsworth, 2001, p. 88).

Studies of coping have categorized coping responses on a number of dimensions, including: problem-focused versus emotion-focused (Lazarus & Folkman, 1984); approach versus avoidance (Billings and Moos, as cited in Kerig, 2001); adaptive versus maladaptive coping; and primary control, secondary control, and relinquished control coping (Weisz, 1990, as cited in Compas et al., 2001, p. 88). In general, problem-focused/approach coping strategies (e.g., problem-solving, information seeking) have been considered more adaptive in the long run that emotion-focused/avoidance coping strategies (e.g., emotional expression, distraction) (Compas et al., 2001). Critics have asserted that coping is multi-dimensional and that these dimensions oversimplify the range of individual responses (Carver, Scheier, & Weintraub, 1989; Compas et al., 2001; Sandler et al., 2000).

Boekarts (1996), an adolescent coping researcher in the Netherlands, has pointed out that coping efforts must be understood in terms of the immediate goal the adolescent wants to achieve. Without knowing the adolescent's purpose, it is not possible to evaluate the coping strategy used. Some of the behaviors involved in problem-focused coping may be dangerous in families with IPV. Coping strategies that have been assumed to be associated with poorer psychological outcomes may be necessary for physical safety. Literature on battered women's responses to IPV has recently discussed "strategies of

resistance" to the abuse which are purposeful but may appear passive to an outside observer (Hyden, 2005; Lewis et al., 2006; West, 1999). Bancroft recently used the term in relation to children's behavior also (Bancroft, 2004). Strategies of resistance have been described as "any sign of dissent with the consuming effects of intimate and social violence" (West, 1999, p. 151).

Situational Coping during IPV Incidents

Three recent studies were identified that examined the immediate situational responses of children and adolescents experiencing exposure to adult IPV (Allen et al., 2003; Edleson, 2003; Jarvis et al., 2005). As part of a study assessing psychological distress of mothers ($N = 30$) and their children ($N = 42$, ages 6 to 12) in battered women's shelters, Jarvis and colleagues collected data on whether or not the children intervened in violent incidents involving the mother and her partner. They asked mothers and children whether the child had called 911, yelled for the violence to stop, or physically intervened. They found that 70 percent of the mothers and 76.7 percent of the children reported that the child intervened in some way. The most frequent intervention was yelling for the violence to stop (reported by 66.7% of both mothers and children). Physical intervention by the child was reported by 50 percent of the mothers and 23.3 percent of the children. Calling 911 or others for help was reported by 13.3 percent of the mothers and 30 percent of the children.

Children's intervening was associated with a number of indicators of psychological distress, including higher depression in the mothers and higher PTSD scores in the children in the group where children intervened in comparison to the group

where children did not intervene (Jarvis et al., 2005). Children who physically intervened were older, and mother-child dyads that included children who physically intervened reported higher quality relationships. Jarvis and colleagues call for more research focused on studying the processes of child interventions in violent incidents, particularly to learn how their intervention influences the situation, what the children's perceptions of the experiences are, and from whom children may seek help. The present study collected data in these areas.

Edleson et al. (2003) conducted anonymous phone interviews with mothers in four cities ($N = 114$), recruited through IPV service providers, to ask them about their children's involvement in IPV involving the mother. They focused on violent incidents occurring at least 12 months prior to the interview and asked about whether the child ever yelled, called someone for help, or became physically involved. In their sample, 23 percent of the mothers reported physical involvement by their children and 21 percent reported that their child occasionally called someone for help. The child's age was not included in their analysis. Child involvement was predicted by greater violence directed at the mother, older age of the abuser, and the child's lack of a biological relationship to the abuser.

One study was identified that examined the coping patterns of children in response to IPV involving their mothers (Allen et al., 2003). Eighty mothers and 80 of their children (ages 7 to 11) were recruited for participation through a variety of social service providers. The researchers gathered quantitative data in separate meetings with mother and child, including information on the mother's experience of abuse, the child's

well-being, and scaled questions on the child's exposure to IPV and emotional and behavioral responses to the IPV. Questions were not related to one specific incident, but asked participants to recall children's typical responses to observing IPV in general. Information was not collected on when the IPV occurred. Mothers and children reported similar emotional responses from the child: fearful reactions (81% of mothers and 82% of children), angry reactions (81% and 84%), and confused reactions (71% and 70%). Forty-four percent of the mothers reported that the child became aggressive with the abuser, and 49 percent of the children reported trying to stop what was happening (mothers and children were not asked the same question related to physical intervention).

A cluster analysis including nine variables related to children's responses to directly witnessing IPV identified four distinct clusters: Aggressive/Help-seeking ($n = 17$), Overprotective ($n = 17$), Avoidant/Ignoring ($n = 25$), and Less Responsive ($n = 19$) (Allen et al., 2003). The strongest emotional responses were reported by the first two groups. In the Overprotective group, however, only twelve percent of the children reported leaving the room (compared to 47% in the Less Responsive group and 84 to 88% in the remaining groups). Situational factors accounted for some group differences. For example, mothers of children in the Less Responsive group experienced less physical abuse than the other three groups, and children in this group reported lower percentages of fear, anger and confusion. Mothers of children in the Aggressive/Help-seeking group and the Avoidant/Ignoring group sustained more injuries. Children in the Aggressive/Help-seeking group were more likely to live with their mother and the abuser, while children in the Avoidant/Ignoring group were more likely to live only with their

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mothers. There were no between group differences in this study related to child demographic variables or child well-being.

Allen et al. (2008) indicate in their discussion that some children appeared to combine both active and passive behavioral responses, and call for further research examining under what conditions certain strategies are more likely to be used and be adaptive. They also recommend qualitative research to collect more detailed information from children on their perceptions of IPV, their specific responses, and the consequences of certain responses.

Service Systems Interacting with Children/Adolescents Exposed to IPV

Children and adolescents exposed to IPV and their families come into contact with a variety of organizations, including courts, law enforcement agencies, schools, CPS, shelters for battered women, mental health clinics, health clinics and hospitals.

Family Violence Shelters

Early in the battered women's movement, advocates began to recognize that supporting women meant also serving their children (Saathoof & Stoffel, 1999). Data obtained from several states indicate that the majority of shelter residents are children accompanying their mothers (Edleson, 2001). Gradually, IPV service providers have recognized the needs of accompanying children in their own right. Services for them began to increase in the early 1990s (Groves, 2002; Saathoof & Stoffel, 1999). Many shelters now have specialized services for children and adolescents (Fowler & Chanmugam, 2006; Saathoof & Stoffel, 1999; Stephens et al., 2000). Although a body of intervention research to determine the efficacy of shelter services for children and

adolescents does not exist, some researchers have started to study programs initiated with children while they are shelter residents, with promising results (Graham-Bermann & Hughes, 2003; McDonald, Jouriles, & Skopp, 2006b; Stephens et al., 2000). These studies have not included adolescents. Critics maintain that overall shelter policies and arrangements continue to be geared towards the needs of single women unaccompanied by children (Krane & Davies, 2002; Peled, 1997).

Community Mental Health Providers

Around the same time that shelter services began to increase for children, awareness was increasing among community mental health providers that childhood exposure to "environmental trauma," (community violence or IPV) could have a devastating impact (Groves, 2002, p. 54). The Violence Against Women Act of 1994 earmarked more than one billion dollars for a variety of services for battered women. These increased services in turn led to increased services available to their children.

Child Protective Services (CPS)

CPS professionals are likely to interact with children exposed to IPV regularly, because of the high rate of co-occurring child abuse and IPV exposure, and because some states include exposure to IPV in reporting mandates (U.S. Children's Bureau, 2007). Assessment of IPV by child welfare workers varies considerably (Hazen et al., 2007).

While a persuasive case can be made that exposure to IPV can be considered a form of psychological maltreatment (Holden, 2003; Peled, 1997), some have argued against legally defining IPV exposure as child maltreatment (Edleson, 2004; Edleson et al., 2006). In a lawsuit against the New York City Administration for Children's

Services, *Nicholson v. Scopetta*, the plaintiff successfully sued the agency for violating

the rights of mothers by removing children from their care because the mother was a

target of IPV (Family Violence Prevention Fund, 2002). The ruling has prompted

procedural and policy changes in New York and other jurisdictions. In some states, child

protection agencies have developed special protocols and/or units for handling cases

involving IPV and co-occurring abuse or neglect (Family Violence Prevention Fund,

2002). The issue of charging mothers with "failure to protect" children from IPV

continues to be debated, particularly regarding the issue of how the fear of having their

children removed prevents women from seeking services (DeVoe & Smith, 2003).

Criminal and Family Courts

Families with IPV may become involved with either (or both) criminal courts and

family courts (Cowan & Schwartz, 2004). Court professionals, such as custody

evaluators, may thus have contact with children exposed to IPV (Bancroft & Silverman,

2002).

Radford and Hester (2006) describe the experiences of battered women and their

children interacting with the family court system as extremely problematic, based on six

research studies they conducted in the United Kingdom and analyzed in comparison with

policies and laws around the world (including the United States). Courts may order

women and their children to maintain contact with the abusive partner. In Radford and

Hester's analysis, they identified 14 distinct examples of "How the family law reinforces

the behavior of domestic violence perpetrators" (p. 105). In their studies, mothers

enumerated instances in which former partners easily and deliberately used the family

court system to harass and control them. These experiences illustrate the authors'

contention that the courts may replicate the power and control dynamics of IPV. For

example, repeated litigation instigated by the former partner may control a woman's

finances and time and serve as a means to harass her. Fathers may use court-ordered

visitation to quiz children about their mother, or even drive them around trying to

determine where the mother lives or works. Bancroft and Silverman (2002) provide a

number of recommendations for professionals assisting families experiencing IPV who

are involved with family court, including recommendations for structuring disputed

custody and visitation arrangements, assessing the father's parenting skills, supporting

children, and evaluating risks to children in unsupervised visits.

Interacting Community Systems

Practitioners and researchers increasingly state that IPV victims who are parents

face fragmented service systems that often have conflicting goals (Cowan & Schwartz,

2004; Schecter & Edleson, 1995; Sullivan & Allen, 2001). In addition to the direct

hardship this fragmentation presents to families, there may be tensions between different

organizations and between their staff or volunteers that impedes progress towards

collaboration. In the United Kingdom, Radford and Hester (2006) have described three of

the systems as the "three planets" because these systems differ so much in terms of

organizational culture, goals, and the experience of a battered woman interacting with

them. Their metaphor provides a useful image that is in agreement with the challenges

described in the United States.

First, Radford and Hester (2006) describe the advocacy and law enforcement planet, where IPV is seen as a gendered crime committed by males, with women primarily in need of protection. Second, they describe the CPS planet, where IPV is seen from a family pathology perspective and the mother may be culpable in exposing children to violence. The third planet is the family courts planet. They see this system as most problematic because a man who has violently abused his partner can still be considered a good enough parent, because judges prefer that children maintain contact with both parents, and emphasis may be on women overcoming fears rather than on batterer accountability (Radford & Hester, 2006).

While U.S. scholars have referred to "societal collusion" in perpetuating harmful IPV dynamics due to the type of responses victims receive from community organizations (Sullivan, 1997), Radford and Hester (2006) take this argument a step further by focusing on motherhood status in their analysis of organizational responses. Mothers in violent intimate relationships are more likely to interact with CPS and family courts than women without children and thus face additional organizational practices that may replicate harmful dynamics of power and control exerted over them. Women of color face yet another layer of complexity in their interactions with community service providers and experience additional stressors due to negative system responses (Bernard, 2001; McGee, 2000). Even shelter services themselves have been cited as responding poorly to the special needs of women of color (Sullivan, 1997) and to the special needs of mothers (Krane & Davies, 2002; Peled, 1997).

Radford and Hester (2006), as well as medical professionals in the United States, also recognize health care settings as promising venues for screening and serving women and children exposed to IPV and recommend involving them in efforts to increase system coordination (Lewis-O'Connor, Sharps, Humphreys, Gary, & Campbell, 2006; Punukollu, 2003; Sullivan, 1997). Sullivan notes also that women often turn to religious clergy for help and often receive problematic responses.

In recent years, there have been increased calls for coordination between organizations serving families experiencing IPV. Promising initiatives have been launched, such as the "Greenbook," released by the National Council of Juvenile and Family Court judges (National Council of Juvenile and Family Court Judges, 1999). The Greenbook includes specific recommendations for advocacy organizations, law enforcement, courts, and CPS agencies to implement to increase their service coordination. Preliminary evaluation of the Greenbook Initiative indicates both promising results and that much work remains to be done to address fragmented service delivery (http://www.thegreenbook.info/documents/Greenbook_Interim_Evaluation_Report_ 2_05.pdf).

The Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice, launched the Safe Start Initiative in 1998 to study the service needs of children exposed to violence (primarily age 6 and younger), and ways to improve the quality and coordination of services for them (Friedman et al., 2007; Kracke, 2001; Office of Juvenile Justice and Delinquency Prevention, 2008). Currently 15 demonstration sites across the country are piloting interventions and systems of care/coordinated community

responses to assist violence-exposed children and their families, including families with IPV. Although the overall initiative focuses on younger children, a small number of the pilot programs include young adolescents, such as the Kids Club at a New York City Hospital and the Trauma Assessment Pathway (TAP) program in San Diego, CA. Also, it is likely that adolescents may benefit from coordinated community response systems regardless of the target age group. For example, the Bridgeport, CT Safe Start Initiative entails improving interagency collaboration between three organizations: a local IPV service provider, the City of Bridgeport, and an existing coalition of children's organizations (Friedman et al., 2007).

Summary

In spite of definitional and methodological shortcomings in much of the research on children and adolescents exposed to adult IPV, a picture has emerged that they are at risk for adjustment difficulties and that there is a high incidence of IPV exposure in the United States. A number of children, however, do not appear to suffer negative effects. Specific risk and protective factors influencing outcomes have not been identified conclusively. Adolescents have not received as much research attention as school-age children. Adults have more often been the reporters of the experiences of children and adolescents. Qualitative studies, mostly conducted outside the United States, indicate that children and adolescents exposed to adult IPV perceive a number of barriers to getting support and assistance with their family concerns, and have varied responses to exposure to adult IPV. Coping has not been studied extensively in this population. There is a major need for the development of empirically-supported interventions and appropriate

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services, and a need for existing organizations interacting with families with IPV to better coordinate their responses. A number of promising initiatives are currently underway around the country addressing these issues.

CHAPTER THREE: CONCEPTUAL FRAMEWORK

This study was guided by four theories: social cognitive theory and family-systems theory for micro-level variables, and ecological and resilience frameworks. These theories will be discussed in detail below, after brief overviews of theories related to IPV in adults, theories appearing in research on children/adolescents exposed to adult IPV, and theories of how marital discord effects children (i.e. conflict not necessarily involving violence or IPV dynamics). Because of the dynamic relationship between parents and their children (Holden, 1997), an understanding of young adolescents' experiences of IPV requires a general understanding of theories in these other areas.

Theories of Violence Between Intimate Partners

All major theories of human behavior could be applied to explain IPV: biological theories focusing on areas such as substance abuse or individual genetics predisposing someone towards aggression; psychological theories focusing on the individual (for example, social learning theory); family systems theories focusing on patterned interpersonal relationships; ecological and systems theory, focusing on environmental stressors and risk and protective factors; and socio-cultural and feminist theories focusing on the dynamics of power and oppression (Fleck-Henderson, 2004). According to Danis (2004), three theories are most popular and influential in service provision: social learning theory, feminist theory, and social exchange theory. Social learning theory is the foundation for batterer intervention programs. Feminist theory focuses on male privilege and is the foundation for social and political advocacy, empowerment group practice and the shelter movement. Social exchange theory is the foundation of the criminal justice

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system response. Social exchange theory posits that batterers abuse because they can, as an effective way to gain rewards, because the rewards for battering outweigh risks.

Socio-cultural and feminist theory discussion of IPV occurs both in the practice literature (Evans, 1996; Peled & Perel, 2007) and in scholarly writing and research (Danis, 2004; Rennison & Planty, 2003; Richie, 1996; Vaughn & Stamp, 2003). In essence, feminist theory emphasizes societal factors over individual factors to explain IPV, particularly societal support for male aggression and gender role socialization that leads men and women to expect male dominance over women (Hansen & Harway, 1997). Some researchers have critiqued feminist theory as the best way to understand IPV (Hamel & Nicholls, 2007). These researchers emphasize "gender symmetry" in IPV and call for "gender-inclusive" approaches.

Closely related to feminist and empowerment practice approaches, the social work strengths-perspective has been proposed for IPV intervention (Black, 2003; van Wormer, 2004). Black describes feminist and strengths perspectives as having the same basic underlying constructs with different vocabularies. For example, both approaches espouse acknowledgement of the client's strengths and expertise about her or his own life, and both emphasize the importance of a collaborative relationship between practitioner and client. Danis (2004, p. 5) explicitly lists character strengths often exhibited by battered women, including perseverance, courage, the will to survive, protectiveness towards their children, love for others, coping skills, persistence, humor, spirituality, and connections with others.

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Stark (2007) developed coercive control theory to explain IPV dynamics. He expands on a variety of other theories, including feminist and trauma theory, to detail the evolution and maintenance of battering dynamics in couples. Coercive control theory de-emphasizes the role of violence while emphasizing the deliberate nature of the "technologies of control" through which batterers systematically gain and maintain power and control over partners. One IPV advocate writing in strong support of widespread application of coercive control theory noted, "Battering is not about episodic fights characterized by ineffective methods of conflict resolution; rather it is about an ongoing pattern of subjugation of the battered woman's agency, free will, and efforts to function as an independent and autonomous being" (Lischick, 2007, p. 331).

Theories of the Effects of IPV on Children

Several theories have been applied to understanding how IPV exposure affects children, including social learning theory (Edleson, 1999; Jacobus, 2005) developmental psychopathology (Sternberg et al., 2006; Wolfe et al., 2003), and Grych and Fincham's cognitive-contextual model (Grych & Fincham, 1990). The emotional security hypothesis proposed by Cummings (1998), drawn from the literature on marital discord like the cognitive-contextual model, has also been cited in this literature. Recently, studies using trauma theory to examine child adjustment after IPV-exposure have been published (Chemtob & Carlson, 2004; Jarvis et al., 2005; Wolfe et al., 2003).

Reviewers of quantitative studies on the effects of childhood exposure to IPV have noted, however, that overall, a sound theoretical base is lacking in the body of empirical studies they reviewed (Jacobus, 2005; Wolfe et al., 2003). Some reviewers have

suggested that two theories would be particularly useful to apply to understanding how IPV exposure affects child development: the developmental psychopathology framework, and Grych and Fincham's (1990) cognitive-contextual model (Sternberg et al., 2006; Wolfe et al., 2003). Developmental psychopathology and trauma theory provide a framework for understanding the role of intervening variables, such as the child's developmental stage, and potential risk and protective factors.

The cognitive-contextual model considers the child's cognitive appraisal of the adult IPV conflict a mediator of the relationship between exposure and adjustment. The child's appraisals of the level of threat, level of self-blame, and her or his ability to cope have been found to be key mediators influential in the development of internalizing problems such as depression and anxiety (Grych & Fincham, 1990; Grych, Fincham, Jouriles, & McDonald, 2000a). The role of contextual factors in shaping child perceptions is considered in this model, including factors such as child age, the parent-child relationship, exposure to community violence, and culture (Fosco, DeBoard, & Grych, 2007). Much of the research applying the cognitive-contextual model has focused on marital discord and possibly what Johnson and Ferraro (2000) call "common couple violence" but the model is increasingly mentioned as a promising way to conceptualize IPV (Fosco et al., 2007).

Social learning theory has been applied in this literature to explain the role of observational learning in influencing child development (Edleson, 1999; Jacobus, 2005). In the case of IPV exposure, a child witnessing aggression may develop externalizing behaviors because of her or his observational learning. Although research has been

inconclusive on whether there is intergenerational transmission of IPV (Ehrensaft et al., 2003; O'Keefe, 1998), social learning theory posits that observing IPV may play a role in the observer repeating those behaviors later.

Attachment theory has guided some studies of children and IPV, frequently in terms of the concept of "traumatic bonding" (Margolin, 1998). It has been hypothesized that children and their mothers may develop a strong "traumatic bonding" attachment to the batterer based on infrequent, unpredictable instances when they are given responsive attention from him between periods of abuse. The "Stockholm Syndrome," first identified in adult hostages, is a very similar concept, and appears in literature on adult IPV (particularly in connection with trauma theory and coercive control theory) (Stark, 2007). Otherwise, attachment theory in research on the mother-child relationship in families with IPV has mostly appeared in studies with infants and preschool age children (Huth-Bocks, Levendosky, Bogat, & von Eye, 2004; Levendosky, Huth-Bocks, Shapiro, & Semel, 2003; Theran, Levendosky, Bogat, & Huth-Bocks, 2005).

Recently, neurological effects of IPV exposure have been studied (Davies, Sturge-Apple, Cicchetti, & Cummings, 2007; Saltzman, Holden, & Holahan, 2005), and findings suggest promising avenues for further research into neurological effects of trauma exposure (Perry, Pollard, Blakley, Baker, & Vigilante, 1995). Specifically, Saltzman and colleagues found that children exposed to IPV had elevated heart rates and higher levels of salivary cortisol than children not exposed to IPV.

Hughes, Graham-Bermann and Gruber (2001) have proposed that future research be informed by a resilience perspective because of the high percentages of children

exposed to IPV who do not show clinically significant negative emotional and behavioral effects and because of the lack of resilience research on this population. This study was guided by a resilience perspective, described further below.

The limited body of intervention research with children and adolescents exposed to adult IPV shows eclectic use of various theories. For example, Rabenstein and Lehmann (2000) used a feminist-informed family systems perspective. Interventions at one community child and adolescent counseling program are influenced by family systems theory, psychodynamic theory, trauma-focused cognitive behavioral therapy (Cohen, Mannarino, & Deblinger, 2006), and play therapy techniques (Fowler & Chanmugam, 2006). The empirically-supported intervention used by Project SUPPORT in Dallas, TX for children ages four to nine exhibiting conduct problems is based on cognitive-behavioral and play therapy (McDonald et al., 2006b). This intervention, previously discussed in chapter two, is part of the U.S. Office of Juvenile Justice and Delinquency Prevention's Safe Start Initiative (Kracke, 2001; Office of Juvenile Justice and Delinquency Prevention, 2008). The Safe Start Initiative has funded 15 sites in the U.S. to evaluate improved services and program coordination for young children exposed to violence. The approach of the Safe Start initiative overall is from an ecological framework. Several of the promising practices involved in the SafeStart initiative incorporate trauma theory, family systems theory (with particular focus on the parent-child relationship), and cognitive-behavioral approaches.

Theories on the Effects of Marital Discord on Children

Research and theoretical literature on the relationship between child adjustment and marital conflict (i.e. not IPV, not necessarily violent or controlling conflict) has drawn on some of the basic concepts of the same theories that were used in the study. Social cognitive theory and family systems theory concepts have been applied to hypothesize mechanisms through which the parental relationship and child adjustment influence one another (Cox, Paley, & Harter, 2001). The "spillover hypothesis" proposes that the affect experienced in one family subsystem can carry over into another subsystem. For example, a parent who is tired or upset after arguing with a spouse may in turn be less responsive to her or his child. The "compensatory hypothesis" proposes that some parents may try to compensate for marital conflict by directing extra attention to the parent-child relationship. In their comprehensive review of hypotheses and relevant concepts, Cox and colleagues also mention family systems concepts of scapegoating, triangulation, and weak boundaries. Marital discord may also affect children by influencing how parents discipline their children and how they co-parent.

The "emotional security hypothesis" proposed by Davies and Cummings (1994) addresses how conflict in the spouse subsystem influences emotions within the parent-child subsystem. The meaning that marital conflict holds for the child is paramount in this hypothesis. The hypothesis also proposes that children's emotional security overall in the family is regulated by their internal representations of family relationships and their ability to regulate emotions and exposure to affect of other family members. The child's

coping is thus an important factor in the emotional security hypothesis (Cox et al., 2001;

Kerig, 2001).

Similar to the literature on marital discord and children, the literature on IPV and

children contains studies that mostly focus on younger children, and few studies examine

adolescents (Cox et al., 2001). Also, Cox et al. note that the majority of research on

martial conflict and children has been conducted with white families. Cox and colleagues

propose a number of areas related to family system dynamics that may make the

adolescent experience of marital conflict different than the experience of younger

children. First, adolescents may be more likely to intervene in adult conflicts than

younger children and may thus be "more likely to become targets of displaced or

redirected anger, particularly in violent marriages" (p. 263). An increased risk of physical

intervention and injury to adolescents has been corroborated by at least one study

(Christian et al., 1997). Second, they may be "parentified" by being put in the role of

providing emotional support to a parent or into a coalition with one parent against

another. Conversely, they may be more likely than younger children to become

aggressive towards parents, and may be better able to resist being drawn into triangulated

or parentified roles.

<div align="center">Theories that Guided the Study</div>

<div align="center">*Social Cognitive Theory*</div>

Social cognitive theory, developed by Bandura in the 1970s, evolved out of social

learning theory (Bandura, 1986; Pajares, 2002). It represents a significant departure from

existing behaviorist theories and from earlier theories that focused on either

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environmental or biological influences in human thought and behavior. In social

cognitive theory, the relationship between human behavior, environmental influences,

and personal factors such as cognition are seen as having "triadic reciprocality"

(Bandura, 1986, p. 23). These three elements are constantly interacting and shaping one

another via the self-system. Cognition plays a central role in these dynamic processes and

"in people's capability to construct reality, self-regulate, encode information, and

perform behaviors" (Pajares, 2002, p.1). Social cognition guides behavior. How a young

adolescent exposed to adult IPV understands what is occurring and her or his role in it

influences her or his behavior and adjustment. This study sought to gain understanding of

how young adolescents and their mothers think about themselves, their relationships, and

social interactions.

According to social cognitive theory, humans are seen as active agents in shaping

their environment, cognitions and life trajectories (Pajares, 2002). As parts of the self-

system, self-beliefs (including self-efficacy), self-regulation and self-reflection are

important concepts in the theory. Adolescents are in the process of developing their sense

of personal agency, which is defined as "one's capability to originate and direct actions

for given purposes… influenced by the belief in one's effectiveness in performing

specific tasks, which is termed *self-efficacy*, as well as by one's actual skill" (Zimmerman

& Cleary, 2006, p. 45). The concept of self-efficacy, one of the most well-known and

widely researched constructs proposed by Bandura (1995) is key in motivation and in

development of a sense of agency:

> Among the mechanisms of human agency, none is more central or pervasive than
> beliefs of personal efficacy. This core belief is the foundation of human

motivation, well-being, and accomplishments. Unless people believe they can produce desired effects by their actions, they have little incentive to act or persevere in the face of difficulties. Whatever other factors serve as guides and motivators, they are rooted in the core belief that one has the power to effect change by one's actions.
(Bandura, 2006, p. 3)

Clearly, battered women and their children who are exposed to IPV face severe constraints on their actions. Although they are still agents, they may at times have to choose from a range of possible actions that are all unlikely to produce truly desirable effects (but one of which might preserve their own or a loved one's physical safety). The philosopher Peter Manicas wrote that, "A person faced with but two disastrous alternatives is not very free; but that person remains an agent" (1994, p. 6). The Life Story approach of the study provided the opportunity to hear adolescents residing in emergency family violence shelters and their mothers talk about themselves as agents, including about how they negotiate situations where they do not feel their actions can strongly influence outcomes. The Life Story approach is also compatible with the key social cognitive concept of self-reflection, through which people "make sense of their experiences, explore their own cognitions and self-beliefs, engage in self-evaluation" (Pajares, 2002, p. 3).

Concepts from social cognitive theory assisted during data analysis during examination of data where participants seemed to be describing internal processes that helped them continue to exert efforts in spite of obstacles. Based on comments by Pajares (2002), social cognitive theory seems well-suited for conceptualizing social work interventions because they could occur at the level of individual cognitions and behavior, and in the environment.

Stress and coping theory concepts and research were discussed in chapter two, including some of the conceptual disagreements and challenges in coping literature on children and adolescents. The underlying constructs of several of the coping theories draw on social cognitive theory and will not be discussed again detail here. For the purposes of this qualitative study, coping strategies were identified through inductive qualitative data analysis without selecting a priori categories from one of the coping theories (Compas et al., 2001; Lazarus & Folkman, 1984; Little, Lopez, & Wanner, 2001). Coping theories assisted with interpretation of results after inductive coding was completed.

Family Systems Theory

Family systems theory evolved, beginning in the 1950s, out of several fields and the work of a number of pioneers working in separate groups across the country seeking novel approaches to problems faced by individuals. They shared the growing recognition that the individual is part of a family system with observable patterns, and thus individual problems may originate, be maintained, and be treated via the family.

Prominent early pioneers in family therapy included Nathan Ackerman, Virginia Satir, Murray Bowen, Gregory Bateson, Ivan Boszormenyi-Nagy, Salvador Minuchin and Don Jackson (Minuchin, 1984; Nichols & Schwartz, 2007; Rhodes, 1986). Publications on their experimentation with family approaches to treatment began appearing in the 1960s. Family systems work is enriched by this variety of theoretical and academic influences. Monica McGoldrick (Carter & McGoldrick, 2005) has emphasized

broader social and cultural influences on families, and the family life cycle over time, noting the importance of how families negotiate transitions.

Family systems theory has introduced a wealth of concepts useful for conceptualizing interpersonal interactions. Some of the major concepts emerging from various schools of family therapists include the double bind, feedback loops, circular causality, boundaries, triangles, cross-generational patterns, reframing, family secrets, and family myths. Discussion of each of these is beyond the scope of this paper, but they were noted during the study design because of their potential relevance during analysis of dyad interviews. Family secrets and double binds, for example, may be particularly relevant in examining young adolescent's coping responses to IPV.

The influences of family systems concepts are evident in IPV-related practice. The widely used Duluth Cycle of Violence Wheel, for example, illustrates an interpersonal pattern that becomes progressively influential and self-reinforcing in the relationship between an abusive partner and the victimized partner (Fleck-Henderson, 2004). Critics of policies and practices related to children and IPV have described fathers being treated as "invisible" (Featherstone & Peckover, 2007, p. 181) when, in fact, they exert substantial power and influence over family dynamics. Bancroft and Silverman (2002) wrote a ground-breaking book, based on their practice experience, describing the ripple effect of the abusive partner's behavior through the family system. They see a family systems approach as consistent with batterer accountability, noting that interventions are counterproductive when they focus on the culpability of victims in

maintaining the family situation without highlighting the controlling role of the abusive partner.

Interestingly, some feminist scholars have raised concerns about family systems approaches with families with IPV, reaching the opposite conclusion from Bancroft and Silverman (2002): considering the role of all family members in the creation and maintenance of the family system may distract from the abusive partner's culpability and blame victims (Keller, 2004). The difference may be in conceptualization of family problems versus treatment of family problems: Bancroft argues that in conceptualizing problems faced by victims, the victims will benefit if the abusive partner's major negative influence is emphasized. Bancroft and Silverman's primary system interactions are with the courts, which may be more likely to overlook the role of the batterer in comparison to shelters, counseling centers, and advocacy organizations. They would likely agree with the feminist critique, that attempting to do family therapy in a relationship with ongoing IPV would be contraindicated and potentially damaging in many cases. Co-parenting after separation further complicates these issues (Tubbs & Williams, 2007). Some might argue that children will benefit if the parents are counseled together on child-related matters while others might say that this approach is too dangerous.

Researchers of children exposed to adult IPV have also described the value of a family systems approach. For example, Rosen and colleagues focused on the concept of differentiation of self from Bowen family systems theory to understand intergenerational transmission of IPV (Rosen et al., 2001). Researchers have called for increased attention to the understudied topic of parenting by men who batter (Edleson & Williams, 2007;

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Holden & Barker, 2004; Peled, 2000). In studies of children exposed to IPV, the relationship of the child to the batterer, whether he be father, step-father, or dating partner, is rarely accounted for (Holden & Barker, 2004). A study by Holden and Ritchie (1991), described further below, found that mothers who were IPV victims reported that their children's fathers were more irritable parents than comparison-group fathers and were less involved in parenting. In their review of the implications of children's cognitive appraisals of IPV, Fosco and colleagues (2007) note that data on how children perceive partner-abusive fathers is scarce. They state:

> "Whether children perceive violence between caregivers differently depending on their biological and legal relationship with them is an unexplored question; in the absence of empirical data to the contrary, we assume that the processes discussed in the paper are applicable to step-parents, unmarried romantic partners, gay, and lesbian couples."
> (Fosco et al., 2007, p. 8)

According to Renzetti (1997), gay and lesbian couples with IPV exhibit partner and parenting dynamics that are similar to the power and control dynamics in heterosexual couples with IPV. A recent study of children's interventions in violent incidents between their mother and her partner found that children were more likely to intervene when the mother's partner was not the child's father (Mbilinyi et al., 2007). This study included questions about the child's relationship with her or his father and with the mother's partner, in cases where the partner was not the child's father.

Not surprisingly, the mother-child relationship in families with IPV has been of special interest to researchers. A number of researchers have identified strengths in the parenting of mothers who are victims of IPV (Humphreys, 1995; Letourneau, Fedick, & Willms, 2007; Sullivan, Nguyen, Allen, Bybeee, & Juras, 2000). Bancroft and Silverman

(2002) apply a resilience framework to describe practice observations they have made about mother-child and sibling relationships. Some of these observations echo behavior described in reference to the "compensatory hypothesis" appearing in marital discord literature (Cox et al., 2001). Bancroft and Silverman also give examples of children and mothers cooperating in safety efforts by planning to escape together, calling the police, and lying to the mother's abusive partner to protect one another. A longitudinal Canadian study of mothering and IPV has also found evidence of the compensatory hypothesis with mothers exhibiting behaviors towards their children that were more responsive than mothers who were not in partner-violent relationships (Letourneau et al., 2007). The compensatory behaviors may serve as protective factors in children's adjustment.

The level of stress experienced by mothers who are victims of IPV has been found to be an important intervening variable in children's adjustment (Holden & Ritchie, 1991; Levendosky & Graham-Bermann, 2001). Holden and Ritchie studied 37 women in abusive intimate relationships and their children (ages 2-8) and a comparison group of 37 mothers and children. They found expected differences between the groups on child and father-related variables, but only found two differences between the mothers' groups: there were higher stress levels and more parenting inconsistency in the IPV group. These mothers reported parenting differently from the children's fathers, and reported changing their parenting practices when the father was present versus when he was not present with her and the child. Holden and Ritchie suggest that this latter type of inconsistency may have served a protective or safety purpose when the father was present. Maternal stress and the father's irritability were the two strongest predictors of behavioral problems in

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the child in the IPV group, while maternal stress was the only predictor of behavior problems in the comparison group.

The family systems perspective recognizes the importance of sibling relationships. Sibling relationships in families with IPV have been the focus of two studies (Lucas, 2002; Skopp, Manke, McDonald, & Jouriles, 2005). Lucas conducted qualitative interviews with children and young adolescents (ages 7 to 13, $N = 9$) to determine the role their sibling relationships played for them in their response to IPV. She found that they functioned as a system when exposed to IPV, protecting and caring for one another. These findings of siblings collaborating are similar to findings in Mullender's large mixed methods study conducted in the United Kingdom (2002) discussed in chapter two.

Skopp and colleagues (2005) studied 112 sibling pairs and their mothers residing in shelters. They found that siblings differed in terms of their psychological adjustment and in their individual interpretations of IPV in their family. Specifically, siblings differed in their appraised levels of threat and self-blame related to the IPV. The researchers concluded that each child's experience of IPV within the family is unique and not necessarily a risk factor to the same degree for each child in the family. Similar findings related to the within-family variety of sibling experiences were reported in Buckley et al.'s (2007) qualitative study, reviewed in chapter two. Thus the limited data available indicates intriguing differences and similarities in how siblings within a family respond to IPV. A family systems approach clearly makes a valuable contribution to greater understanding of the dynamics of IPV, and more work is needed in this area.

Ecological and Resilience Frameworks

Ecological

The ecological framework is consistent with social cognitive theory and family systems theory in that it views people as active agents in constant mutually influencing relationships or transactions with multiple environmental influences (Bronfenbrenner, 1979; Cicchetti, 2004; Germain, 1991). A person is regularly adapting either themselves or the environment to achieve a good fit. This means that certain actions may be context-specific. The environment can include the extended family, community, peer networks, institutions such as schools and churches, or macro forces such as cultural and legal contexts. The focus in ecological theory is on viewing the set of relationship transactions as a whole, rather than focusing on one element as existing separate from the whole.

Ecological theory has been influential in child development, where multiple factors in ongoing transaction are considered important in shaping development (Bronfenbrenner, 1979; Cicchetti, 2004). Using an ecological framework in this study was consistent with its holistic approach, and allowed for exploration of the experiences of young adolescents and their mothers at multiple levels. The approach allowed participants to share their perspectives about potential risk and protective factors in themselves, their families, and other systems (e.g., school).

Ecological frameworks have been further developed and applied specifically to understanding child maltreatment and its impact on child development (Belsky, 1993; Cicchetti, 2004; Garbarino, Kostelny, & Grady, 1995). The study of the interplay and balance of risk and protective factors has been key in advancing research on child

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maltreatment. Practitioners have called for ecological and resilience approaches in services for IPV-exposed children and adolescents (Groves & Gewirtz, 2006). The ecological framework has also been used to understand IPV (Danis, 2004; Heise, 1998; Hughes, Humphrey, & Weaver, 2005). Heise proposed widespread application of an integrated ecological framework to understand IPV and utilized her proposed model to integrate the work of earlier theorists and researchers. Danis (2004) notes that IPV's impact as well as access to services is influenced by factors at macro, meso and micro levels such as race and racism, sexual orientation, disability, age, religion and immigration status.

Levendosky and Graham-Bermann (2001) proposed and tested a model integrating ecological systems theory and trauma theory to explain how exposure to IPV affects children. Their model included environmental factors such as maternal history of child abuse, social support, and negative life events. The model predicted 40 percent of the variance in children's adjustment. They argue that environmental factors must not be overlooked in understanding individual differences in how IPV-exposed children and their mothers function.

Resilience

Theoretical and research advances in the area of resilience began around the same time as ecological theory was being developed, during the early 1970s (Masten & Reed, 2005). Researchers studying child development became more aware of children who faced adversity but did not suffer negative outcomes. Ecological frameworks, such as Cicchetti's ecological-transactional model, have evolved to include the concept of

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resilience (Cicchetti, 2004). Masten and Reed (2005) offer a definition of resilience based on how the term has been used over three decades of research: "resilience generally refers to a class of phenomena characterized by patterns of positive adaptation in the context of significant adversity or risk" (p. 75). Cicchetti (2004) sees the ecological-transactional model as providing a means to explain resilient developmental outcomes: "The presence of enduring protective factors and transient buffers at any level of the social ecology may promote adaptation and may help explain why some children display successful outcomes in the face of poverty, parental psychopathology, chronic stress, violence, and maltreatment" (p. 733).

Based on research literature reviewed in chapter two, a young adolescent's exposure to IPV is clearly a risk factor for poor outcomes. Within the ecological and resilience frameworks, protective factors at the individual level might include factors such as social competence, strong spiritual beliefs, goals for the future, high self-esteem, problem-solving skills, ability to manage emotions, and physical health (Peterson & Seligman, 2004; U.S. Children's Bureau, 2003). Family level protective factors might include warmth in the parent-child relationship, positive sibling relationships and high parental expectations. Relationships with supportive adults outside the family and experiences in other settings such as school may serve as protective factors.

Because social work practice is generally guided by a strengths-perspective (Saleeby, 2006), initiating a research project that does not focus solely on pathology and negative life experiences may ultimately assist with development of practices for IPV-exposed young adolescents that are more readily accepted by practitioners and thus more

easily translated into practice settings. Battered women's advocates and practitioners

working with IPV-exposed children and adolescents have expressed the potential benefits

of moving away from deficit models to exploring strengths and resiliencies, so that

research efforts with this population more closely match clinical and advocacy efforts.[2]

The methods used in this study, described in detail in the next chapter, allowed

exploration from the insider perspective of factors that may inhibit or promote positive

adjustment for young adolescents who have been exposed to IPV.

<div align="center">Summary</div>

The four theories described in this chapter influenced the study design in all areas,

for example the content and phrasing of questions in the interview guide. They informed

the inductive analysis process of qualitative data as coders identified themes related to

how participants thought about relationships, their family interactions, and risk and

protective factors in their lives. The following chapter describes methods used in the

study.

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[2] Linda Herbert, personal communication, January 2007; Rose Hernandez, personal communication, December 2006; Yvette Mendoza-Rouen, personal communication, November 2006; Karen Wilson, personal communication, October, 2006

CHAPTER FOUR: METHODS

This chapter describes the study design and research questions, including background information on the rationale for the study design. Details are given on data collection, participant recruitment, sampling, eligibility criteria, measurement, and data analysis. A table is included to provide an overview of data collection, measurement, and analysis. Instruments including interview schedules are attached in the appendix. This chapter also details study procedures designed to protect human subjects.

Design

This qualitative study used a Life Story approach, enhanced by collection of quantitative data, to obtain first-person perspectives from young adolescents ages 12 through 14 and their mothers living in emergency family violence shelters. The study focused on their life experiences as a whole, and on their coping with exposure to adult IPV. Qualitative methods included three main components: individual semi-structured Life Story interviews with 14 young adolescents, individual semi-structured interviews with their mothers, and one interview at each of four recruitment sites with shelter personnel who were in contact with adolescent shelter residents.

The Life Story interviews explored family and peer relationships over time and contextual factors influencing coping with IPV. The Life Story approach allowed each youth to identify salient life events, transitions and turning points from her or his own perspective. Beyond asking open-ended prompts about school, family, and peer relationships, the first half of the youth interview emphasized exploration of the experiences and relationships the youth highlighted as important. The second half of the

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interview included more structured questions that were asked of all youth and mother participants.

Life Stories have been collected and interpreted from a social constructionist perspective (Elliott, 2005; McAdams, 2001) or from a naturalist perspective (Atkinson, 2002; Elliott, 2005; Lieblich et al., 1998). There is middle ground in this philosophical divide (Elliott, 2005; Lieblich et al., 1998). This study was influenced by the middle ground claimed by Lieblich and colleagues (1998, p. 8):

> We do not advocate total relativism that treats all narratives as texts of fiction. On the other hand, we do not take narratives at face value, as complete and accurate representations of reality. We believe that stories are usually constructed around a core of facts or life events, yet allow a wide periphery for the freedom of individuality and creativity in selection, addition to, emphasis on, and interpretation of these 'remembered facts.'

Qualitative methods were augmented by using three standardized measures administered in the latter part of the interview. The Home Exposure Subscale of the Children Exposed to Domestic Violence Scale (Edleson, Johnson, & Shin, 2007b) measured the level of youths' IPV exposure. The Abusive Behavior Inventory (Shepard & Campbell, 1992) measured mothers' recent IPV experiences, and psychological adjustment of youth in the sample was measured by mothers' and youths' reports on the same measure, the Strengths and Difficulties Questionnaire (Goodman, 2001). These quantitative measures were used for descriptive purposes, to inform qualitative data analysis, and to address measurement shortcomings in earlier literature of key factors such as "type of IPV exposure."

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Research Questions

This study sought to build on the literature described in chapter two by researching perspectives of young adolescents and their mothers residing in emergency family violence shelters. The study addressed six research questions concerning IPV experiences of youth and their mothers, youths' general and situational coping, and the life experiences and relationships that have been important to youth from their own perspectives. The research questions were:

1. What are the IPV experiences of mothers of young adolescents residing in emergency family violence shelters, and to what types of adult IPV have the young adolescents been exposed?

2. What themes do young adolescents in family violence shelters express in their life stories, especially in terms of turning points and sense of agency?

3. What relationships do young adolescents in family violence shelters describe as important in their lives? *Subquestions:* Who has helped young adolescents cope with family concerns, and how? How do young adolescents view their relationships, particularly family, peer and school relationships?

4. What general coping strategies do young adolescents in family violence shelters use? *Subquestions:* What types of safety planning behaviors do young adolescents engage in during IPV incidents? What likes and dislikes do young adolescents express about living in emergency family violence shelters?

5. What do young adolescents and their mothers who are residents of family violence shelters describe as protective factors in young adolescents' lives? *Subquestion:* How do they view the future?

6. In what ways are the views of young adolescents and their mothers who are residents of family violence shelters similar or different?

Rationale for the Research Design

Qualitative Methods

The study's qualitative design had several advantages. On the most general level, these features distinguish qualitative studies: "insider rather than outsider perspectives, person-centered rather than variable-centered, holistic rather than particularistic, contextual rather than decontextual, depth rather than breadth" (Padgett, 2008, p. 2).

The emic perspective is a major advantage of the design. Little is known from the viewpoints of IPV-exposed children and youth about their life experiences in general, and what they are already doing to cope with exposure to adult IPV. With intervention research for IPV-exposed children and adolescents at an early stage of development, particularly in terms of shelter-based services (Graham-Bermann & Hughes, 2003; Stephens et al., 2000), the qualitative design allowed for comprehensive exploration of contextual factors relevant to participants that may be potential modifiable intervention targets or settings. It provided a unique opportunity to hear the inside, first-person accounts of young adolescents in family violence emergency shelters.

A second advantage is the holistic nature of the qualitative interview approach. For example, collecting data on IPV with open-ended questions was ideal for capturing important and sometimes overlooked aspects of IPV. The majority of existing quantitative research literature on IPV-exposed children and adolescents operationalizes adult IPV by focusing on the frequency of violent assaults (Jacobus, 2005; Kitzmann et al., 2003; Wolfe et al., 2003). While quantifying the IPV in terms of assault incidents standardizes its objective measurement and facilitates group comparisons, it may

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overlook the complexity in IPV dynamics. For example, focusing on assault incidents may omit IPV dynamics like sexual coercion, economic control, social isolation, the victim's subjective level of fear, and patterns of threats that do not involve assaults (Danis, 2004; Smith et al., 1999; Stark, 2007).

A third benefit of the qualitative design was the opportunities it allowed for unexpected findings to emerge (Cresswell, 1998; Miles & Huberman, 1994). Researchers have often focused on adverse childhood experiences in isolation (e.g., sexual abuse, poverty, parental substance abuse), but have increasingly found that many adverse experiences co-occur (Finkelhor et al., 2007; Jaffee, Caspi, Moffitt, Polo-Tomas, & Taylor, 2007). New models and terminology have been proposed, such as "poly-victimization" (Finkelhor et al., 2007), the "adversity package" and the "cumulative stressors model" (Edleson, 1999; Jaffee et al., 2007). In the Life Story approach used in this study, young adolescents were able to describe their own perspectives on life experiences and relationships that carried special meaning for them without a priori decisions by the researcher about which Life Story elements were most memorable and meaningful. Participants were guided in the first half of their chronological life story interviews with open-ended questions and minimal prompts. They had the lead role in identifying what experiences and relationships had been important to them.

The fourth benefit is somewhat similar: the qualitative approach emphasizing participant input in the research process lends itself well to a resilience and strengths-perspective. Ungar (2003) notes that qualitative methods are ideal for resilience research

because variables have not been predefined, and eliciting the participants' own descriptions of their lives allows the "discovery of unnamed protective processes" (p. 85).

The Life Story Approach

Qualitative interviews with adolescents and their mothers were conducted using Life Story methods (Atkinson & Coffey, 2002; Atkinson, 1998; Elliott, 2005; Goodley, Lawthom, Clough, & Moore, 2004; Lieblich et al., 1998; McAdams, 2001). While this method is often associated with adults, narrative and Life Story approaches have been used successfully in research with children and adolescents (Eder & Fingerson, 2002; Lodico & Voegtle, 2005; Torstenson-Ed, 2007). The approach brought several additional advantages.

Chronological structure aids recall. The chronological structure of a Life Story interview lends itself well for study of participants' memories of past events: "One of the strongest organizational principles for children's mental representations is the temporal order in which events occur" (Grych & Cardoza-Fernandes, 2001, p. 176). A chronological interview structure, especially when it uses visual cues as it did in this study (with a time line created by youth), has been found to be a useful tool for both research and clinical assessment (Caspi, Moffitt, Thornton, & Freedman, 1996; Yoshihama, Gillespie, Hammock, Belli, & Tolman, 2005).

Participants who have experienced trauma or stigma. Life Story methods have been described as especially suited to research on topics involving trauma or stigma, with advantages for both researcher and participants (Harold, Palmiter, Lynch, & Freedman-Doan, 1995; Richie, 1996). For participants who are part of stigmatized groups, using life

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stories has been described as emancipatory because their perspectives and interpretations of themselves and their experiences take prominence over the interpretation of the researcher (Goodley et al., 2004).

Researchers benefit by gaining deeper understanding of the relative importance individuals ascribe to experiences. With its holistic focus, individuals can identify what has been meaningful for them rather than be defined by outsiders through the narrow lens of a traumatic experience. The researcher does not assume at a study's outset what experiences are central to the person who has lived them. In this study, for example, the researcher did not assume that IPV would be the most prominent life experience for participants because they were residing in emergency family violence shelters.

Because of potential benefits to participants as well as researchers, Life Story methodology has been recommended as a "practice-based research technique" especially useful for social work research (Harold, Palmiter, Lynch, & Freedman-Doan, 1995, p. 23). Life Stories serve to integrate life experiences in a coherent, continuous way and shed light on feelings and meanings derived from experiences. Because the participant-led process can be considered less intrusive than some other methods, it fits well with the needs of research participants who are trauma survivors. The narrative aspect is indeed similar to interventions with traumatized children and youth incorporating life story reviews as part of the therapeutic work (Greenwald, 2005; Rose & Philpot, 2005), including trauma-focused cognitive-behavioral therapy (Cohen et al., 2006).

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Young Adolescents as Reporters of their Own Experiences

As noted in previous chapters, children and adolescents have rarely been the primary source of information on how they perceive IPV (McGee, 2000; Sternberg et al., 1998). One of the few studies that examines what children actually do in response to IPV, as active agents in the experience, used mothers as informants (Mbilinyi et al., 2007). This study's design enabled each adolescent to be the primary informant about IPV experiences and coping, as well as about her or his life as a whole. Such first-person reports have special value in the study of children and youth. According to McGee (2000, p. 3), adults reporting on experiences of children and youth may misrepresent their experiences:

> We now understand that adult representations and interpretations of children's lives might say more about the observer than the observed, and, to avoid this, it has come to be seen as essential to convey children's own accounts at first hand – to include their voices.

Features of the design produced an adolescent-friendly environment that facilitated their engagement. For example, the youth's creation of a visual life timeline that she or he could continue adding to throughout the interview created a "free-play" environment recommended for interviews with children and youth (Eder & Fingerson, 2002).

Standardized Measures

Augmenting qualitative data collection with three standardized measures embedded in the interviews provided several benefits. The standardized measures provided descriptive information about the sample and participants' IPV experiences in a summary format. They also enhanced qualitative data analysis in several ways, for

example by speeding the process of identifying exceptional cases and broad differences between cases.

The measures increased definitional consistency across cases during data collection and analysis by standardizing measurement of a key concept poorly defined in previous studies. Specifically, critics have noted limitations in the research literature on IPV exposure because of the lack of standardized measurement of the key variable "level of IPV exposure" (Edleson et al., 2007a; Holden, 2003; Jouriles et al., 2001). The qualitative design in this study was strengthened by systematic use of the recently developed CEDV Home Exposure Subscale (Edleson et al., 2007b) across cases to be consistent during data collection and analysis about the operational definition of exposure to IPV.

Summary of Advantages of the Research Design

This research design presented a number of strengths. Qualitative methods allowed holistic examination of a complex topic. The methods provided opportunities for unexpected findings to emerge and were compatible with a strengths focus. Life Story methods are well-suited for youth, individuals who have experienced trauma, and members of stigmatized groups. The structure of Life Story interviews facilitates recall. Standardized measures enhanced qualitative data collection and analysis.

Human Subjects Protection

After a full-board review of research procedures by the Institutional Review Board (IRB) of the University of Texas at Austin, the study was approved in May 2008. Continuing approval was granted in April 2009. Protocols were developed for handling

cases of suspected abuse and neglect because of the possibility of a participant disclosing information indicating possible child maltreatment. Protocols followed mandatory reporting guidelines for Texas and followed the shelters' reporting protocols.

Prior to providing consent and assent to participate in the study, all potential participants were informed of the limits of confidentiality under state abuse and neglect reporting mandates. The researcher also informed them that exposure to IPV is not included under Texas reporting mandates.[3] A Department of Family and Protective Services (DFPS) report would not have jeopardized the participant's residence in the shelter or receipt of other services, nor would it have resulted in termination of study participation. The researcher did not initiate any DFPS reports during the study.

The researcher, a licensed clinical social worker, considered her legal and ethical "Duty of Care" (Cournoyer, 2008) to supersede the potential loss of data on co-occurring child maltreatment for the research study (if a participant chose to withhold information because of the researcher's reporting obligation).

<div align="center">Sample</div>

A purposive, ethnically diverse sample of young adolescents (ages 12 to 14) and their mothers was recruited from four Texas emergency family violence shelters. Fourteen mother-youth dyads participated (N=27), comprised of 14 young adolescents and 13 mothers. One family had two adolescents who met study criteria and wanted to participate. The sample thus contains two siblings, while all other youth were unrelated

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[3] According to the Texas Family Code (http://tlo2.tlc.state.tx.us/statutes/docs/FA/content/htm/ fa.005.00.000261.00.htm).

individuals. Their mother of the two sibling participants was interviewed regarding each of them. Six boys and eight girls participated.

One staff member from each recruitment site was interviewed. Staff interviews are summarized in chapter five. Characteristics of the sample are presented in chapter six. Participant recruitment procedures are detailed below after the next section describing study settings.

Study Settings

Four emergency family violence shelters in Texas served as recruitment and interview sites for the study. They are not identified by name here as an additional safeguard to participant confidentiality. This section does, however, provide an overview of shelter information.

Two of the shelters were in different large cities and each primarily served one large county. The other two shelters were in rural areas. One rural shelter served four counties and the other served seven counties. The urban shelters both had more than 100 beds, while the rural shelters had between 30 and 60 beds. Fourteen (51.9%) of the study participants (seven mothers and seven youth) were recruited and interviewed in the urban shelters and 13 (48.1%) in the rural shelters (six mothers and seven youth).

A liaison at each of the four sites gave the researcher information on the shelter's service provision, including the number of individuals sheltered in 2007. The total number of individuals each site served in 2007 ranged from 405 to 1,231 individuals. All shelters but one sheltered a higher percentage of children than adults. The percentages of 2007 emergency shelter residents who were children ranged from 45.6 to 57% across the

shelters. All four sites reported that they typically have more young children than adolescents and that the number and ages of children at any given time is hard to predict and thus a challenge for service planning.

Although two of these shelters focus services on rural counties and two focus on urban areas, all participants in this sample had lived in both rural and urban communities. The shelters also cooperate with one another and take residents from communities outside their service area as necessary. Approximately ten percent of shelter residents speak only Spanish.

The shelters provide comprehensive services to victims of IPV and sexual assault and their family members, including emergency housing, 24-hour hotline services, hospital advocacy, case management, mental health counseling for adults and children, school-based counseling services, and linkage to other services such as legal aid. Adult shelter residents are women, however all sites assist both women and men needing emergency housing. For example, one shelter assists men needing emergency shelter by partnering with hotels. Although shelters are considered emergency resources, women and families may extend their stays for several months. At two of the sites, residents can apply for a transitional housing program affiliated with the shelter that some families move to at the end of their shelter stay.

These four shelters were identified as potential recruitment sites for several reasons. First, all four shelters are within 200 miles the University of Texas at Austin (UT), where the researcher is based. Second, two sites had previous experience collaborating with universities on research projects, including one that collaborated with

the Institute on Domestic Violence and Sexual Assault at the UT School of Social Work.

Staff at a third shelter had previously collaborated with the UT School of Social Work

field instruction program as a student internship site. Finally, senior administrators at all

four shelters readily agreed to support the study. A senior administrator at each shelter

wrote a letter approving recruitment and data collection at their site. Each letter assured

that the shelter would provide confidential interview space and staff assistance as needed

with scheduling and distribution of recruitment materials.

<center>Participant Recruitment Procedures</center>

Shelter staff identified residents who met study eligibility criteria (as described

on the following page). Information about the study was distributed to these residents

using a recruitment flyer (see appendix), either by the researcher herself or by shelter

staff familiar with the study protocol. The recruitment flyer invited potential participants

to take part in an interview study about "Your Life Story: People, places and experiences

that have been important to you and your thoughts about them." The flyer also stated that,

"Some interview questions focus on difficult experiences and how you have managed

them." The name and phone number of the researcher was provided for potential

participants seeking further information.

Potential participants were informed that each participating dyad was provided

with a family stipend of $20 to thank them for sharing their experiences and their time, in

the form of a gift card from a major department store. In addition, each young adolescent

participant would receive a $5 coupon for a fast food restaurant of their choice (e.g.,

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Sonic, McDonald's). Stipends were funded through a dissertation grant awarded by the Fahs-Beck Fund for Research and Experimentation at the New York Community Trust.

Eligible residents were not invited to participate in the study until after the mother had had her initial meeting with an advocate. This meeting typically occurs within the first week of shelter residence. This delay served two purposes: 1) It was anticipated that waiting until after this meeting would diminish the level of crisis experienced by the shelter resident, because she would be aware of supports available to her, 2) That data collection after this meeting would diminish any potential confusion about the role of the researcher (i.e. that it was separate from any role in service provision).

Eligibility criteria were explained in the study's recruitment flyer, adult participant consent form and youth participant assent form. Eligibility criteria included:

- The woman resides in a battered women's shelter

- The woman is parenting at least one child between the ages of 12 and 14 who is residing in the shelter with her

- Both the mother and the young adolescent agree to participate in the research study

- Both the mother and young adolescent speak and understand English fluently (as the researcher does not have the resources to translate instruments, consents and interviews)

- The mother has met with her advocate (the shelter staff member who will orient her to services available to her and her family)

When shelter residents determined that they wanted to participate, they signed-up for their choice of several weekly appointment slots, with one slot for the mother and one for the adolescent. There was slight variation in how the sign-up process worked at each data collection site, but at each site the procedure was similar to procedures the shelter used for outside service providers also conducting on-site confidential interviews, such as Legal Aid. The mother's interview preceded the adolescent's interview, because the mother provided written, informed consent for herself and her child. Both interviews occurred on the same day, because of the unpredictable and sometimes short stays of shelter residents. Typically, mothers were interviewed during school hours and youth were interviewed late afternoon or early evening.

Following guidelines set forth by the UT IRB, the researcher created two forms, one to facilitate obtaining informed consent from mothers regarding her participation and her child's participation, and the other for obtaining informed assent from the youth. Participants provided their consent or assent by signing the appropriate form after the researcher had explained the study in detail and answered all questions. The limits of confidentiality and the researcher's duty to report were explained to all participants. All potential participants who went through the informed consent or assent process agreed to participate, although one youth participant did not assent to having his interview audiotaped.

In addition to the young adolescent-mother interviews, one staff member was interviewed from each of the four shelters. They were identified purposely because of their knowledge of shelter services for young adolescents and asked if they were willing

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to be interviewed for additional background information. Three of the four staff members interviewed were those shelter staff members who served as the primary liaison to the researcher. These interviews provided contextual information on shelter services and typical family experiences there (and are summarized in chapter five).

<div align="center">Data Collection and Analysis</div>

Data collection for each dyad consisted of individual interviews and quantitative measures administered first to each mother and, later on the same day, to her young adolescent child (age 12 to 14).

<div align="center">*Qualitative Interview Procedures*</div>

Young Adolescents' Interviews

The Life Story methods in the study combined use of a semi-structured interview guide and a visual timeline of the adolescent's life. The interviewer and participant prepared the timeline together, with the participant taking the lead based on minimal prompts from the researcher. At the outset, each youth was instructed to imagine that someone was making a movie or book about her or his Life Story, and to consider the people and experiences that were important to include so someone could understand the Life Story. Using a guide rather than a structured interview allowed for flexibility for the youth to tell their stories in the ways that made sense to them.

Grounding each adolescent's narrative of her or his experiences in certain personally-relevant dates (for example, specific school transitions) provided a chronological structure to the interview and aided the adolescent with recalling salient life events. Because of the unique way that each individual shared her or his story, many

of the follow-up questions were answered during the initial open-ended portion of the interview, and the guide served as a topical checklist for some questions. Each interview concluded with exploration of the adolescent's views of what her or his life would be like in the future.

Beyond exploring the specific research questions of the study, the interview was structured to be a safe experience for both adolescent and mother and allow them to tell their stories in their own voices, with a format to assist the process but allow leeway for individual needs. Interviews with adolescents must account for the power differential between them and adults (David, Tonkin, Powell, & Anderson, 2005; Eder & Fingerson, 2002). This was done in four ways. First, youth and mothers were given their gift card stipends at the beginning of their interviews to reinforce that they could end participation at any time or pass on any question. Second, youth and mothers were told at the outset that they may ask questions of the interviewer at any time, and the interviews concluded with the question: "I've asked you a lot about yourself and your life. Is there anything you want to ask me?" Reciprocity in asking questions and providing answers is a key recommendation in reducing power imbalances with child and adolescent participants, and conveying the message that the adult is not seeking a "right answer" as teachers do in schools (Eder & Fingerson, 2002). Third, after each interview, the researcher photocopied each youth's timeline and returned the original to the participant to keep. This contributed to a sense of reciprocity, and the interviewer emphasized that the timeline and the Life Story belonged to the youth. Finally, the interviewer used language understandable, appropriate and natural for a young adolescent. For example, Eder and

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Fingerson recommend using the word "kids" to describe children, since that is the word children would use. The recruitment flyers used "youth" to refer to adolescents ages 12 to 14.

Mothers' Interviews

Semi-structured interviews were conducted with each adolescent's mother. Questions covered many of the same areas explored in their child's Life Story interview, and also included relevant questions about the mother's background, intimate relationships history, family life cycle, and experiences and thoughts about parenting and about IPV. It followed a chronological order like the adolescent interview to gather data on the mother's life experiences and her perspective on important memories and experiences. Although there were open-ended questions about her childhood and adolescence, the focus was on the time period after she became a parent.

A set of questions in the interview guide for mothers focused on parenting and on the parent-child relationship. Each mother was asked questions about her relationship with the young adolescent and about the young adolescent's relationship with her or his father. They were also asked about the adolescents' situational coping with IPV and their thoughts about the future. Several questions in the mothers' interview guide were identical to questions in adolescents' guide in order to facilitate comparison of their perspectives. Information gathered in the interview with the mother informed the subsequent interview with the adolescent, particularly in terms of understanding family structure and the mother's intimate relationships.

Shelter Personnel Interviews

One staff member was interviewed at each of the four data collection sites. These staff interviews provided descriptive contextual information on the study setting and services. The staff interview guide contained questions about shelter services for mothers and their accompanying children and adolescents. It also solicited their observations about daily life for young adolescents in the shelter and their perceptions of the challenges they face and how they cope with their challenges. The staff interviews took approximately 35 to 45 minutes to complete.

Field Notes and Memos

The researcher used field notes throughout the data collection process. The field notes consisted of a structured form with 13 questions for the researcher to complete about each dyad interview immediately after both mother and youth interviews had both been completed. The researcher also maintained notes in memo form during data collection and analysis. Memos served as an ongoing log of decisions related to procedures, a place to record preliminary insights about emerging patterns in the data, and as an audit trail.

Quantitative Data Collection Procedures

Quantitative data were collected directly from each participant as part of the interview. Standardized measures were embedded in the interview guide at logical places based on its chronological structure. For example, mothers completed the Abusive Behavior Inventory (Shepard & Campbell, 1992) at the point in their interview during

discussion of the recent past, after questions about her childhood, adolescence and family formation. The majority of demographic data were collected from the mother.

When quantitative data were collected from participants, the researcher offered to read and write the responses by saying, "I usually read these questions out loud to participants and write down the answers you tell me, but you may fill the paper out yourself if you prefer or think it will be faster." This allowed the participants to choose the administration method she or he preferred while reducing stigma associated with poor literacy skills. Most participants elected to read the measures themselves and write their own responses.

Recruitment began in early June 2008 and the first participant was interviewed on July 28, 2008. Data collection was completed in March 2009. The researcher conducted and audiotaped all interviews.

Ongoing Review of the Data Collection Process

Review and refinement of recruitment and data collection procedures was ongoing during the data collection period. The flexibility to adapt procedures as information emerges is considered a strength of qualitative methods and necessary for rigor (Anastas, 2004; Padgett, 2008). The researcher conducted a comprehensive review of procedures and progress at two pre-determined time points during data collection, after the first five dyads had been interviewed and after the second five dyads had been interviewed.

This process review used the memos and field notes written after each dyad interview. The fifth dyad interview was completed in November 2008. As a first step in

the review, memos and field notes were used to compare the actual data collected to date with each of the study's research questions, to determine whether the methods overall were providing information addressing the research questions. The results of this initial broad review indicated that the interviews were providing the data needed.

The second goal was to gather details on areas where procedures were functioning well and where they needed to be adjusted. Overall, most procedures were working well, but major challenges were encountered in the recruitment of the first five dyads. Also, as expected, the interview guide was refined based on emerging data (as described further below).

Addition of Recruitment Sites

The initial proposal for this study described plans to recruit participants from three shelters. The largest of these ("Shelter One") had already provided a written letter of support for the proposed study in April 2008. Based on data describing their typical census of 12 to 14 year olds over the course of a year, it appeared that there would be enough residents in this age group to complete study recruitment from Shelter One within a few months. Their staff did, however, note that their census is unpredictable. The other two shelters had given initially supportive responses about the study at the time the proposal was completed.

When recruitment began in June 2008, Shelter One had no 12 to 14 year old residents. Details were finalized to also recruit participants via Shelter Two, including an IRB amendment. The first dyad interview was completed there in late July 2008. The

third shelter that had given preliminary approval for study recruitment did not respond to follow-up contacts.

Throughout the summer, Shelter One had no eligible study participants. In July, the researcher identified other Texas shelters that were promising recruitment sites, and in August received permission to recruit and collect data at third and fourth shelters. These sites were finalized by early September. Due to hurricane damage, however, data collection at one site was postponed. Thus, it took nearly six months to complete the first five dyad interviews. When all four sites were fully operational, however, the second set of five dyad interviews were completed in just one month following completion of the fifth dyad interview (i.e. it took six months to do the first five, and one month to do the second five).

Refinement of the Interview Guide

The review indicated that the interview guide worked well. It was well-received by participants and the format and questions elicited the data sought for the study. As expected in a qualitative study, a small number of questions were refined, added, or deleted.

Creation of the Life Story timeline was especially well received by youth. It seemed to assist them with recall and provided a structure to the Life Story interview. Several illustrated their timelines with pictures and enjoyed making them colorful, and seemed to find value in talking about their experiences. In this regard, the open-ended nature of both the mother and youth interview guide also worked well.

One section of the initial youth and mother interview guides did not work well for several participants. In asking them about their situational coping with specific incidents of IPV, the initial format of the guide asked both youth and mothers to estimate how many times the youth engaged in certain specific safety planning behaviors. Although youth and their mothers could provide rough estimates for certain more memorable behaviors (e.g., calling 911), asking them to estimate how many times they did other less memorable behaviors (e.g., went somewhere else in the house) did not elicit useful responses. The interview guide was adjusted to continue asking them whether or not they had ever engaged in certain behaviors and typical outcomes, but the follow-up questions asking them to estimate how many times they had engaged in specific behaviors were eliminated.

Two of the first four interviews indicated that incarceration of a family member played an important role in two youths' lives. In response to this emerging data, a question asking whether anyone important to the youth had been incarcerated was added to the mothers' demographic survey (described further below).

The procedures and emerging data were systematically evaluated again after 10 dyad interviews had been completed. No major necessary changes in study procedures were identified. This second review also entailed a full preliminary theme analysis based on memos and field notes.

Saturation

Preliminary theme analysis enabled the researcher to monitor when saturation of topics had been achieved and no further cases were needed for the study. Research topics

are saturated when new interviews are not adding new code and theme categories

(Cresswell, 1998; Guest, Bunce, & Johnson, 2006). Qualitative studies vary in terms of

when saturation is attained, but saturation is often reached with sample sizes of 12 to 14

participants (Bowen, Gilchrist, & Beech, 2005; Sandelowski, 2006).

<div align="center">Definitions and Measurement</div>

<div align="center">*Overview*</div>

This section presents definitions for important concepts (coping, safety planning

and protection strategies) and describes measurement of variables related to: participant

demographics, family structure and history; youths' psychological adjustment; mothers'

IPV experiences; and youths' IPV exposure. The latter three variables were measured

using standardized measures. Mothers and adolescents completed the same measure of

adolescent psychological adjustment, the Strengths and Difficulties Questionnaire

(Goodman, 2001). Mothers' IPV experiences were measured with the Abusive Behavior

Inventory (Shepard & Campbell, 1992), and youths' IPV exposure was measured with

the CEDV Home Exposure Subscale (Edleson et al., 2007b).

Coping

Compas and colleagues' coping definition (Compas et al., 2001) was used in this

study. Coping is:

> …An ongoing dynamic process…conceptualized as purposeful responses
> that are directed toward resolving the stressful relationship between the
> self and the environment (problem-focused coping) or toward palliating
> negative emotions (emotion-focused coping)… a goal-directed process in
> which the individual orients thoughts and behaviors toward the goals of
> resolving the source of stress and managing emotional reactions to stress.
> (Compas, 2001, p. 88)

There are general coping strategies favored by individuals, as well as situational coping strategies that individuals use in response to a particular set of circumstances, such as during IPV incidents.

Situational Coping: Safety Planning/Protection Strategies

For this study, safety planning was considered a type of situational coping and defined as thoughts and actions taken by an individual in an effort to reduce or eliminate danger to self or others. (The other type of situational coping entailed palliative efforts.) Davies and colleagues (1998) describe four common dimensions of battered women's safety plans: staying strategies, leaving strategies, time frames that can range from short-term to long-term, and protection strategies. A series of questions in the mothers' and youths' interview guides focused on protection strategies used by the adolescent.

Protection strategies are defined as efforts that "seek to prevent and respond to physical violence" (p. 81) and may include fleeing, seeking intervention from a third party, and self-defense. After one open-ended question on protection strategies, mother and youth interview guides contained six interview questions naming specific protection strategies a youth might use when concerned about safety because of something happening between the mother and her partner. Each question asked whether the youth had ever responded to IPV with this behavior.

The protection strategies included in the questions were derived from safety planning practices commonly recommended to children, adolescents and mothers by advocates and professionals and include two of Davies three categories (fleeing and seeking intervention). The behaviors included (with follow-up questions in some cases if

a response was affirmative): 1) left the home (if yes, where to), 2) gone somewhere else in the home or hidden in the home (if yes, where), 3) called 911, 4) sought help from someone else outside the family (if yes, from whom and how), 5) worked together with someone else in the family to stay safe (if yes, with whom and how), 6) other (if yes, please describe). Information was thus obtained for each youth of whether she or he had engaged in safety planning/protection strategies and the outcome, from both the adolescent and maternal perspective.

Demographic Survey of Mothers

The following demographic data were obtained from mothers: age, race/ethnicity, highest level of education completed, current employment status, income, marital status, length of time in shelter, number of previous shelter stays, length of relationship with abuser, and for all her children – ages, sex, where they currently reside, and relationship to her most recent partner. Data were gathered pertaining to each young adolescent participant: birth order, race/ethnicity, current school location and grade. General physical and mental health information for mothers and youth in the sample was obtained with two questions similar to health questions asked of mothers on the National Survey of Violence against Women (Tjaden & Thoennes, 2000).

After two of the first four interviews in the study indicated that incarceration of someone important to the youth played an important role in two youths' lives, this question was added to the mother's interview schedule: "Has anyone important to your child ever been incarcerated in jail or prison? If yes, who?" A final question on the mother's demographic survey asked, "Have you or your child(ren) ever been involved

with CPS (Child Protective Services)?" There was a follow-up question, "If yes, could you tell me the extent of your involvement with CPS?"

Level of IPV Exposure of Young Adolescents

A child's exposure to IPV may range widely from experiences such as active intervention and participation in an assault, to overhearing sexually coercive threats, to observing signs of violence in its aftermath. In this study, level of exposure was measured using the recently developed 10-item Home Exposure subscale of the Children Exposed to Domestic Violence (CEDV) Scale (Edleson et al., 2007a; Edleson et al., 2007b). The Home Exposure Subscale was designed to measure the level of IPV exposure in children and youth by determining the number and types of IPV incidents they have been exposed to and their proximity to incidents as they were happening, i.e. how they were exposed. It yields a score ranging from zero to 50 indicating the level of IPV exposure. Items include references to psychological abuse and controlling behavior, in addition to physical violence and threats of violence.

Each item on the Home Exposure Subscale begins with question about a type of IPV exposure, for example: "How often has your mom's partner threatened to use a knife, gun, or other object to hurt your mom?" These response choices are presented in a four-point Likert scale: Never, Sometimes, Often, and Almost Always. If the respondent selects "Never," then she or he skips to the next question. If she or he selects one of the other choices, a follow-up question asks, "How did you know about it?" The respondent then checks all applicable responses from a list of five possible choices: I saw the outcome (like someone was hurt, something was broken, or the police came), I heard

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about it afterwards, I heard it while it was happening, I saw it from far away while it was happening, and I saw it and was near it while it was happening (Edleson et al., 2007, p. 45).

Initial testing on the reliability and validity of the CEDV Scale was completed with an ethnically diverse sample of 65 children ranging in age from ten to 16 (mean = 12.5 years, SD = 2.1), yielding promising results (Edleson et al., 2007b). The sample included an approximately equal number of males and females, and included 39 (41.4%) participants residing in shelters. (Participants were recruited through organizations providing domestic violence prevention services.)

Cronbach's alpha for the Home Exposure subscale was .85 during the first administration and .76 when administered to the same children a week later, indicating good internal consistency and test-retest reliability (Pearson's r = .70, p < .001). Edleson and colleagues used the Things I Have Seen and Heard (Richters & Martinez, 1990) measure of violence exposure to evaluate the CEDV scale's convergent validity (Edleson et al., 2007b). They found a statistically significant positive correlation between Things I Have Seen and Heard and the Home Exposure subscale (Pearson's r = .494, p < .001).

The mean score on the Home Exposure subscale for level of IPV exposure in the normative sample (N =65) was 7.3 (SD = 6.3) (Edleson et al., 2007b). The instrument has not been tested sufficiently yet to be able to assign labels like "moderate" or "severe" to describe different numerical scores (Edleson et al., 2007).

Mothers completed the Abusive Behavior Inventory (ABI) (Shepard & Campbell,

1992), a 29-item scale measuring the frequency of physical and psychological intimate

partner abuse experienced during the last six months. Participants responded how often

(in the last six months) their current or former partner exhibited a certain behavior on a

five-point Likert scale, ranging from "Never" to "Very frequently." Psychometric testing

of the ABI indicates convergent, discriminant, and criterion validity. Internal consistency

of both subscales has been shown to be good, with Cronbach's alpha coefficients of .88

to .92 for the psychological abuse subscale and .70 to .88 for the physical subscale.

Although the ABI (Shepard & Campbell, 1992) was originally developed for

practice evaluation, it has been used in research studies in the United States, England and

Australia (Bowen et al., 2005; Neufeld, McNamara, & Ertl, 1999; Russell & Jory, 1997).

Rather than view IPV as a tactic used in relationship conflicts like the widely used

Conflict Tactics Scale (Straus & Douglas, 2004), the theoretical underpinnings of the

ABI view IPV as abuse, making the ABI more consistent with coercive control

definitions of IPV (Danis, 2004; Lewis-O'Connor et al., 2006; Stark, 2007).

Shepard and Campbell's (1992) psychometric testing of the instrument compared

means of two criterion groups ($N = 78$): women who were known to have experienced

partner abuse in the last six months (abuse group) and women known *not* to have

experienced partner abuse in the last six months (no abuse group) (Shepard & Campbell,

1992). The mean physical abuse subscale score was 1.3 (SD = 0.65) for the no abuse

group, and 1.8 (SD = 0.47) for the abuse group. The mean psychological abuse subscale

score was 2.0 (SD = 0.70) for the no abuse group and 2.8 (SD = 0.70) for the abuse group. It should be noted that women in the validation sample were 97% white and were recruited via an inpatient chemical dependency treatment center where their partners were receiving treatment.

Young Adolescents' Psychological Adjustment

Psychological adjustment of adolescents was measured with the Strengths and Difficulties Questionnaire (SDQ) (Bourdon, Goodman, Rae, Simpson, & Koretz, 2005; Goodman, 2001). Mothers completed a caregiver version and youth completed a self-report version. Both versions have 33 items, use a three-point Likert scale, and took approximately five minutes to complete. The SDQ yields a "Total Difficulties Score" (the sum of four of the five subscales, indicating severity of difficulties) and a "Total Impairment Score" (level of impairment in functioning), and these five subscale scores: hyperactivity-inattention, conduct problems, emotional symptoms, peer relationship problems and prosocial behavior (Goodman, 2001). Scoring band ranges have been developed to identify cases falling into three categories: normal, borderline, and abnormal.

The SDQ was originally created in England to provide a more brief measure of adjustment than currently available, and to measure strengths in addition to pathology for a wide age range, three to 16 (Goodman, 2001). Several items are phrased in positive rather than negative terms in an effort to make respondents more receptive to the instrument (Goodman & Scott, 1999). The SDQ was derived using both factor analytic methods and theoretical and nosological concepts, particularly DSM-IV and ICD-10

diagnostic criteria and classifications. The SDQ has been translated into 40 languages and it is being used in several countries for clinical and epidemiological research.

In the CDC's 2001 National Health Interview Survey (NHIS) Supplement, the SDQ caregiver version was administered to parents of 10,367 four to 17 year-olds (Bourdon et al., 2005). This survey oversampled African-American and Hispanic households. Bourdon and colleagues found that the instrument was well-accepted by parents, scoring bands were similar to the British bands, and concluded that the instrument was efficient, effective, with good internal consistency. In the U.S. survey, Cronbach's alpha coefficients for all subscales expect the peer problems subscale were good or fair (0.63-0.77) and good for the Total Difficulties Score (0.83) and Impairment Score (0.80). (Cronbach's alpha for the peer problems subscale was 0.46). Good test-retest reliability has been found in several British samples (Goodman & Scott, 1999).

Concurrent validity and predictive validity of the SDQ has been evidenced through comparison with the Rutter questionnaires (Goodman & Scott, 1999). The SDQ has also been compared with the widely-used 118-item Child Behavior Checklist (CBCL) (Achenbach, 1991). Parents of 132 children completed both questionnaires in randomized order, and a subsample (n=61) also completed the Parental Account of Child Symptoms within the same week, a validated semi-structured interview (Taylor, Schacher, Thorley, & Wieselberg, 1986, as cited in Goodman & Scott, 1999). Goodman and Scott found that the SDQ and CBCL were highly correlated with each other and had equal ability to discriminate between clinical and non-clinical cases.

For American 11 to 14 year olds in the CDC's NHIS Supplement ($n = 2770$), the mean total difficulties score reported by caregivers was 7.1 (SD = 6.2) (sdqinfo.com/bb1.pdf). Normative data are not yet available for American youth completing the self-report version, but are available from a British national health survey (sdqinfo.com/bb1.html). The mean total difficulties score self-reported by British 11 to 15 year olds ($n = 4228$) was 10.3 (SD = 5.2).

The table below summarizes data collection methods and data analysis plans linked with each research question. A section describing data analysis strategies follows the table.

Table 4.1. Summary of Data Collection and Analysis Methods

Research Question	Participant/ Reporter	Data Collection Method	Data Analysis
Sample description	Young Adolescent	Strengths and Difficulties Questionnaire, youth self-report (Goodman, 2001) (33 items)	Individual scores entered into SPSS; descriptive information calculated. Quantitative results identified three cases for further qualitative analyses based on large differences between mother and youth reports.
	Mother	Strengths and Difficulties Questionnaire, caretaker version (Goodman, 2001) (33 items) Participant Information Sheet (2 pages)	
1. What are the IPV experiences of mothers of young adolescents residing in emergency family violence shelters, and to what types of adult IPV have the young adolescents been exposed?	Mother	Abusive Behavior Inventory (Shepard & Campbell, 1992) (29 items) Life Story Interview	Individual scores entered into SPSS; descriptive information calculated. Comparisons of mother and youth data, and interview data with quantitative findings, provided a comprehensive picture of family violence experienced.
	Young Adolescent	CEDV Home Exposure Subscale (Edleson et al., 2007b) (10 items) Life Story Interview	

Table 4.1. Summary of Data Collection and Analysis Methods (Continued)

Research Question	Participant/ Reporter	Data Collection Method	Data Analysis
2. What themes do young adolescents in family violence shelters express in their life stories, especially in terms of turning points and sense of agency?	Young Adolescent	Life Story Interview	Holistic Thematic Analysis
3. What relationships do young adolescents in family violence shelters describe as important in their lives? *Subquestions:* Who has helped young adolescents cope with family concerns, and how? How do young adolescents view their relationships, particularly family, peer and school relationships?	Young Adolescent	Life Story Interview	Categorical-content Analysis Responses entered into Microsoft Excel and frequencies calculated.

Table 4.1. Summary of Data Collection and Analysis Methods (Continued)

Research Question	Participant/ Reporter	Data Collection Method	Data Analysis
4. What general coping strategies do young adolescents in family violence shelters use?	Young Adolescent Mother	Life Story Interviews	Categorical-content Analysis Responses entered into Microsoft Excel and frequencies calculated.
Subquestions: What types of safety planning behaviors do young adolescents engage in during IPV incidents?	Young Adolescent Mother	Structured safety planning interview questions	Categorical-content Analysis Responses entered into Microsoft Excel and frequencies calculated.
What likes and dislikes do young adolescents express about living in emergency family violence shelters?	Young Adolescent	Life Story Interviews	Categorical-content Analysis Responses entered into Microsoft Excel and frequencies calculated.

Table 4.1. Summary of Data Collection and Analysis Methods (Continued)

Research Question	Participant/ Reporter	Data Collection Method	Data Analysis
5. What do young adolescents and their mothers who are residents of family violence shelters describe as protective factors in young adolescents' lives? *Subquestion:* How do they view the future?	Young Adolescent Mother	Life Story Interviews	Categorical-content Analysis Responses entered into Microsoft Excel and frequencies calculated.
	Young Adolescent Mother	Life Story Interviews	
6. In what ways are the views of young adolescents and their mothers who are residents of family violence shelters similar or different?	Young Adolescent Mother	Life Story Interviews	Comparison of results of categorical-content analysis of previous questions.

Data Analysis

Qualitative Data Analysis

Shelter Personnel Interviews

Notes from the four shelter staff interviews were coded by the researcher. This entailed summarizing each distinct concept within an interview to develop a summary for the interview. Then the researcher compared summaries across cases for similarities and differences in staff comments. Results from staff interviews are summarized in chapter five. The remainder of information in this section on data analysis pertains only to data from young adolescents and their mothers.

Young Adolescent and Mother Interviews

A transcriptionist trained in the research protocol and human subjects protection transcribed all audiotapes of mother and adolescent interviews verbatim, resulting in 850 pages of interview transcript data. The researcher checked all transcripts for accuracy and disguised all identifying information in every transcript (e.g., people's names, schools, towns, states) with pseudonyms.

Every interview was audiotaped except one. One participating adolescent agreed to be interviewed but did not want to be audiotaped. For his interview, the researcher took notes during the interview and typed the notes afterwards.

Every interview transcript was coded by two independent coders, the researcher and a doctoral student with several years of experience in qualitative data coding. The doctoral student completed training on the research protocol and human subjects

protection. One coder was a female in her early 40s while the other coder was a male in his mid 20s.

Types of Life Story analysis. Lieblich and colleagues (1998) developed a model for analysis and interpretation of Life Story data, based on an extensive literature review of methods employed by researchers. They categorize Life Story data analysis methods into four approaches: holistic-content, categorical-content, holistic-form, and categorical-form. The first word in each approach's name refers to the unit of analysis, and the second word refers to whether the content or the form of the Life Story provides the majority of the data for analysis. This study analyzed participant Life Story interview data using the similar and compatible methods of holistic-content and categorical-content analysis, in which the content of the interview received primary attention in coding, versus the form (e.g., structure, plot, narrative style).

Holistic-content analysis entails the same basic analytic procedures as thematic analysis (Braun & Clark, 2006; Miles & Huberman, 1994). A thematic approach has been used in several qualitative studies using Life Story methods (Goodley et al., 2004; Richie, 1996; Rollins, 1985). These procedures were appropriate for analyzing this study's second research question related to overall life themes. All other research questions were analyzed using the categorical-content methods described below (Lieblich et al., 1998). Many of the steps for thematic analysis and categorical-content analysis were done concurrently, but they are described separately here in order to clearly explain thematic analysis and categorical-content analysis procedures.

Thematic analysis procedures. Thematic analysis involved five steps. First, the researcher read whole transcripts and field notes looking for broad concepts present within each case. Codes were developed based on these within-case concepts. Participants' own words were used to label codes whenever possible. If a concept appeared repeatedly within a case across different life contexts and time periods, it was considered a theme within that case. Second, these within-case themes were compared across cases to identify patterns. This comparison was used to expand or refine the theme categories that had initially been identified within cases (Braun & Clark, 2006; Miles & Huberman, 1994).

Third, the researcher created a list of the themes identified in this process. This list became part of a question in the same codebook used for the categorical-content analysis (described below). The fourth and fifth steps of the thematic analysis entailed two independent coders coding each dyad's case for themes and meeting for consensus on each case (Braun & Clark, 2006; Hill et al., 2005). During consensus, theme definitions and labels were refined as needed to fit the data as coding proceeded, and the codebook was continually updated during this iterative process. These steps were completed by the two coders concurrent with their categorical-content analysis coding and consensus process.

Categorical-content analysis procedures. The categorical-content analysis involved three steps: codebook development, coding of each case by two independent coders, and a consensus meeting for each case (Hill et al., 2005; Lieblich et al., 1998; McAdams, Hoffman, Mansfield, & Day, 1996). First, the researcher developed a

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codebook for analysis of each dyad with three sections: one focused on data from the mother interview transcript, the second focused on data from the adolescent interview transcript, and the third had codebook questions drawing on both interviews. The final codebook had 103 questions requiring the coders to retrieve responses from the data. Each of these questions was associated with one of the study's research questions. Under each codebook question, there was a numeric list of the possible response codes to the question that could be found in interview transcripts. Responses were recorded in numeric form so that frequencies of responses to a question could be calculated later in the analysis process.

The list of possible codes for each question was developed in two ways, using both inductive and deductive approaches. First, the researcher read transcripts and made marginal notes on initial concepts identified in the data and which research question the concept applied to. Second, some categories of potential responses were determined based on literature review of child and adolescent coping, adolescents and adult IPV, parent-child relationships, and parenting and IPV.

The third codebook section required the coder to consider both young adolescent and mother interviews in coding, and included questions regarding similarities and differences in the mother and youth interviews. For example, coders were asked to rate the extent to which each set of dyad interviews agreed in their descriptions of the youth's exposure to IPV and the youth's coping strategies.

The second step of the categorical-content analysis after codebook development was coding (Lieblich et al., 1998). Two trained coders independently coded transcripts

for each case. Each coder read the transcript and independently assigned codes for the case and wrote them on a codesheet labeled with the participant identification number. After the first two cases had been coded and consensed (as described below), the codebook was updated to reflect improvements gained from debriefing between the coders. Then the first two cases were recoded to reflect the revised codebook. Additional codes were added as needed during the analysis process.

The third step of categorical-content analysis was a consensus meeting for each case (Hill et al., 2005; Lieblich et al., 1998). Hill and colleagues describe several core concepts as the basis for a consensus process in qualitative research: value given to diverse viewpoints, shared power between coders, equal participation in the process, interpersonal skills to facilitate discussion of disagreements, and mutual respect. The consensus process is considered especially valuable for complex data with subtle or potentially ambiguous meanings, and for ensuring completeness of the analysis (Hill et al.., 2005; Padgett, 2008).

In each consensus meeting for this study, the two coders compared the codes they wrote on their codesheets and resolved areas where they disagreed by choosing the most appropriate code through a consensus process. The consensus process entailed discussing each instance where they had assigned different codes, or where one had omitted a code, with each coder presenting the reasoning behind her or his code assignment and showing the relevant line numbers in the transcript where the concept was identified. The coders then deciding together which code choice best captured the participant's idea. This was repeated until the coders reached consensus for all codes in the case.

The coders did not have any disagreements they could not resolve through the consensus process. If the coders had encountered a disagreement about a code assignment they could not resolve through discussion of their reasoning based on the data, their next step would have been to listen to the original interview audiotape to discern "any subtle meanings conveyed by voice tone, volume, or pacing" (Hill et al., 2005, p. 197). If the impasse about code assignment continued, a third coder would have been consulted to assist with resolving a difficult coding decision in an auditor role.

Incorporating standardized measures into qualitative analysis. Coders did not know a participant's scores on standardized measures as they coded a transcript. A final question in the codebook instructed them to review scores on standardized measures for the case as a last step, and determine if scores informed the qualitative analysis of the case in any way. These assessments were noted on their codesheets. Later in the analysis process, after descriptive data for standardized measures had been calculated (as described in the next section) the researcher was able to reference these coding assessments as needed for further in-depth analysis of subgroups or unusual cases identified by scores on standardized measures.

Attention to content and form. Lieblich and colleagues (1998) point out that, while qualitative data analysis of Life Stories generally falls into the four approaches described above, researchers typically do not ignore the other dimensions outside of their focus. For example, if the analysis focuses on content rather than form, the researcher still might note if a participant frequently uses a passive voice versus an active voice in her or his narrative. This may have relevance for the topic of the participant's sense of agency. The

coders maintained openness to aspects of the other approaches to enable them to notice unexpected findings, which are important in qualitative research.

Data entry. For both categorical-content analysis and theme analysis, numeric codes assigned to qualitative data were entered into a Microsoft Excel spreadsheet. This allowed calculation of frequencies for presentation of qualitative results.

<div align="center">

Trustworthiness of Findings

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Evaluating Qualitative Research

Qualitative research cannot be evaluated in the same way as quantitative research in terms of validity and reliability (Miles & Huberman, 1994). Although universal standards for the evaluation of qualitative research are not agreed upon, a study is most commonly evaluated in terms of its "trustworthiness" (Lincoln & Guba, 1985). A trustworthy study is one that demonstrates that it was "carried out fairly and ethically," and its "findings represent as closely as possible the experiences of the respondents" (Padgett, 2008, p. 184). Researchers have developed methods to increase trustworthiness of a study: credibility, transferability, and auditability.

Qualitative findings are considered *transferable* if they resonate in terms of generating further research, inspiring new insights about a topic, and advancing policy and practice development (Padgett, 2008). *Credibility* refers to the fit between data provided by participants and the researcher's analysis and interpretation. *Auditability* is the extent to which the researcher's procedures are documented clearly so another researcher could follow the logic of the audit trail.

Threats to Qualitative Research

There are three major threats in qualitative research: reactivity, researcher biases, and respondent biases (Padgett, 2008). *Reactivity* is defined as "the potentially distorting effects of the researcher's presence on participants' beliefs and behaviors" and the term *researcher biases* pertains to "observations and interpretations clouded by preconceptions of the researcher" (Padgett, 2008, p. 184). *Respondent biases* refer to instances where participants may provide misleading information because of incorrect recall or deliberately withholding or distorting information. Reactivity and researcher biases are considered greater threats in qualitative research. Methods in this study were designed to address all three threats.

Strategies Used to Increase Rigor

In this study, several methods were used to minimize threats and increase rigor and minimize threats. Four types of triangulation were used. Qualitative triangulation methods are devoted to the completeness of findings, as well as their accuracy. Triangulation addresses all three types of threats (Padgett, 2008).

Triangulation. First, using two independent coders for analysis increased rigor in this study through *analytic triangulation*. Second, viewing data through the lens of several complementary theoretical frameworks, as described in chapter three, is considered *theory triangulation.* Third, *methodological triangulation* involved using quantitative measures to study the same phenomena studied with qualitative methods (e.g., IPV experiences of mothers and youth).

Fourth, interviewing both mothers and young adolescents to learn about the life stories of young adolescents is an example of *observer triangulation*. The approach has specifically been recommended for studies examining the effects of IPV exposure on children and youth (Sternberg et al., 1998). It has been used effectively in a variety of qualitative studies of complex topics, such as dyad interviews with female incest survivors and their matched father/step-father perpetrators (Phelan, 1995), and in interviews of matched dyads in a study of power relations between female domestic household workers and their female employers (Rollins, 1985).

Additional strategies. Three additional strategies used in this study addressed the threat of researcher bias: Negative case analysis, maintaining an audit trail with memos during data collection and analysis, and ongoing peer debriefing (Padgett, 2008). Coders debriefed during the analysis process regarding emerging themes, and also supported one another through the process of reading personal narratives of participants that often conveyed multiple traumatic experiences.

Quantitative Data Analysis

Scoring and Data Entry

Demographic information was entered into the Statistical Package for the Social Sciences 16.0 Software (SPSS) for calculation of descriptive information about the sample. Individual participant questionnaires were scored according to developers' instructions for the three standardized measures: the ABI (Shepard & Campbell, 1992), CEDV Home Exposure Subscale (Edleson et al., 2007b), and the SDQ (Goodman, 2001).

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Scores were then entered into SPSS to calculate central tendency and variability for the sample on each measure.

Types of Scores Calculated

For the SDQ, Bourdon and colleagues (2005) describe several possible scoring methods that can be used to identify youth with adjustment difficulties. This study calculated each adolescent's "total difficulties score" and subscale scores for both mothers' reports and youths' self-reports of psychological adjustment. For the ABI (Shepard & Campbell, 1992), this study calculated means for mothers' responses on both subscales: physical abuse and psychological abuse. For the CEDV Home Exposure Subscale (Edleson et al., 2007b), the mean overall score for youths' level of IPV exposure was calculated. Analysis for the ABI and CEDV Home Exposure Subscale also included calculating frequencies of responses for each item.

Analyses Involving Comparisons

For all three standardized measures used in this study, results from the normative samples were examined to broadly compare with results from this sample. Strict numerical comparisons were not possible because of this study's small sample recruited using purposive, non-probability sampling methods. In some cases, described further in the relevant results sections, quantitative data identified subgroups or unusual cases for additional in-depth qualitative analyses and comparison between quantitative and qualitative results.

Presentation of Results

Results are organized according to research questions. All research questions were addressed with qualitative methods. Many quotes from participant interviews are used in the presentation of results, in an effort to maintain the voice and original meaning of the participants as much as possible and add depth to the analysis and interpretation (Eder & Fingerson, 2002). For one-third of the cases, a minor descriptive detail that would not change the interpretation was disguised (e.g., the gender of a sibling) to assist with confidentiality protection. For those questions that used standardized measures, quantitative results are also included under the relevant research question.

The next chapter provides a summary of interviews with shelter personnel at each of the four shelters that served as study sites. It is followed by a chapter describing characteristics of mothers and young adolescents in the sample.

CHAPTER FIVE:

SHELTER PERSONNEL PERSPECTIVES

The four emergency family violence shelters that served as recruitment and interview sites for this study employ personnel dedicated to services for children and youth. The researcher interviewed one staff member at each site whose primary responsibilities concern children and youth services, with these job titles: Children's Services Coordinator, Manager of Children's Services, Residential Youth Counselor and Children's Services Director. In the two smaller shelters, these positions were created within the last four years.

The purpose of these interviews was to learn about the environment the youth were living in at the time of the study interviews and to understand service provision for youth in the shelters. To provide further context, each staff member was also asked her view of the needs of young adolescents in shelters. Their comments are summarized below, followed by description of the specialized services for children and youth in shelters.

Special Needs of Young Adolescents

Shelter personnel stated that young adolescents in shelters had special needs in five main areas: cognitive development, behavior, school, family and peer relationships. In discussing their cognitive development, one noted that ages 12 to 14 bring "amazing changes in their worldview" and that they know much more about why they are in the shelter than younger children. She sees them as "extremely resilient, with amazing ways of coping and surprising openness. They are defensive and guarded initially then open up and have a wise view of the world." A staff member from another shelter, also speaking in the

context of cognitive advances at this age, shared her impression that young adolescents are not "given credit" for their understanding of issues and do not feel validated or understood. She also noted that "they need more counseling than they get." Several noted that adolescents generally seem more uncomfortable in the shelter and seem to feel like it is a place for adults and young children where they do not belong, particularly when they have to participate in programs geared towards children. They have fewer options in their free time than younger children: "The playground is not as appealing to them." A third staff member stated that adolescent boys seem especially uncomfortable and in her experience are more resistant to individual and group counseling services.

The shelter personnel described behavior problems as a common issue with young adolescents in the shelter. Specifically, they described bullying, acting out and aggression in the shelter and at school. Several mentioned underlying anger as the cause of the aggression. One linked her perception that youth act out more in the shelter than they did previously to the fact that mothers are not allowed to use physical discipline in the shelter. Another talked about youth feeling more settled after an initial transition into the shelter and then experimenting with feeling powerful like the abuser after previously aligning with the mother. She perceives this as an issue more prominent in the middle school setting than when the youth is with family in the shelter. She also described efforts to affiliate with a gang as another means for youth in middle school to try to feel the power of the abuser.

In terms of family relationships, the shelter personnel reported their views that young adolescents had special challenges related to being "parentified" and sex-role stereotyping. They described adolescent girls as often "mothering" their mothers and

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siblings, and male youth often becoming the family "protector." One reported that these youth often "feel a huge overwhelming sense of responsibility for not having their family fall apart, and there may be some truth to that!"

Shelter personnel described special needs related to peer relationships. Young adolescents are "immersed in support and drama from peers," according to one of the interviews. Two of the staff members interviewed talked about intense embarrassment young adolescents feel towards school peers about living in a shelter. For example, one had heard complaints from adolescents about the school bus dropping them off near the shelter. Another mentioned "a lot of promiscuous talk" with this age group, and her perception that young adolescents are beginning to turn to the opposite sex seeking what they are missing in their families.

According to staff interviews, academic and school issues of young adolescents include difficulties related to being behind in academics (and possibly being in a low grade for their age), and some schools lacking the capacity to provide appropriate help. One shared that she often needs to make repeated phone calls and advocate with the school district just to enroll a student, sometimes taking up to a week. She sees this delay in school enrollment as exacerbating the transition challenges the youth is already undergoing.

One of the staff members interviewed shared her perspective on how young adolescents in the shelter cope with IPV and shelter life. She sees them as primarily using distraction, with boys "throwing themselves into sports and video games." The video games are often violent (and the shelter confiscates them if they are violent). At school, she sees some "super-excelling" while others "barely stay awake."

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Mothers of Young Adolescents

Mothers of young adolescents also have special needs, according to personnel interviewed. They provided several examples, including challenges related to: discipline in the shelter, changing family roles, managing the youth's boredom, responding to the youth's questions about the family situation, and supervision rules that she be with her adolescent child at all times when they are in the shelter. In terms of discipline, one stated, "They revert to screaming… all their usual parental coping skills are not allowed here." One shared that mothers often ask her, "What do I say to a child who says, 'I miss my Dad?'" Another noted that there are women in the shelter who have adolescent children who are not with them. While some may be staying with family or friends, others have been removed from the mother's care by CPS or may be with the abusive partner. She spoke of the additional help and reassurance these mothers need.

Specialized Shelter Services for Children and Youth

All sites in this study provide children and youth with psychoeducational programming and case management services, including advocacy with schools. Two provide in-house counseling for all, and two provide referrals to affiliated counseling services as needed. The programs vary in size commensurate with the differences in shelter size. For example, one large urban shelter has a team of specially trained staff focused on meeting the needs of children and youth and full-day activities for them throughout the summer. This section will discuss services related to schools, followed by description of counseling and other services the shelters provide for children and youth.

School-related Practices

Both of the large urban shelters have on-site schools. One is only for elementary age children, however, while adolescents may attend the other shelter's school together with younger children. Youth at all four shelters may attend the neighborhood school designated for the shelter by the school district, or the school she or he was attending prior to shelter residence, depending on each family's situation. One rural and one urban shelter staff member reported that most students residing in their shelters attend the nearest public school because of transportation issues. Another shelter has more transportation options and the shelter works with the family and two school districts to make school placement decisions guided primarily by student safety and the district's assessment of which school can take a new student.

In addition to enrolling youth in school and arranging their transportation, shelter personnel collaborate with schools in other ways as needed. For example, they may discuss protective orders with the school. The shelters also provide academic services on-site in the shelter, such as afterschool tutoring.

Psychoeducation, Counseling Services and Other Programming

All four shelters offer psychoeducational groups and access to individual and group counseling services, as well as referrals to community agencies for additional services as needed (e.g., medication management). All said that they include discussion of safety planning practices as part of their service protocol for children and youth, although the shelters vary in the timing and content of practices related to safety planning. All enforce zero tolerance for abuse of others in the shelter.

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Three of the shelters offer evening programming for youth four evenings weekly and one provides programming twice weekly, with a range of psychoeducational, recreational and social skills topics blended together. One shelter's youth programming is almost entirely designed and delivered via brokered services of community agencies coming in to the shelter, a second shelter's programming is almost exclusively delivered by shelter staff, and the other two shelters blend the two models.

Regardless of the service delivery model, all four shelter staff noted the blending of fun and therapeutic activities, with therapeutic groups often designed to be enjoyable for the youth and therapeutic messages constantly reinforced in daily life in the shelter milieu. Examples of topics covered in group include: anger management, yoga, therapeutic art activities (visual and performing arts), nonviolence and conflict resolution, life skills, field trips, health and fitness. One shelter covers sex education with adolescents "but we're careful not to step on mom's toes." Two shelters collaborate with community agencies that regularly bring animals to visit the shelter.

Depending on the shelter census, adolescents may be participating in groups with much younger children. According to the staff member interviewed from the smallest shelter, "the times when there is more than one teen in the shelter are far and few between." One shelter divides evening programming into two groups, one for ages zero to 5 and the older group for ages six to 17, with the option for the older group to divide further if there are more older children and youth in the shelter at that time.

Shelters have developed special privileges for youth such as a "teen room" with their own games, television and computer, and check-out privileges for compact disk

players and video games. Another shelter has a nearly full-sized outdoor basketball court. A third shelter offers a "Midnight Madness" event once a month, where youth can stay up all night with games and movies. Overall, the staff interviewed described unique challenges in serving young adolescent residents and creative efforts to meet their needs.

Parenting Services

All four shelters provide parenting-related individual or group counseling. They all provide written parenting-related materials, with some educational materials focusing on the effects of IPV on children and on understanding CPS goals and interventions. One noted that a booklet they created includes information on how mothers' "denial of domestic violence" affects children and youth. Much of the case management for mothers concerns taking care of the children's basic needs by providing clothing vouchers, school supplies, and referrals to community health providers. (For younger children, two of the shelters provide on-site childcare while two do not.)

Summary

One staff member whose work responsibilities focus on services for children and youth was interviewed at each of the four study recruitment sites. Overall, the sites provide similar types of services for women and their accompanying children, with some variations in service delivery models. Shelter personnel identified some of the special needs of adolescent shelter residents and challenges meeting these needs, and their efforts to serve youth. The chapter provided context for understanding the environment study participants were living in at the time of their interviews and the services available to them.

CHAPTER SIX: CHARACTERISTICS OF THE SAMPLE

This chapter provides a comprehensive description of the 14 dyads who participated in the study, specifically 13 mothers and their 14 young adolescent children.[4] Because this study sought to provide a contextualized, comprehensive view of participants' lives, extensive data on the characteristics and experiences of the youth and their families were collected. Whenever possible, data pertaining to the role of mothers' partners and youths' fathers are reported, to begin to address the serious gap in the research literature noted by a number of critics regarding lack of information on partners and fathers.

The chapter is divided into five sections: 1) Demographic information on the mothers in the sample; 2) characteristics of the youth in the sample; 3) family structure data; 4) in-depth historical information on families in the sample, with subsections on families' residential histories, CPS involvement and child maltreatment experiences, and incarceration in the families; 5) information on psychological adjustment of youth in the sample, as measured by the Strengths and Difficulties Questionnaires (Goodman, 2001) completed by mothers and youth.

Characteristics of Mothers in the Sample

At the beginning of their interviews, the 13 mothers provided demographic information including their age, race/ethnicity, 2007 income, highest level of education completed, employment and marital status. Table 6.1 summarizes selected characteristics of mothers in the study.

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[4] One mother was interviewed for two of her young adolescent children who met eligibility requirements and wanted to participate, as previously described in the methods section.

Table 6.1
Selected Characteristics of Mothers (N = 13)

	N	%
Race/Ethnicity		
African American	5	38.5%
White	4	30.8%
Hispanic	2	15.4%
American Indian	1	7.7%
Multiracial (races not specified)	1	7.7%
Age (mean = 38.8)		
32 – 38 years	9	69.2%
39 – 45 years	0	0.0%
46 -- 53 years	4	30.8%
Level of Education		
Eighth grade	1	7.7%
Some high school	2	15.4%
High school or GED	3	23.1%
Some college	7	53.7%
Income (2007)		
Less than $5,000	4	30.8%
$5,001 – 10,000	2	15.4%
$10,001 – 15,000	3	23.1%
$15,001 – 20,000	2	15.4%
$20,001 – 25,000	0	0.0%
$25,001 – 35,000	2	15.4%
Poverty (based on income & household size) Above poverty guidelines	3	23.1%
Below poverty guidelines	10	76.9%
Employment		
Unemployed, seeking work	5	38.5%
Employed full-time	3	23.1%
Employed part-time	2	15.4%
Full-time student	1	7.7%
Full-time temporary work	1	7.7%
Permanently disabled/not seeking	1	7.7%
Mental Health		
Has mental condition	9	69.2%
No mental condition	4	30.8%
Physical Health		
Has physical condition	10	76.9%
No physical condition	3	23.1%

Percentages do not always equal 100% due to rounding.

Age, Race/Ethnicity, and Education

The mothers' ages ranged from 32 to 53, with a mean age of 38.8 years. Five

(38.5%) of the mothers were African American, four (30.8%) were white, two (15.4%)

were Hispanic, one (7.7%) was American Indian and one (7.7%) was multiracial. Most mothers had completed high school or higher levels of education.

Income, Number in Household, and Employment

Each mother was asked to indicate the income category that matched the gross amount she received from all sources in 2007 (e.g., work, child support, and government assistance). The year 2007 was chosen because most of the interviews occurred in 2008, so it was the most recent full year. All mothers in the sample had received less than $35,000 in 2007, with nine (69.2%) receiving less than $15,000 in 2007.

Each mother provided the number of people, including herself, who had lived in her household prior to shelter entry. Household sizes in the sample ranged from one person to eight people, with a mean of 4.38 people in the household. Examination of household size and income data together indicates that the income level for 10 of the 13 mothers (76.9%) in the sample is below the federal poverty guidelines of the U.S. Department of Health and Human Services for 2007 (retrieved May 8, 2009, from http://aspe.hhs.gove/POVERTY/07poverty.shtml). The group of three mothers whose income was above the poverty guidelines includes the mother who had two young adolescent children interviewed for the study. Thus, the sample of youth includes 10 (71.4%) from families with income below the poverty guidelines (based on 2007) and four (28.6%) with income above the poverty guidelines.

Mothers reported a variety of employment situations. Five (38.5%) of the mothers were unemployed and looking for work. One of these five unemployed women shared with the interviewer that she was in the process of appealing a recent denial of her

application for disability benefits that she believes she is eligible for due to diabetes, schizophrenia, bipolar disorder and history of crack cocaine dependence.

Marital Status

Each mother provided information on her current marital status. The intimate relationships of all women in the sample were heterosexual. Three (23.1%) mothers were single and had never been married. Two (15.4%) were divorced, and eight (61.5%) were separated. Marital status does not, however, appear to provide meaningful information about the mothers' partnership, co-parenting and co-habitation history, present status or relationship plans. Several made comments about their marital status indicating that it did not correlate at all with their intimate partnerships. For example, more than one mother was married to someone she had not been intimately involved with for more than five years, while others had divorced someone they later reunited with but may or may not have remarried, and others had long-term co-habiting and/or co-parenting relationships with partners they did not marry, or were intimately involved with a spouse they did not live with. These quotes from interviews of four mothers who categorize themselves as separated illustrate partnership descriptions:

He was my ex-husband but current boyfriend up until two and a half weeks ago.

I stayed with him for a year and then off and on, really more off than on, more a friend with benefits. It was a real messed up, dysfunctional situation.

The partner that I'm here for is more or less a boyfriend. But I'm married.

So from September 1996 until now, I haven't really lived with their father. So that's about 12 years, and I'm still legally married to him. But there were times that he would come and live with me… We are going to get back together.

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Physical and Mental Health

Mothers were asked questions related to their health. The interviewer asked them for a subjective assessment of their health with the question, "In general, would you say your health is excellent, very good, good, fair, or poor?" Then the interviewer asked, "Do you have a chronic disease or health condition, including a mental health condition like chronic depression, that interferes with your normal daily activities?" If a mother responded that she did, a follow-up question asked, "Could you tell me what this chronic health condition is?" These questions are adapted from similar health questions on the National Survey of Violence against Women (Tjaden & Thoennes, 2000).

None of the mothers responded that they had either excellent or poor health. Five (38.5%) said their health was fair, four (30.8%) said their health was good, and four (30.8%) said it was very good. Eight (57.1%) mothers reported having both a physical and mental condition that interfered with her daily activities, and just two (15.4%) reported that they had neither.

Mental Health Conditions

Nine (69.2%) mothers responded that they had a mental health condition that interfered with their daily activities, while four (30.8%) did not. Several had more than one condition. The women named these conditions: bipolar disorder ($n = 5$), generalized anxiety ($n = 3$), depression ($n = 2$), posttraumatic stress disorder ($n = 2$), history of crack cocaine dependence ($n = 2$), panic disorder ($n = 1$), obsessive compulsive personality disorder ($n = 1$), and schizophrenia ($n = 1$). One mother reported that she had dyslexia.

The two women with histories of crack cocaine dependence bear special mention, as both of them had co-occurring mental disorders (they account for several of the conditions named above). One who reported she had been "clean" for seven months was one of the mothers who said she had bipolar disorder and also the one who said she had schizophrenia. (Further questioning revealed that she was not on medication at the time of the interview, but had recently set an appointment with a community mental health agency where she has previously been a patient. During the interview, her speech and physical presentation did not show any signs of mental impairment.) The other mother with a history of crack cocaine dependence implied that she had not used crack since entering the shelter a month prior to the interview, but the interviewer did not directly ask her the time of her most recent drug use. She was one of two mothers who reported general anxiety, and one of two who reported depression. She also disclosed a history of alcohol dependence.[5]

Physical Health Conditions

Ten (76.9%) mothers responded that they had physical conditions that interfered with their daily activities, while three (23.1%) did not. Again, several named multiple health problems. The mothers responding affirmatively named these conditions: hypertension/high blood pressure ($n = 3$), back problems ($n = 3$; herniated disks, degenerative disk syndrome, scoliosis), diabetes ($n = 2$), asthma ($n = 2$), lupus ($n = 1$), a nerve disorder ($n = 1$), a seizure disorder ($n = 1$), acid reflux ($n = 1$), thyroid disease ($n = 1$), visual impairment ($n = 1$), and an untreated sexually transmitted disease (STD, $n = 1$).

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[5] Data on substance abuse were volunteered by participants rather than asked about directly during every participants' life story interview. Family substance abuse may thus be underreported in the sample.

One mother had upcoming knee surgery and another mother experienced pain walking due to a leg injury with pins inserted to repair the leg.

Again, the two mothers with histories of crack cocaine dependence accounted for a number of these physical conditions. Between them, they named eight of the conditions listed above. The experiences of youth whose parents had histories of crack cocaine dependence (which includes two additional youths whose fathers were crack-dependent) are discussed in further detail in chapter eight.

<center>Characteristics of Young Adolescents in the Sample</center>

For the 14 youth who participated in the study, mothers provided data on their age, race/ethnicity, school grade, and health. They also provided information on the youths' siblings, including their sex, birth order, relationship to the mother's most recent partner, and where they were living if they were not in the shelter. This information on the youths' family structure is provided below after description of the youths' individual characteristics. In a few cases, data from the youth interview supplemented or corrected information from the mother's interview. For example, one dyad reported different grades for the youth, and the data reported here reflects the youth's statement of which school grade she is in. Table 6.2 summarizes selected characteristics of the youth in the study.

<center>*Sex, Race/Ethnicity, Age and School Grade*</center>

The sample was diverse in terms of sex and race/ethnicity. Of the 14 young adolescents interviewed, six (42.9%) were boys and 8 (57.1%) were girls. Five (35.7%) of the youth were African American, four (28.6%) were white, two (14.3%) were

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Hispanic, and three (21.4%) were multiracial. One multiracial youth was Hispanic and white, and another was American Indian, African American, and white. The mother of the third multiracial youth did not want to specify his race. The sample included both boys and girls of every racial/ethnic group, except that there were no Hispanic boys in the sample. Eligibility criteria for the study required that the young adolescents be 12 to 14 years old to participate. The mean age of participants was 12.9 years. Although their ages only spanned three years, their school grades ranged from 5th grade through 9th grade.

Table 6.2 *Selected Characteristics of Yong Adolescents (N = 14)*

	N	%
Sex		
Male	6	42.9%
Female	8	57.1%
Race/Ethnicity		
African American	5	35.7%
White	4	28.6%
Hispanic	2	14.3%
Multiracial	3	21.4%
(Hispanic & white; African American, American Indian & white; not specified)		
Age (mean = 12.9 years)		
12 years	5	35.7%
13 years	6	42.9%
14 years	3	21.4%
School Grade		
5th grade	1	7.1%
6th grade	2	14.3%
7th grade	4	28.6%
8th grade	5	35.7%
9th grade	2	14.3%
Mental Health		
Has mental condition	5	35.7%
No mental condition	9	64.3%
Physical Health		
Has physical condition	6	42.9%
No physical condition	8	57.1%

Percentages do not always equal 100% due to rounding.

Physical and Mental Health

Three (21.4%) youth had both a physical and mental condition that interfered with her or his daily activities, and six (42.9%) had neither.

Mental Health Conditions

Nine (64.3%) of the young adolescents did not have a mental health condition that interfered with their daily activities, while five (35.7%) did. The mothers reported that their children had these conditions: depression ($n = 2$), posttraumatic stress disorder ($n = 2$), bipolar disorder ($n = 2$), attention deficit/hyperactivity disorder (ADHD, $n = 2$), and encopresis ($n = 1$). One youth included among the nine with mental health conditions has a learning disability and no other mental problems that interfere with his daily activities.

Physical Health Conditions

Eight (57.15%) young adolescents did not have a physical condition that interfered with their daily activities, while six (42.9%) did. The physical conditions experienced by these six youth were: epilepsy, scoliosis, sleep apnea, obesity, asthma, gastritis, a congenital brainstem malformation, and chronic neck and back pain.

Family Structure

Information on youths' family structure was obtained from mother and youth interviews. Table 6.3 summarizes data on family structure of youth in the sample.

Youth's Relationship to Mother's Most Recent Partner

For four (28.6%) of the youth, the mother's most recent partner was their step-father, and for three (21.4%) youth he was their father. For seven (50%) of the youth, the mother's most recent partner was neither their step-father nor father.

Youth's Primary Caregiver/Residence Immediately Prior to Shelter Entry

While nine (64.3%) of the youth resided with their mothers prior to shelter entry, five (35.7%, four boys and one girl) were in the shelter (or less than one month prior to shelter entry) with their mothers after a period of separation. The length of time these five had lived apart from their mothers prior to shelter entry ranged from two to four years (mean = 3.1 years apart).

Four of the five youth who reunited with their mothers in the shelter had been living with their fathers (three of whom were co-habiting with their current partners). The fifth had spent most recent years with his grandmother and in foster care, but had also spent time in juvenile detention, a psychiatric hospital, and "on the streets." This subgroup of five who reunited with their mothers in the shelter includes the two youth whose mothers had histories of crack dependence (but not the two youth whose fathers were crack-dependent).

Table 6.3
Selected Information on Structure of Young Adolescents' Families (N = 14)

	N	%
Relationship to Mother's Most Recent Partner		
No formal relationship	7	50.0%
Step-father	4	28.6%
Father	3	21.4%
Primary Caregiver/Residence Prior to Shelter Entry		
Mother	9	64.3%
Father	4	28.6%
Grandmother	1	7.1%
Youth's Birth Order		
Only child	1	7.1%
Oldest	4	28.6%
Middle	7	50.0%
Youngest	2	15.4%
Sibling Location (mean = 3 siblings)		
All in shelter	5	38.5%
Mix of shelter and elsewhere	5	38.5%
All elsewhere (none in shelter)	3	23.1%

Percentages do not always equal 100% due to rounding.

All but two of the five youth who reunited with their mothers in the shelter regularly saw her while living apart. Of the two who did not, one had been abducted by his father and did not have contact with her for four years. The other spent summers with his mother but otherwise they lived several hundred miles apart. Both reunited with their mothers a few weeks prior to entering the shelter.

A sixth youth spent two of the three years before shelter entry living with her father and extended family members while her mother was incarcerated. She is not included in this "reunited" subgroup because she had been back in her mother's care for more than half a year prior to shelter entry.

<center>*Sibling Information*</center>

Number of Siblings and Youth's Birth Order

The 14 youth in the study had from zero to six siblings (mean = 3 siblings), with nearly all having siblings (n = 13, 92.9%). Seven (50.0%) youth were middle children. Four (28.6%) were the oldest of their siblings, and two (15.4%) were the youngest.

Location of Siblings

More than half (n = 8, 61.5%) of the youth with siblings had at least one of their siblings not together with them in the shelter. Some of these siblings were staying with extended family, some had a different father than the youth and were staying with him, and some were adults living independently.

Family History

Reasons for Seeking Emergency Shelter

Mothers and youth both described the time period immediately preceding their arrival at the shelter and provided information on the reasons they came to a family violence shelter. The following paragraph presents the *main* reason each family gave for seeking shelter. Then, *all* factors that influenced families' decisions are described, as six families named factors beyond the main one that contributed to their need for emergency shelter.

Main Reason for Seeking Shelter

Each family identified the main reason that they came to an emergency family violence shelter. For slightly less than half of the youths' families ($n = 6$, 42.9%) their family's main reason for coming to the shelter was hiding or getting away from the partner the mother was together with up until shelter entry. For three (21.4%) youths' families, the main reason was financial. They were unable to pay for their own residence. For another three (21.4%), the main reason was hiding or getting away from a partner the mother had separated from four to eight years prior to shelter entry (mean = 5.5 years). For one (7.1%) youth's family the main reason was hiding from someone who was never the mother's partner. This mother was being stalked by a former roommate who had threatened to kill her and her children if she moved out. He had already followed the family to several cities. For the final family ($n = 1$, 7.1%), the main reason was the mother's reluctance to continue living in the house where she had witnessed her former

dating partner kill a member of her family. (The youth from this family reunited with his mother in the shelter and was not living in her home when the homicide took place.)

All Reasons for Seeking Shelter

Almost half of the families named additional factors that influenced their decisions to seek emergency shelter, beyond the main reasons just described. All factors (i.e. main reasons and additional factors) are listed here with the frequencies that they were mentioned by families overall: Seven (50.0%) families were hiding or getting away from the partner the mother was together with up until shelter entry. Four (28.6%) families' decisions to seek shelter were influenced by financial need. Three (21.4%) families were hiding or getting away from a partner the mother had separated from well before shelter entry. Two (14.3%) families were hiding or getting away from someone who was never the mother's partner. One case was the former roommate described previously. In the other case, the family sought shelter because they were being harassed daily at home (e.g., rocks thrown at their door, called names) by friends of someone who had sexually assaulted a family member (not the youth interviewed for the study). These influential factors were each named by one (7.1%) family: the mother's reluctance to continue living in the home after witnessing the homicide of a family member, the mother's desire to help her children become stable in school and live closer to their father's extended family, disruption of the families' personal support network because of hurricane displacement, and emotional abuse by an extended family member they stayed with after leaving the mother's partner.

It should be noted that, for this question, two mother-youth dyads provided discrepant data in their interviews. The figures reported above relied on the mothers' reports because the mothers were more likely to be the final decision-makers on seeking emergency shelter. In one of the cases where the mother reported that the main reason they sought shelter was financial, her son cited his extended family member's emotional abuse as the main reason they came. In a case where the mother mentioned getting away from her abusive partner as the main reason, the youth cited getting away from the daily harassment of the friends of the person who had sexually assaulted her family member as the main reason.

The decisions to seek shelter are complex, and even among the group who expressed the most frequently named influence, escape from a current abusive partner ($n = 7$, 50.0%), families told a variety of stories regarding how their decision evolved. Mothers of five youth in this subgroup of seven specifically expressed concerns about the effects of IPV on the youth as part of the "final straw" in making their decision to seek shelter. Three quotes below illustrate how some of the mothers' concerns about the youth played into their decisions.

> Per what [my partner] told me the last night I was there, he hated
> my oldest two with a passion. And that really bothered me.
> *Holly's mother*

> [Being in the shelter is] better than having to be at home and knocked around and
> seeing your kids see you be abused all over again.
> *Cedric's mother*

> My son, I was afraid he would kill [my partner]. That's mainly the reason why
> I'm here today. After my son told him that he would kill him if he hit me, I had to
> get away because I didn't want my kid locked up. That's why I got him out of

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there, yeah. Because if he would have did that, I would have never forgiven myself. Because I could have got myself out of there, which I did. Saved him. It's crazy, because of all the beatings I've had, but then when my son said that, I just had to get away.
Trey's mother

Residential Information

Mothers had moved from two to 11 times (mean = 6.25 moves) in the last five years. Mothers' number of previous emergency shelter stays prior to the current one ranged from zero to 17 (mean = 2.4 stays). Mothers reported how many days they had been in the shelter on their current shelter stay at the time of the interview. The length of their times residing in the shelters ranged from eight to 150 days (mean = 34 days). (After the atypically long stay of 150 days, the next longest stay in the sample was 45 days.)

Child Protective Services Involvement

Most of the mothers (*n* = 10, 78.6%) had been involved with CPS as a parent at some point. Three (23.1%) reported that they had never been involved with CPS as a parent. Five (35.7%) youth in the study had an open CPS case at the time of their interviews, while nine (64.3%) did not.

For the five youth with open CPS cases at the time of the interview, one case focused on the mother as a single parent, with concerns about neglect. The other four cases primarily concerned behavior of the mothers' former partners, including three cases where the mother had initiated the CPS report. In one of those three, the mother reported physical abuse by the youth's father (whom he lived with before shelter entry), and two of those instances involved suspicions of sexual abuse perpetrated by the youths' step-fathers, whom the youth and mothers lived with up until shelter entry. The final case

involved another youth who was reunited with his mother just before entering the shelter. In that case CPS contacted the mother because they were removing the youth from his father's care because of suspected physical abuse.

The descriptions of CPS involvement were coded to determine the most serious outcome mothers had ever experienced as a parent, with any of her children (i.e. ranging from case closed after report only, to case closed after her parental rights were terminated). Then the interview data were coded to determine the most serious level of CPS intervention the youth in the study had ever experienced. (These were not always the same case because, for example, some mothers had been involved with CPS as parents regarding other children before the youth was born.)

Mothers' CPS Involvement as a Parent

Three mothers reported that they had never been involved with CPS (23.1%). For three (23.1%) mothers, the most serious level of CPS intervention they had experienced as parents was having a CPS case involving their children closed after investigation and some services, without their children being removed. For two (15.4%) mothers, CPS placed their children in kinship care and the case was later closed after her children returned to her. For another two (15.4%) mothers, their children spent time in foster care and were later returned to her care. One mother (7.7%) had previously had her parental rights terminated by CPS. For another one (7.7%), her first CPS case was ongoing, with CPS monitoring the family situation and the mother's participation in outpatient substance abuse treatment. (It should be noted that four mothers had children who were not raised in their custody, but not due to CPS decisions. One mother had placed her first

child, who was conceived via sexual assault, in a private open adoption. Two had lost custody disputes, and they both had little contact with children who are now adults. A fourth had voluntarily placed an infant with special needs through CPS, who had intervened after a hospital reported that the mother was overwhelmed with caring for the child.

Young Adolescents' CPS involvement

Table 6.4 summarizes selected data reported on youths' CPS involvement and child maltreatment. Three (21.4%) had never been involved with CPS. For seven (50.0%) youth, the family situation was investigated by CPS, and several of these families received services from CPS. Two (14.3%) youth were placed in kinship care by CPS, and two (14.3%) youth were placed in foster care.

Child Maltreatment

Young Adolescents' Maltreatment Experiences

Dyad interview results indicate that at least[6] ten (71.4%) youth in the sample experienced some type of maltreatment (four boys and six girls). Four of them experienced only one form of maltreatment, while six experienced two or more types of maltreatment. (All youth in the study were exposed to adult IPV, which is the focus of the next chapter and is not discussed here.) Two (14.3%) youth were sexually abused, three (21.4%) were neglected, six (35.7%) were physically abused, and eight (57.1%) were emotionally abused.

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[6] Because data on specific types of child maltreatment were volunteered by participants rather than asked about directly, there may be more youth in the sample who experienced maltreatment but neither they nor their mothers volunteered it as an important experience to include in their life story interviews.

Table 6.4
Young Adolescents' CPS Involvement and Child Maltreatment History (N =14)

	N	%
Current CPS Involvement		
No current case	9	64.3%
Current open case	5	35.7%
Level of CPS Intervention (ever)		
None	3	21.4%
Investigation & services	7	50.0%
Youth placed in kinship care	2	14.3%
Youth placed in foster care	2	14.3%
Maltreatment Disclosed		
None disclosed	4	28.6%
Yes, disclosed	10	71.4%
Types of Maltreatment Disclosed*		
Sexual Abuse	2	14.3%
Neglect	3	21.4%
Physical Abuse	6	42.9%
Emotional Abuse	8	57.1%

Percentages do not always equal 100% due to rounding.
*Six youth disclosed experiencing two or more types of maltreatment.

Multiple types of maltreatment. For the six youth who experienced two or more types of maltreatment, the patterns of co-occurring types were: physical, emotional, and sexual abuse (*n* = 2); physical and emotional abuse (*n* = 2); neglect, physical and emotional abuse (*n* = 1); and neglect and physical abuse (*n* = 1). For five youth, the same individual perpetrated all forms of maltreatment. For one youth, both his father and his father's partner were perpetrators. Further information is provided below, including youths' relationships to perpetrators, for all ten youth who described maltreatment.

Sexual abuse (n = 2 girls). One girl was sexually assaulted at age five by her adolescent step-brother, and her mother had concerns shortly before coming to the shelter that her husband (the youth's step-father) was behaving in a sexualized manner toward the youth. For the second girl, the mother had similar concerns that the girl's step-father had started making sexual comments to her and often pinched her breasts. Her mother said, "He didn't molest her but it was going up to that point that he was going to."

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Neglect (n = 2 boys, 1 girl). The group of youth who were neglected included two boys who reunited with their mothers shortly before shelter entry after living with their fathers for several years. One boy's father removed him from medications he had started in foster care for a physical illness, ADHD, PTSD, and bipolar disorder, and did not supply the youth's new school with past records indicating special education services. The second boy described not receiving medical treatment when needed and not being allowed to eat when hungry. His father padlocked the refrigerator. The third youth talked about times throughout her life when her mother and father would leave her for months with her grandmother who had dementia. She described a story she had heard regarding her infancy: "They heard us crying and we were so skinny and it like stunk real bad because no one changed our diapers because we were kind of real young."

Physical abuse (n = 3 boys, 3 girls). The physical abuse perpetrator for all three boys in this group was their father. All three had reunited with their mothers shortly before shelter entry after years with their fathers. Two girls who were physically abused had been abused by their step-fathers, and a third girl by her father.

Emotional abuse (n = 3 boys, 5 girls). For six youth experiencing emotional abuse, the perpetrators were the mothers' partners or former partners (who were the youths' fathers in four cases). For two others, the perpetrators were a grandmother and a great-grandmother who had both served as caregivers. Common examples of emotional abuse included name-calling, frightening threats related to post-separation IPV of the mother, and fathers telling youth they were not their children. One youth's father regularly pawned her possessions to buy drugs. The father of another told him he would

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never see his mother again after he abducted him. Two of the youths' fathers focused on the youth while making suicidal threats. One mother said: "One thing John[7] told me was that [his father] put a gun in his own mouth and said, 'Watch, John, because of you I'm going to blow my head off.'" One mother-youth dyad emphasized the youth's strong attachment to animals, her primary comfort when upset. The youth talked about having to abandon her pets because of her father:

> I don't know how many times they made us move, get rid of animals, it's crazy. I had to let them go in the streets. Like out in the woods in a rich neighborhood. It was like, 'Man, you all just made me get rid of my cats and you are laughing at me about it.' We just like dropped them off and put them together and put food out there and leave them.
> Sarah

Mothers' Childhood Maltreatment Experiences

The childhood abuse and neglect experiences of the 13 mothers provide additional context for the study. When mothers were describing their important memories from their own childhood and adolescence, nine (69.2%) volunteered that they had experienced some form of child maltreatment, with several describing multiple forms of maltreatment. Six (46.2%) reported experiencing physical abuse, four (30.8%) reporting being neglected, three (23.1%) reported sexual abuse, and three (23.1%) reported emotional abuse. One did not specify the type of maltreatment she experienced. (Also, eight had been exposed to adult IPV in their families as children.) Three mothers (23.1%) had spent time in the foster care system. Notably, of the four mothers and four youth reporting no experiences of abuse or neglect as important aspects of their childhoods, three are corresponding mother-youth dyads.

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[7] All names reported are pseudonyms.

A number of the mothers reflected that being treated badly by others from their earliest years felt like a theme in their lives that continued into their adult relationships. One summarized this sentiment common in mothers' interviews, while talking about her family and intimate relationships: "My whole life I've had crap."

Incarceration of Someone Important to Youth

For ten (71.4%) youth, five boys and five girls, someone important to them had been incarcerated. Two (14.3%) did not have this experience. Data was missing for two (14.3%) youth. Information on incarceration of someone important to youth is summarized in table 6.5.

A total of eight (57.1%) youths' fathers and five (35.7%) youths' mothers had been incarcerated. Specifically, for four (28.6%) youth, both their mother and father had been incarcerated. For four (28.6%) others, only their father had been incarcerated. One (7.1%) youth's mother and other extended family members had been incarcerated. For another one (7.1%), several aunts and uncles, but neither parent, had been incarcerated.

These figures only include cases with actual charges and jail time, although experiences ranged from a month in a local jail to a long-term federal prison sentence. Two mothers who were never incarcerated were, however, handcuffed by police responding to IPV incidents. One of these mothers was taken to jail but not formally charged, and did not have to stay in jail. The other was handcuffed but never arrested. The youth witnessed her being handcuffed. The mother reported that she was very distressed that her daughter saw her handcuffed by police.

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Table 6.5
Incarceration of Someone Important to Young Adolescents

	N	%
Someone important incarcerated?		
Yes, someone incarcerated	10	71.4%
Nobody incarcerated	2	14.3%
Missing Data	2	14.3%
Incarcerated Person(s)		
Both Mother & Father	4	28.6%
Father Only	4	28.6%
Mother & Extended Family	1	7.1%
Aunts & Uncles	1	7.1%
Not applicable/Nobody	2	14.3%
Missing Data	2	14.3%
Total	14	100%

Analysis of the interviews revealed considerable variation in how youth viewed the incarceration of someone important to them, and the circumstances varied widely (for example, in terms of the family member's length of incarceration, communication with youth during that time, emotional closeness with the youth, and how their absence influenced the youth's daily life). The information on incarceration is thus presented in this chapter on sample characteristics (rather than in chapter eight's presentation of life story themes), because even though it appears influential in several youths' lives, the influence in manifested in unique ways based on how it was important to the youth.

Young Adolescents' Psychological Adjustment

Strengths and Difficulties Questionnaire (SDQ) Results

Data collection for the sample description included information on the young adolescents' psychological adjustment, as measured by mother and youth reports on the Strengths and Difficulties Questionnaire (SDQ) (Bourdon, Goodman, Rae, Simpson, & Koretz, 2005; Goodman, 2001). The mean score for youths' total difficulties as reported on the SDQ by their mothers was 15.8 (SD = 7.0). Data for one mother's report were

missing. She did not think she could provide accurate information because she had only been together with the youth a few weeks in the last six months. The mean score for youths' self-reported total difficulties was 14.2 (SD = 6.4). As reported in chapter four, the mean total difficulties score for same age youth in the normative sample, as reported by caregivers, was 7.1 (SD = 6.2) (sdqinfo.com/bb1.pdf). The mean total difficulties self-reported by youth in the normative sample was 10.3 (SD = 5.2). Broad comparison of the means of this study's sample with normative samples thus indicate higher mean total difficulty scores on the SDQ reported by both mothers and youth in this study.

The SDQ total difficulties and subscale scores of youth in this study were categorized as "normal," "borderline," or "abnormal" based on the clinical scoring bands for both self-report and caregiver versions provided by the SDQ developer (www.sdqinfo.com). Based on mothers' reports, seven (50.0%) youth scored in the normal range, two (14.9%) scored in the borderline range, and five (35.7%) scored in the abnormal range. Abnormal scores were obtained on all five subscales: emotional ($n = 6$, 42.9%), conduct ($n = 4$, 28.6%), hyperactivity ($n = 4$, 28.6%), peer problems ($n = 6$, 42.9%) and prosocial ($n = 1$, 7.1%). Based on youths' self-reports, nine (64.3%) scored in the normal range, two (14.9%) scored in the borderline range, and three (21.4%) scored in the abnormal range. Abnormal scores on subscales were obtained for four of the subscales: emotional ($n = 1$, 7.1%), conduct ($n = 2$, 14.9%), hyperactivity ($n = 4$, %), peer problems ($n = 2$, 14.9%).

The prosocial subscale provides information on youths' social competence. The mean score for youths' self-reported prosocial behavior was 7.5 (SD = 2.0). The mean

prosocial behavior score as reported by mothers was 8.0 (SD = 2.7). As reported in chapter four, the mean prosocial scores for same age youth in normative samples were 8.0 (SD = 1.7) for youth self-reports and 8.7 (SD = 1.8) for mothers' reports (sdqinfo.com/bb1.pdf). Scores for youth in this sample are thus slightly lower than scores of the normative group. However, as noted in the previous paragraph, there were no youth with scores in the abnormal range on the prosocial subscale based on self-reports. Only one mother's report yielded a score for the youth that was in the abnormal range for the prosocial subscale.

Comparison of Mother and Youth SDQ Reports

Due to the small sample size of this study, there is not adequate power to calculate the correlation between mother and youth reports on the SDQ. Small sample sizes are appropriate for qualitative studies such as this one because of the level of comprehensive, in-depth contextual information sought (Padgett, 2008). The researcher examined individual case scores, however, to determine if there were cases where there were obvious large differences in reporting, where either the youth's or mother's report yielded a total difficulties score that fell into the abnormal scoring band range while the other reporter's score yielded a score in the normal range. (These scoring bands are separated by a "borderline" range.) Three (21.4%) of the dyads exhibited these large differences where youth and mother scores were visibly far apart. For two dyads, the mothers' total difficulties scores were in the abnormal range while the youths' were in the normal range. The reverse was true for the third case. All three of these cases were families in which the mother and youth had recently lived separately for at least a year.

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Comparison of SDQ Results with Qualitative Results

SDQ scores were generally consistent with qualitative data on psychological adjustment. In their interviews mothers reported that five (35.7%) youth had mental health conditions, and the SDQ scores based on mothers' reports placed five (35.7%) youth in the abnormal range.

For the three cases where mother and youth SDQ scores of psychological adjustment were far apart, the youths' SDQ reports more closely matched the coders' assessment of youth and mother functioning than the mothers' reports in two cases (one in which the mother's score placed the youth in the "abnormal" range and the other on which the mother's score placed the youth in the "normal" range). The mother's SDQ report more closely matched what the coders were expecting in the third case (one in which the mother's score was in the "abnormal" range).

Of the former two cases, qualitative data revealed that one mother had a long history of crack cocaine abuse and seemed not to recognize the extent of the youth's difficulties. In the other case where the youth SDQ report seemed to more closely match qualitative interview data from both dyad interviews, the youth's score was normal. Her interview indicated a high level of insight about her life experiences, a number of coping strategies, and reflection about her own cognitive development. She expressed frustration that her mother was not responsive to her efforts to discuss challenging events in the family's recent history with her. The mother's interview indicated that the she was coping with several of her own physical and mental health challenges, and she did not describe detailed information on her daughter's needs and functioning in her narrative.

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Summary

The sample description presented in this chapter provided a comprehensive description of the 14 young adolescents and 13 mothers in the study, including information on demographics, family structure, and family history (such as residential history and CPS involvement). It described the youth's psychological adjustment based on mother and youth reports on a standardized measure. The sample is racially/ethnically diverse and includes six boys and eight girls. The families have faced a number of adverse conditions, including high levels of poverty, child maltreatment, poor maternal mental and physical health, and parental incarceration. Many of the youth have experienced a variety of residential and custodial arrangements. Several have had periods of separation from their mothers and siblings.

Extensive data were collected on the characteristics and experiences of families because the study sought to provide a contextualized view of the lives of youth residing in family violence emergency shelters. The detailed sample description was also reported because critics of literature on children and youth exposed to IPV have noted that many studies do not report basic demographic variables, including race and age, and information on the child or youth's relationship to the mother's partner (Edleson & Williams, 2007; Feerick & Prinz, 2003; Jacobus, 2005; 2003; Wolfe et al., 2003).

The next chapter focuses on IPV experienced by mothers and youth in the sample. It addresses the study's first research question: What are the IPV experiences of mothers of young adolescents residing in emergency family violence shelters, and to what types of adult IPV have the young adolescents been exposed?

CHAPTER SEVEN:

INTIMATE PARTNER VIOLENCE EXPERIENCES IN THE SAMPLE

This chapter addresses the study's first research question: What are the IPV experiences of mothers of young adolescents residing in emergency family violence shelters, and to what types of adult IPV have the young adolescents been exposed? The question is answered by data from qualitative interviews as well as two standardized measures. Mothers completed the Abusive Behavior Inventory (ABI, Shepard & Campbell, 1992) and youth completed the Home Exposure subscale of the Children Exposed to Domestic Violence (CEDV) Scale (Edleson et al., 2007).

The chapter contains three sections. The first section portrays the mothers' experiences of IPV, with special focus on the last six months. It presents quantitative results from the ABI first, followed by qualitative results. The second section presents youths' experiences of IPV exposure, beginning with quantitative data from the CEDV Home Exposure subcale and followed by qualitative results. The third section combines qualitative results from mother and youth interviews to provide a contextualized view of youths' lifetime IPV exposure. Results of the categorical-content coding of qualitative interviews indicated that all mothers in the study ($N = 13$, 100%) had experienced IPV in one or more intimate partnerships, and all youth participants ($N = 14$, 100%) had been exposed to adult IPV. This study was guided by the CDC definition of IPV, presented here in condensed form:

> Physical and/or sexual assault or threats against a married, co-habiting,
> or dating current or estranged intimate partner by the other partner,

including emotional abuse and controlling behavior in a relationship
where there has been physical and/or sexual assault
(Saltzman et al, 1999, as cited in Lewis-O'Connor et al, 2006, p. 3)

<div align="center">Research Question One: IPV Experiences</div>

<div align="center">*Quantitative Results for Mothers*</div>

All mothers ($N = 13$) completed the ABI, a 29-item scale measuring the

frequency of partner abuse experienced in the preceding six months. The ABI yielded

subscale scores for physical and psychological abuse, utilizing a five point Likert scale

(Shepard & Campbell, 1992). Participants indicated how often their partners exhibited a

certain behavior in the last six months, with these response choices: Never = 1, Rarely =

2, Occasionally = 3, Frequently = 4, and Very frequently = 5.

ABI scores on the physical abuse subscale for mothers in this study's sample

ranged from 1.00 to 4.8, with a mean of 2.4 (SD = 1.22). Scores on the psychological

abuse subscale ranged from 1.00 to 4.7, with a mean of 3.2 (SD = 1.31). While a strict

numerical comparison is not possible because of differences in this study and the ABI

validation study (Shepard & Campbell, 1992), broad comparison of data from the two

studies indicates, for both subscales, a higher mean frequency of abuse and more

variability for women in this study's sample than abused women in the normative sample.

As noted in chapter four, the mean subscale scores for women who were known to have

been abused by partners in the last six months were 1.8 (SD = 0.47) for physical abuse

and 2.8 (SD = 0.70) for psychological abuse.

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The frequency of responses for each ABI item are presented in Table 7.1. There were two behaviors on the physical abuse subscale that partners or former partners of more than a third of the mothers in this sample had used in their relationship in the last six months either "frequently" or "very frequently:" Threatened to hit or throw something at you ($n = 6$, 46.2%) and Threw, hit, kicked or smashed something ($n = 5$, 38.5%). Four (30.8%) had been threatened with a knife, gun, or other weapon in the last six months, and the partners of four (30.8%) mothers had used a knife, gun, or other weapon against her in the last six months, including two (15.4%) who did so frequently. More than half ($n = 7$, 53.8%) had been choked or strangled by a partner of former partner in the last six months.

The physical abuse subscale includes items addressing sexual violence and coercion. In the last six months, the partners of eight (61.5%) mothers pressured them to have sex in a way that they did not like or want, including three (23.1%) who did this "very frequently." Partners of eight (61.5%) mothers physically forced them to have sex, and partners of seven (53.8%) mothers physically attacked the sexual parts of her body.

There were eight behaviors on the psychological abuse subscale that partners or former partners of more than half of the mothers in this sample used in the last six months either "frequently" or "very frequently:" Gave you angry stares or looks ($n = 9$, 69.2%); Put down your family and friends ($n = 9$, 69.2%); Tried to keep you from doing something you wanted to do (example: going out with friends, going to meetings) ($n = 9$, 69.2%); Said things to scare you (examples: told you something "bad" would happen, threatened to commit suicide) ($n = 8$, 61.5%); Checked up on you (examples: listened to

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your phone calls, checked the mileage on your car, called you repeatedly at work) ($n = 8$,

61.5%); Called you a name or criticized you ($n = 8$, 61.5%); Ended a discussion with you

and made the decision himself ($n = 7$, 53.8%); Accused you of paying too much attention

to someone or something else ($n = 7$, 53.8%).

Table 7.1
Frequency (percentage) for Abusive Behavior Inventory Items (N = 13)

Partner's Behavior (Last 6 months)	Never (%)	Rarely (%)	Occasionally (%)	Frequently (%)	Very Frequently (%)	Mean
Q1.Called you name/criticized	2 (15.4)	0 (0)	3 (23.1)	3 (23.1)	5 (38.5)	3.7
Q2.Kept you from doing something	2 (15.4)	0 (0)	2 (15.4)	3 (23.1)	6 (46.2)	3.8
Q3.Gave you angry stares/looks	3 (21.4)	0 (0)	1 (7.7)	4 (30.8)	5 (38.5)	3.6
Q4.Prevented from having money	3 (23.1)	2 (15.4)	1 (7.7)	1 (7.7)	5 (38.5)	3.0
Q5.Ended discussion/decided himself	2 (15.4)	1 (7.7)	3 (23.1)	2 (15.4)	5 (38.5)	3.5
Q6.Threatened hit, throw something	4 (30.8)	2 (15.4)	1 (7.7)	1 (7.7)	5 (38.5)	3.1
Q7.Pushed, grabbed, shoved you	3(23.1)	3 (23.1)	3 (23.1)	0 (0)	4 (30.8)	2.9
Q8.Put down your family/friends	2 (15.4)	1 (7.7)	1 (7.7)	2 (15.4)	7 (53.8)	3.8
Q9.Accused you, attention elsewhere	2 (15.4)	0 (0)	4 (30.8)	3 (23.1)	4 (30.8)	3.5
Q10.Put you on an allowance*	7 (53.8)	0 (0)	1 (7.7)	1 (7.7)	2 (15.4)	1.8
Q11.Used children to threaten you	5 (38.5)	1 (7.7)	1 (7.7)	3 (23.1)	3 (23.1)	2.8
Q12.Very upset about housework	3 (23.1)	2 (15.4)	2 (15.4)	3 (23.1)	3 (23.1)	3.1
Q13.Said things to scare you	4 (30.8)	0 (0)	1 (7.7)	3 (23.1)	5 (38.5)	3.4
Q14.Slapped, hit, punched you	3 (23.1)	4 (30.8)	2 (15.4)	0 (0)	4 (30.8)	2.8
Q15.Humiliating/Degrading	5 (38.5)	1 (7.7)	2 (15.4)	2 (15.4)	3 (23.1)	2.8
Q16.Checked up on you	2 (15.4)	2 (15.4)	1 (7.7)	3 (23.1)	5 (38.5)	3.5
Q17.Drove recklessly with you*	4 (30.8)	1 (7.7)	1 (7.7)	0 (0)	5 (38.5)	2.6
Q18.Pressured you to have sex	5 (38.5)	4 (30.8)	1 (7.7)	0 (0)	3 (23.1)	2.4
Q19.Refused housework/childcare**	6 (46.2)	0 (0)	0 (0)	2 (15.4)	2 (15.4)	2.4
Q20.Threatened you with weapon	9 (69.2)	1 (7.7)	0 (0)	2 (15.4)	1 (7.7)	1.8
Q21.Told you were a bad parent	5 (38.5)	2 (15.4)	0 (0)	0 (0)	6 (46.2)	3.0
Q22.Stopped from work or school	5 (38.5)	0 (0)	2 (15.4)	4 (30.8)	2 (15.4)	2.8
Q23.Threw, hit, kicked something	4 (30.8)	2 (15.4)	2 (15.4)	1 (7.7)	4 (30.8)	2.9
Q24.Kicked you	7 (53.8)	1 (7.7)	3 (23.1)	1(7.7)	1 (7.7)	2.1
Q25.Physically forced sex	5 (38.5)	3 (23.1)	2 (15.4)	1 (7.7)	2 (15.4)	2.4
Q26.Threw you around	4 (30.8)	5 (38.5)	0 (0)	3 (23.1)	1 (7.7)	2.4
Q27.Physically attacked sexual parts	6 (46.2)	5 (38.5)	1 (7.7)	0 (0)	1 (7.7)	1.8
Q28.Choked or strangled	6 (46.2)	4 (30.8)	0 (0)	1 (7.7)	2 (15.4)	2.2
Q29.Used weapon against you	9 (69.2)	1 (7.7)	1(7.7)	2 (15.4)	0 (0)	1.7

*Two (15.4%) respondents said these items were not applicable to their situations.
**Three (23.1%) respondents said this item was not applicable. They would not allow their partners to do childcare.

The ABI psychological abuse subscale includes two items pertaining to parenting

(Shepard & Campbell, 1992). The mothers were asked to indicate how frequently in the

last six months a partner or former partner "Used your children to threaten you (example:

told you that you would lose custody, said he would leave town with the children)."

While the partners of five (38.5%) mothers had never done this in the last six months,

eight (61.5%) partners had used the mothers' children to threaten her, with three (23.1%)

doing so frequently, and another three (23.1%) doing so very frequently. Mothers were

also asked to indicate how frequently in the last six months a current or former partner

had "Told you that you were a bad parent." For five (38.5%) mothers this had never

happened. Six (46.2%) mothers, however, had been told very frequently by partners or

former partners that they were bad parents.

Although there was no choice for "not applicable" on the ABI measure, there

were three items that led a few participants to leave them blank and tell the interviewer

that the statement did not apply to their situation. For item ten, "Put you on an

allowance," two (15.4%) respondents indicated that they had more financial resources

than their partners who would have had no way to control their finances. For item 17,

"Drove recklessly when you were in the car," another two (15.4%) respondents stated

that both they and their partners used the bus and did not drive. For item 19, "Refused to

do housework or childcare," three (23.1%) respondents commented that they would never

allow their partners be responsible for their children.

Qualitative Results for Mothers

This section reporting qualitative results for mothers' IPV experiences has two

subsections. In the first, quantitative data from the ABI, which measured IPV in the

preceding six months, are compared with qualitative data regarding the preceding six

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months. In the second subsection, qualitative data beyond the scope of the preceding six months are presented to provide an in-depth picture of mothers' IPV experiences.

IPV in the Last Six Months

In general, the qualitative results from interview data pertaining to the last six months supported the quantitative ABI results. Narrative data provided context for some of the numbers. Two mothers, for example, reported little to no abuse in the preceding six months on the ABI. One was the participant who had been in the shelter for far longer than others, 150 days (five months), after being reunited with her son after his return to her care from his father. Another mother's partner had been incarcerated for the preceding six months, and she reported minimal contact with him.

There were three main areas where qualitative results expanded understanding of the mothers' IPV experiences in the last six months well beyond the quantitative results. The first area concerns the salience of fear, and the second concerns the issue of measuring severity versus frequency. The third issue was that qualitative results revealed that abuse experienced by several mothers was post-separation abuse. (One mother was abused by both a former partner and a current partner concurrently in the preceding six months.) Post-separation IPV is discussed below after results related to fear and severity.

Salience of fear. In qualitative results, the fear associated with IPV was more salient among the mothers than one could discern from ABI results. In their descriptions of IPV, including post-separation abuse, nine (69.2%) of the mothers in the sample described at some point fearing for their lives at the hands of their partners of former partners. The ABI captured significant levels of psychological and physical abuse, and

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analysis of interviews indicated that mothers often shaped their behavior based on fear of their partners' actions and anticipation of violence. These qualitative findings were consistent with the concept of coercive control (Stark, 2007).

Severity. While the ABI demonstrated the frequency of IPV experiences in the preceding six months, in several cases scores on the lower range of the five point scale were in vivid contrast to abuse severity described in interviews. One of the two most severe examples is the case of Connor's mother, whose family member was killed in her presence by her former partner (i.e. post-separation). In the same incident, the assailant also attacked her. She had dated the assailant briefly and broke up with him prior to the homicide because he made efforts to control her behavior. Her ABI scores were 1.5 for physical abuse and 2.1 for psychological abuse on the five-point scale. One of the comments she made while completing the ABI illustrates that measuring the frequency of IPV incidents did not capture what was salient to her:

> I don't know how to answer "pushed, grabbed, or shoved you"…
> Because my situation was I was attacked and he was trying to kill
> me…It says never, rarely, occasionally, frequently, or very
> frequently…It was in the attack. It wasn't like it was on a continual
> basis.
> *Connor's mother*

Another severe case was that of Anthony's mother, who was sexually assaulted by her partner of a few months. He had never assaulted her before. She left for the shelter with her children the day the assault occurred. Her ABI scores were 1.5 for physical abuse and 2.1 for psychological abuse. Before the interviewer had introduced the ABI, she disclosed the incident:

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He had sex with me and I didn't-- not wanting to have sex. He spit in my
face. The really hard part about that was the sexual part because, first of
all, I feel degraded and I feel scared and then I feel less than a woman.
And then for somebody to climb on top of you and just do what they want
to do, you know, I just really felt violated.
Anthony's mother

While selecting her response to the ABI item, "Pressured you to have sex in a way
that you didn't like or want," she said, "It's hard for me to answer this." She selected
"rarely" for that item and also for the item "Physically forced you to have sex." Her case
and the case of Connor's mother are presented here as examples of severe IPV some
mothers in the sample experienced that are revealed in the qualitative information and
expand upon the frequency data provided by the ABI.

Post-separation IPV. Several of the mothers talked about post-separation abuse
by former partners, both in the last six months and prior to then. Serena's mother was
beaten so severely by her former partner more than two years after their separation that
she was hospitalized. John's mother believes that his father abducted him to hurt her:
"We separated. To get back at me, because he hated me, he took the one thing, the light
of my life, and didn't bring him home. And I've searched for John for four years. I never
stopped. I never lost faith. I never gave up." Desiree's mother reported the longest
duration of post-separation abuse, with Desiree's father pursuing them across state lines
for more than eight years (up to the time of the interview). This quote illustrates one
example of post separation abuse she experienced:

So everybody's outside so I figured if I stand there, he wouldn't
cause a scene. So he's "…If I can't have you, nobody else can
have you." I'm looking at my friend like, "Okay, what is taking
these police so long to get here?" I have a TPO, he is too close to

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me. She was like, "Don't even worry about it." He walks around the car, comes back. He got a bat… He pulls the bat back, I went to go turn around and he got me right in my knees with the bat. I fell and hit the ground. The police came, finally… After that I got another TPO on him. I didn't hear from him for months. Then he finds out where I am living. I'm like "Oh, boy, here we go." He come to my house in the middle of the night. Banging on my door, "I know you are in there." …By the time the police get there, he's gone. I can't deal with this so I wind up moving from there, I moved somewhere else.
Desiree's mother

Fear was also a prominent feature in mothers' descriptions of post-separation abuse. Candace talked about how her mother had discussed with her what she should do if she saw her stepfather approaching them with a gun. Candace's mother told the interviewer:

[My children] are worried now because of safety because we don't know what [my ex-partner] is going to do. Because there's an incident that he took a picture, an 8 by 10 picture of me, and drove a screwdriver through my forehead. This happened in the last two weeks. My neighbor was telling me about it. I didn't actually see the picture, but she saw it.
Candace's mother

In a similar vein, John's mother described several incidents of his father continuing to attempt to scare and control her. She said, for example:

He came by and said he'd gotten a job a block away in this big office tower where he could watch us from the office. And he said he was going to go up to the school and the school got worried that he was going to come up there with a gun because he's a weapons freak.
John's mother

Lifetime IPV Experiences

Interviews with mothers provided information on their exposure to IPV in their own childhoods, their approximate age when they first experienced IPV in an intimate

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relationship, and the number of abusive partners they have had. Some mothers also volunteered that they had behaved violently towards partners. These experiences provide further context to IPV in the family.

After each mother completed the ABI (Shepard & Campbell, 1992), the interviewer asked, "When you were growing up, did any of the things listed on the questionnaire happen to anyone else you knew?" If the mother responded affirmatively, the interviewer probed for further information, including who the involved adults were. Analysis of their responses indicated that nine (69.2%) mothers were exposed to IPV in their families as children or adolescents. Two of these were mothers of boys in the sample and seven were mothers of girls in the sample.

In their narrative descriptions of their partnership histories (including partnerships prior to the youths' fathers), nine mothers provided the approximate age of their first IPV experience in an intimate relationship. Data is missing for four (30.8%) mothers on this variable. For the nine who reported their age at first IPV, the ages ranged from 16 to 30 years old, with a mean age of 22.6 years. Three (23.1%) mothers in the sample had experienced IPV in three or more abusive partnerships, and the other ten (76.9%) had experienced IPV in either one or two partnerships.

Analysis indicated that eight mothers talked about events in their lives that were concurrent with the onset of IPV in a relationship, such as the birth of a child. Although the interviewer did not ask every mother if there were important life events concurrent with IPV onset, results are reported here for the eight mothers who perceived connections between these other factors in their lives and the onset of IPV. (Note that these factors are

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linked to the onset of IPV in particular relationships, not necessarily mothers' first IPV experiences.)

For three mothers, IPV started shortly after the birth of a child. For three, it began during pregnancy. Three mothers noted their partners' increased substance abuse at the time of IPV onset, and one noted her own increased substance abuse at the time. One mother perceived marriage as an event that triggered the onset of extreme controlling behavior and violence in her partner, whom she had known for several years prior to their marriage. Another mother experienced psychological abuse during her marriage, but no physical abuse until she separated from her husband. He had physically abused her several times since their separation. In another case, the mother's husband became physically violent towards her at the same time that he began a sexual relationship with her mother (the youth's maternal grandmother) who was living with them. One final description of IPV onset entailed a mother who ran away from home at age 16 and immediately entered an abusive relationship with an adult man. At the same time, she started "exotic dancing" at his demand.

Four mothers shared during the course of their interviews that they had been physically violent towards a partner. Two described these instances as defensive behavior, with one sharing that she scratched her partner and drew blood after he "jumped on" her when she was seven months pregnant. She was arrested for this incident but not charged. Another participant, Lucas's mother, said, "I grew up in the streets, so I wasn't one to be hit. So when he hit me, I hit him back. In fact I had to have surgery

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because I hit him so hard." She also involved her son in planning to assault his father, but did not follow through on the plan:

> This is bad. I'd had all I could stand at one point last year. I went and bought some duct tape, and Lucas helped me take strips of duct tape and we put it on the side of the refrigerator and I was waiting for him to go to sleep, we were going to duct tape him. And I was going to beat the hell out of him with a bat. I swear, I'd had enough. [Laughing] I was going to duct tape his butt. I was going to pull a Willie Nelson on him... Willie Nelson's wife, she wrapped him up in sheets and beat the hell out of him. *Lucas's mother*

The other two mothers who volunteered that they had been physically violent towards their partners described violent fights in their recent relationships in a manner that did not portray one partner as the instigator or as more violent than the other. Sarah's mother portrayed violence as a way that she had learned growing up to demonstrate strength. It should be noted that in both of these cases, as well as for one of the other two mothers who described defensive violent behavior, parental crack cocaine abuse was an issue in the family. (Parental crack abuse was a prominent life story theme for four youth in this study's sample, and is discussed in a special section in the next chapter, under "Parental Crack Cocaine Abuse Prominent throughout Life Story." In Lucas's and Sarah's cases their fathers used crack, while in Laura's her mother used crack.)

Looking at Laura's mother's whole life story as presented in her interview shows an arc of increasingly severe IPV experiences and increasing violence on her part, concurrent with increasing substance abuse. She describes a long-term partnership early in her adulthood that featured psychological abuse from her partner, but no physical abuse. Describing her subsequent relationship with Laura's father, she said, "The first

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incident… he clocked me with this stick. I still have the scar. I have an indentation in my

head." She later moved to a rural area with Laura's father to live near his family. She

described the incident precipitating her first separation from him:

> The trailer hadn't been leveled so it had these portable aluminum stairs.
> And I couldn't get down them with the crutches. So I sat down, I was
> going to go down on my butt. When I sat down, I put [my toddler, youth's
> brother] outside. And [Laura's father] just went nuts and started beating
> me with the crutches. That's when [toddler] started crying. And he cried
> like I'd never heard this child cry… The house was locked. I had no ID,
> no money, no credit cards. No nothing. I put those crutches across my
> arm, I put one kid on this arm, one kid on this arm and I'm like miles from
> anything. And I started walking. I said "Fuck you." This was the second
> time it happened. And I walked over to his uncle's house... He kept telling
> me to go home. I said, "I'm not going home. Can I just use your phone?
> Can I call somebody to come get me?" I didn't know who I was going to
> call. I didn't know anybody out there.
> *Laura's mother*

This separation led to her first shelter stay, which she described as a positive

experience. In later years, she reunited with Laura's father several times, and they also

lived together at times when they did not consider themselves partners. She did not feel

the same degree of isolation from supports again, but physical abuse continued. She said,

for example, "That time [Laura's father] was living at my house. He always would hit

me about and I didn't do anything. It was always something in his head that happened

and he'd just go off. He… beat the shit out of me with this chair." In contrast, she talks

about "fighting back" and being violent in descriptions of her most recent relationship:

> Then it was like twisting, he broke this finger, he broke this finger. He
> hyper-extended this elbow. And doesn't remember. "Oh, I didn't do that.
> Why do you say those things?" You know, but him I did fight back.
> [Laura's father] I never fought back. Because he was not in his mind, well,

neither was [recent former partner], but, you know. But I would fight him back. And the more I fought back, the worse it got.
Laura's mother

It is not clear in her interview why Laura's mother describes herself as becoming more violent in her most recent relationship. It may be due to factors unique to particular relationship dynamics, or due to changes in her. Judging from her interview as a whole, she presents two other changes in herself over time: she describes herself as growing more confident and reports increasing substance abuse, including crack cocaine.

In summary, qualitative results indicated that the IPV experiences of at least four (30.8%) mothers in the sample included violent behavior from them. This section on mothers' IPV experiences presented quantitative and qualitative analysis results focusing on the last six months, followed by presentation of additional contextual information about mothers' IPV experiences in their lifetimes based on qualitative data. The next section focuses on exposure to adult IPV experienced by youth in the study's sample.

Young Adolescents' Exposure to Adult IPV: Quantitative Results

Similar to findings regarding mothers' IPV experiences, this section on young adolescents' exposure to IPV reports quantitative results first, followed by qualitative results. The quantitative results here, however, present lifetime IPV exposure.

All youth participants except one completed the 10-item CEDV Home Exposure Subscale (Edleson et al., 2007), which yields a score between 0 and 50 indicating the youth's level of IPV exposure. Data are missing for one youth who did not complete the measure. He stated that the questions would not fit his situation because he had lived alone with his father and in foster care for several of the years preceding his shelter entry.

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In his mother's interview immediately preceding his, she indicated that he was in fact exposed to IPV at a young age prior to entering foster care and his father's home. He appeared reluctant to answer follow-up questions on IPV.

Results for the Home Exposure subscale in this study yielded a mean score of 11.2 (SD = 8.2), with scores ranging from 1.00 to 28.00. As noted in chapter four, the mean score of the normative sample (N = 65) for the Home Exposure subscale was 7.3 (SD = 6.3) (Edleson, Shin, & Johnson-Armendariz, 2008). Edleson and colleagues note that children in their sample reported significant levels of exposure to IPV. The higher mean score for this study's sample is not surprising given that 100% of this study's sample was residing in an emergency family violence shelter and only 41.4% of the developer's sample was residing in a shelter.

As noted previously, there were two siblings in the sample. For one, the Home Exposure subscale score was 5.00 and for the other it was 9.00. The items they endorsed regarding type of IPV exposed to were similar (and included solely emotional abuse and no physical abuse), but one youth was exposed to events in closer proximity and in more ways. Their family included a strong climate of fear, and these siblings accounted for both cases in the sample of youth witnessing pet abuse.

The frequency of responses for each item reported by youth in this study on the CEDV scale Home Exposure subscale (Edleson et al., 2007) are reported in Table 7.2. More than half of the youth (n = 9, 64.3%) responded Often or Almost Always to the item "Has your mom's partner ever hurt your mom's feelings by: calling her names, swearing, yelling, threatening her, screaming at her, other ___." More than half reported

that her or his mother and her partner had argued about the youth ($n = 9$, 64.3%); that the mother's partner had "broken or destroyed something on purpose, such as: punching a wall, ripping a phone cord out of the wall, smashing a picture, other ___" ($n = 9$, 64.3%); or that the mother's partner had "done something to hurt her body, such as hitting her, punching her, kicking her, choking her, shoving her, pulling her hair, other: ___" ($n = 9$, 64.3).

Youth were exposed to IPV in several ways. The most frequent way reported was that they "heard it while it was happening." This response choice was indicated by youth 38 times on the Home Exposure subscale (Edleson et al, 2007) items. Youth "heard about it afterwards" 34 times, "saw it and was near while it was happening" 27 times, "saw it from far away while it was happening" 23 times, and "saw the outcome (like someone was hurt, something was broken, or the police came)" 22 times.

Table 7.2
Frequency (percentage) for CEDV Home Exposure Subscale Items (N = 14)

Type of Violence Exposure	Never (%)	Some-times (%)	Often (%)	Almost Always (%)	Missing Data (%)	Mean
Q1. Adults in family disagree	0 (0)	3 (21.4)	7 (50.0)	0 (0)	1 (7.7)	2.3
Q2. Mom's partner hurt her feelings	1 (7.1)	2 (14.3)	7 (50.0)	2 (14.3)	2 (14.3)	2.6
Q3. Mom's partner stopped her from doing something	4 (28.6)	7 (50.0)	2 (14.3)	0 (0)	1 (7.7)	1.8
Q4. Mom's partner stopped her from eating/sleeping	9 (64.3)	2 (14.3)	1 (7.7)	1 (7.7)	1 (7.7)	1.5
Q5. Mom/her partner argued about you	4 (28.6)	3 (21.4)	4 (28.6)	2 (14.3)	1 (7.7)	2.3
Q6. Mom's partner hurt pet	11 (78.6)	1 (7.7)	0 (0)	1 (7.7)	1 (7.7)	1.3
Q7. Mom's partner broke something on purpose	4 (28.6)	5 (35.7)	2 (14.3)	1 (7.7)	2 (14.3)	1.8
Q8. Mom's partner hurt her body	4 (28.6)	6 (42.9)	5 (35.7)	0 (0)	1 (7.7)	1.9
Q9. Mom's partner threatened with knife, gun, object	12 (85.7)	1 (7.7)	0 (0)	0 (0)	1 (7.7)	1.1
Q10. Mom's partner hurt her with knife, gun, object	13 (92.9)	0 (0)	0 (0)	0 (0)	1 (7.7)	1.0

This study's results for the response choices indicating the highest frequencies of abuse ("Often" and "Always") are shown side by side with results reported by Edleson and colleagues (2008) for the response choice in their study that indicated the highest

frequency of abuse ("A lot") in Table 7.3.[8] In both samples, the top two most frequently

endorsed items pertained to adults in the family disagreeing and the mother's partner

hurting her feelings. Percentages are higher for this study's shelter sample for every item,

although the ability to truly compare is again limited by this study's small non-

probability sample, and also by the differences in the Likert scales between the two

Home Exposure subscale versions.

Broad Comparison of Mother and Young Adolescent Data

Although a strict numerical comparison of quantitative results for youth and

mother reporting of IPV experiences is not possible, it is possible to say that both mothers

and youth reported high levels of IPV in the family on quantitative measures. In terms of

psychological abuse, both measures include a similar item related to controlling behavior

of the mother's partner, and responses were similar for youth and mothers: Eight (61.5%)

mothers' ABI responses indicated that their partners had "tried to keep [her] from doing

something [she] wanted to do (example: going out with friends, going to meetings)" and

nine (64.3%) youths' CEDV Home Exposure subscale responses indicated that their

mothers' partner had "stopped [their] mom from doing something that she wanted to do

or made it difficult for her to do something she wanted to do, such as leave the

house…visit her friends…" On another similar question, however, the youths' reports are

slightly higher than mothers': five (38.5%) mothers reported on the ABI that their partner

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[8] As described in chapter four, the four-point Likert scale used in this study represents the developer's revision of the scale. The version originally tested had a three-point Likert scale (Edleson et al., 2008).

threw, hit, or smashed something, while nine (64.3%) youth indicated that their mothers'

partners broke or destroyed something on purpose.

Table 7.3

Comparison of Frequent Responses: Study Sample and Home Exposure Subscale Developer's Sample

Type of Violence Exposure	"Often" and "Almost Always" Responses (%) (*N* = 14)	"A lot" Responses (%) (*N* = 65)
Q1. Adults in family disagree	7 (50.0)	19 (29.2)
Q2. Mom's partner hurt her feelings	9 (64.3)	17 (26.2)
Q3. Mom's partner stopped her from doing something	2 (14.3)	7 (10.8)
Q4. Mom's partner stopped her from eating/sleeping	2 (14.3)	2 (3.1)
Q5. Mom/her partner argued about you	6 (42.9)	8 (12.3)
Q6. Mom's partner hurt pet	1 (7.1)	0 (0)
Q7. Mom's partner broke something on purpose	3 (21.4)	7 (10.8)
Q8. Mom's partner hurt her body	5 (35.7)	10 (15.4)
Q9. Mom's partner threatened her with knife, gun, object	0 (0)	3 (4.6)
Q10. Mom's partner hurt her with knife, gun, object	0 (0)	1 (1.5)

Broad examination of quantitative results for mother and youth also suggests that

they appear to be more similar than not in most questions pertaining to physical partner

violence, with the exception of use of weapons. Specifically, 11 (78.6%) youth reported

on the CEDV Home Exposure subscale (Edleson et al., 2007) that their mothers' partners

had "done something to hurt her body, such as hitting her, punching her, kicking her,

choking her, shoving her, pulling her hair, other ____." There were several physical

abuse questions for mothers to respond to on the ABI (Shepard & Campbell, 1992), and

ten (76.9%) mothers reported that their partners had slapped, hit or punched them and ten

(76.9%) reported that their partner had pushed, grabbed or shoved them. Slightly fewer

endorsed items related to kicking, being thrown around, or being choked or strangled.

While eight (61.5%) mothers indicated that their partners had "physically forced [her] to

have sex" in the last six months, there was no specific question for youth about sexual

violence. It is clear, however, that at least one youth included sexual violence under the

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CEDV Home Exposure subscale item regarding hurting the mother's body since she added "rape" next to the "other" blank.

This broad comparison of quantitative data from mothers and youth showed some differences in reports of weapons use. Specifically, no youths reported that their mothers' partners had ever "actually hurt your mom with a knife, gun, or other object," and only one youth reported that the mother's partner sometimes "threatened to use a knife, gun, or other object to hurt your mom." In contrast, four mothers reported being threatened with weapons and the same four mothers reported actually having weapons used against them in the last six months. Taking qualitative data into consideration in closer examination of these four cases revealed that three of them were youth who were reunited with their mothers after living with someone else until just before or at the time of shelter entry. The fourth was the same youth who wrote "rape" on her CEDV questionnaire. She and her mother both reported that she was exposed to significant levels of IPV (including directly witnessing sexual assault of her mother) so it is likely that she just did not observe that one particular type of abuse (with weapons), even though her mother reported being threatened with a weapon frequently and actually having had a knife, gun or other weapon used against her occasionally in the last six months.

Qualitative Results for Young Adolescents

This section focuses on qualitative results from youth interviews regarding their exposure to IPV. It is somewhat shorter than the section on mothers' IPV experiences because important aspects of youths' IPV exposure are explored in greater depth in two other sections: the final section of this chapter, where additional contextual factors are

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presented (such as youth relationship to the IPV perpetrator), and in chapter nine.

Research question five concerns youths' situational coping with IPV and thus provides

more details on the types of specific situations youth encountered.

Comparison of Youths' Qualitative Results with Quantitative Data and Mothers' Results

In general, qualitative results from interviews with youth were consistent with

findings from the CEDV Home Exposure subscale (Edleson et al., 2008). Several

mothers expressed in their interviews that they and their partner often tried to hide

violence from the children, with more incidents occurring when the children were asleep

or not in the home. In their interviews, however, most youth reported exposure to IPV, as

the quantitative results would suggest.

As noted previously, at the completion of coding for each set of dyad interviews,

coders reviewed scores on quantitative measures and considered how scores informed

qualitative analysis. There was one case of a youth whose Home Exposure subscale score

was 1.0, indicating no IPV exposure, and two other cases with very low scores (3.0 on

both). There were also two youth whose scores were far higher than others in the sample,

at 24.0 and 28.0. (The mean score was 11.2.) Qualitative data for these five cases on the

low and high end of the spectrum of quantitative scores were reviewed after coding to

compare quantitative and qualitative results about IPV exposure with special scrutiny.

Highest Scores on IPV Exposure

For the two cases with the highest CEDV Home Exposure subscale scores

(Edleson et al., 2008), qualitative data describing frequent exposure to IPV was

consistent with their quantitative results. In addition, the most severe IPV incident

directly witnessed by any youth in the sample was reported by the youth with the score of 28.0, the highest score in the sample. Several years prior to the interview, she had witnessed (together with her grandmother) her mother being anally sexually assaulted by her father, resulting in hospitalization. (Her mother's ABI physical abuse score was 3.36 on the five point scale, the fourth highest in the sample.) On SDQ (Goodman, 2001) scores of psychological adjustment, she scored in the "normal" range on both mother and youth reports. She had, however, received inpatient services in a psychiatric hospital within the last year for depression and was taking psychotropic medication at the time of the interview.

The other youth whose Home Exposure subscale score was far higher than others was in the subgroup of youth who had reunited with their mothers shortly before shelter entry. He did not provide lengthy answers aloud to interview questions regarding IPV, but he did share that he had witnessed IPV directed at his step-mother while living with his father, in addition to being exposed to IPV during the summers and earlier years when he was with his mother. (Home Exposure subscale questions ask about "your mom," and it is possible that he was responding based on IPV directed at both his mother and step-mother.) On SDQ scores of psychological adjustment (Goodman, 2001), he scored in the "abnormal" range on both mother and youth reports.

Lowest Scores on IPV Exposure

Examination of qualitative results for the three cases of youth whose CEDV scores were very low (two scores of 3.0 and one of 1.0) indicated three different underlying reasons for the reported low frequencies of IPV exposure. In the case of

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Lucas, who reported no IPV, his mother's qualitative and quantitative results indicated IPV, including police involvement when he was home. Both parents were violent towards one another, according to her. (She is quoted earlier in this chapter about involving Lucas in preparing strips of duct tape to restrain his father.) Both mother and youth interviews emphasize Lucas's close relationship with his father. It is possible that Lucas did not want to disclose information about his family, especially his father, that he feared could be perceived negatively.

In another case with a low score (3.0) on the CEDV Home Exposure subscale, the mother reported that her major IPV experiences ended when her son Anthony was eight, and the youth reported that IPV happened when he was "like six or seven." The qualitative interviews were thus consistent in reporting that most IPV had occurred approximately six years prior to the interview. His mother's case was discussed above in reference to ABI scores reporting IPV frequency not being consistent with the severity of her recent IPV experiences, as she left her recent relationship the same day her partner sexually assaulted her. Anthony's SDQ scores of psychological adjustment (Goodman, 2001) were in the "normal" range for both mother and youth reports.

The final case of a very low (3.0) CEDV Home exposure subscale score is the case of Trey, who reunited with his mother at the time of shelter entry. His mother has the highest score in the sample on the ABI physical abuse subscale (4.75 on the five point scale). His case was highlighted in the previous chapter in the section, "main reasons for seeking shelter." Trey lived with his grandmother prior to shelter entry, but on a visit to his mother's home he witnessed her partner beating her and threatened to kill him if he

ever hurt her again. His mother's fear for the consequences for Trey if he followed

through on the threat (and fear for Trey if he stayed in a location known to her partner)

led her to seek shelter with him. She described extensive efforts to hide her abuse from

her son and mother.

Analysis of the qualitative data suggests two possible explanations for his very

low score paired with her very high score. First, it is possible that she successfully hid her

abuse from him, aided by the fact that they lived apart. Second, because Trey presented

an image of himself as his mother's protector throughout his interview, it is possible that

he felt shame or culpability if he acknowledged that she was abused. While completing

the Home Exposure subscale he said, "If I ever seen someone pull a knife on my mom,

I'll shoot them myself… I'm not scared of nothing."

Youths' Subjective Experiences of IPV

By definition, qualitative methods emphasize in-depth subjective accounts of

experiences from the perspectives of people who have lived through them (Padgett,

2008). As expected, the youth interviews provided a fuller picture of what IPV meant to

them. Chapter nine, under research question four, presents vivid accounts of youth

experiences as it reports results regarding how youth cope during violent partner abuse

incidents. Four quotes are presented here to give a flavor of general youth statements

about IPV in their lives:

> One time they did it and the door was open and I ran out…The next door
> neighbor came and got him off my mom. He would fight with my mom
> and beat her up and stuff. That's what made me scared. [My sister and I]
> try not to bring it up, because I get emotional fast. If I think about

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something that's happened, I'll start crying. So we really don't talk about it.
Nicole

I kept asking questions, why were cops in my house every day, what was going on? I was like 10 years old and cops were here every day. Me and my sister were just flipping out or crying all night. I always had to cry myself to sleep. That's just how I went to sleep. Crying or talk to my cat. If I cannot find my cat, I had nightmares. And they were coming in here trying to sleep with me, but they were getting waked up every night, going to school in the morning. Still had to go to school. But then we were waking up every night with cops' light right in our eyes. Asking us questions and we don't know what the heck is going on. And we are really only like 10 years old.
Sarah

My brother that is younger than me, he'd try to help my mom because most of the time she was like defenseless and he would get hurt just to help her…But he wouldn't be hurt bad.
Serena

You put bad people in gates and cages. To keep the good people from getting hurt. Yet you are putting good people in cages [in shelters] so bad people won't hurt them. It's like you are putting the bad people out and putting the good people in. So I don't see why they just won't make jails for the good people then. If I was President, I'd make a jail for the good people. Wouldn't have to worry about nothing. I'll make one jail that's probably take up about three miles. Maybe about half of [the city]. And the bad people, all they could do is blow us up, but I'll put us in a bubble so they can't touch us, or hit us. It's just going to bounce off and blow whoever did it up.
Trey

Apart from youths' specific descriptions of what occurs during violent incidents, to be reported in chapter nine, youths' narratives often linked general comments about IPV with other events that typically occurred in their lives whenever major IPV incidents took place. Particularly intertwined in their minds were salient events concurrent with major IPV incidents, such as permanently leaving a residence (often entailing school and

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family structure changes), what they did and what they wish would have happened, and losses related to experiencing IPV (e.g., lost or broken possessions, holidays ruined).

Additional Context on IPV in the Family

The final section of this chapter combines qualitative results from mother and youth interviews to provide a contextualized view of youths' lifetime IPV exposure. It describes youths' relationships to those intimate partners who abused their mothers and the duration of youths' exposure to IPV in their lifetimes. Before presenting these results, it should be noted that three youth lived in homes where they were exposed to IPV where their mother was not the victim. One youth lived with his father who was abusive towards his step-mother. He expressed warm feelings towards his step-mother and said he missed her while in the shelter with his mother. A second youth lived with her father and said the father's partner abused him. The third lived with his grandmother. His adult cousin also lived there with his partner, and their relationship included IPV.

Young Adolescents' Relationships to IPV Perpetrators

Based on data from the chronological youth and mother life story interviews and youth time lines, youths' relationships to intimate partners who had abused their mothers were coded into the following four categories: co-habiting father, non-cohabiting father, co-habiting partner-not father (e.g., step-father, boyfriend) and non-co-habiting partner-not father. Because of mothers' multiple partnerships and post-separation violence, there were a total of 25 youth responses. In this sample of 14 youth, ten (71.4%) had been exposed to IPV perpetrated by their co-habiting fathers. Eight (57.1%) had been exposed to IPV perpetrated by their mother's co-habiting partner who was not their father (e.g., a

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step-father or boyfriend). Five (35.7%) had been exposed to IPV perpetrated by their fathers when he was not co-habiting with their mothers, and two (14.3%) had been exposed to IPV perpetrated by the mother's non-co-habiting partner who was not their father.

Duration of Young Adolescents' Exposure to IPV

As reported earlier, youth did not always live with their mothers, and mothers were not experiencing IPV ongoing throughout youths' lives. The qualitative data enabled calculation of each youth's length of time exposed to IPV in years. The number of years youths were exposed to IPV ranged from two to 13 years (mean = 8.7 years). Exposure while mothers were co-habiting with the abusive partners ranged from one year to 12 years (mean = 7.2 years). Exposure to IPV while mothers were not co-habiting with the abusive partners ranged from zero to eight years (mean = 2.2 years).

Correspondence Between Mother and Youth Qualitative Data on Exposure

Data analysis included coders' holistic assessment of both interviews on the level of agreement between mothers' and youths' descriptions of the youths' exposure to IPV. The codebook used a scale from one to three (1 = mother-youth interviews mostly disagree on IPV exposure, 2 = mother-youth interviews are evenly mixed with some agreement and some disagreement, and 3 = mother-youth interviews mostly agree on IPV exposure).

Coders assigned a ranking of three to five (35.7%) cases, a ranking of two to five (35.7%) cases, and a ranking of three to three (21.4%) cases. Thus, there tended to be more disagreement than agreement on level of youth exposure to IPV. In all of the cases

with disagreement but one, youth reported more exposure than mothers. There was only one case where the mother reported more severe abuse than the youth.

One unusual case was not rated on this scale. Connor's mother reported that she experienced severe IPV in her relationship with his father. Their relationship ended before Connor turned four. He did not live with her after that until just before they entered the shelter. While she suspected he may have witnessed additional IPV later when he lived with his father, she was not certain and he did not report any. He did not complete the CEDV Home Exposure subscale because he stated it was not relevant to his experience.

Other areas where coders noted disagreement between mother and youth reports of IPV pertained to youths' actions during violent incidents, and whether or not the youth was ever afraid for the safety of someone in the family because of something happening between the mother and her partner. Results regarding this area are presented in chapter nine, under research question four.

Summary

This chapter reported quantitative and qualitative results for the first research question, concerning IPV experiences of families in the sample. Quantitative results for youth and mothers indicated frequent IPV in the families, including physical and psychological abuse, and qualitative data revealed that the IPV was severe at times. Additional salient features in qualitative narratives were post-separation abuse and mothers' descriptions of fear of IPV guiding their behavior. Youth had been exposed to IPV perpetrated by fathers, step-fathers, mothers' dating partners, mothers, father's

partner, and a cousin with the great majority perpetrated by the first three. The duration

of youths' exposure to IPV ranged from two to 13 years of their lives (mean = 2.2 years).

The next chapter reports results from holistic, thematic analysis of life story themes in the

youths' life stories.

CHAPTER EIGHT: TOUGHER TIMES BUT SMARTER MINDS:

LIFE STORIES OF YOUNG ADOLESCENTS IN FAMILY VIOLENCE SHELTERS

This chapter reports results for the study's third research question: What themes do young adolescents in family violence shelters express in their life stories, especially in terms of turning points and sense of agency? Within a young adolescent's life story, a theme was conceived of as a motif that appeared repeatedly in different contexts and time periods. The chapter presents seven life story themes that were prominent within and across interviews. These themes (and the frequency with which they appeared) are: A Life of Frequent Moves ($n = 14$, 100%), Interconnected Family Boundaries ($n = 13$, 92.9%), Loss and Fear ($n = 8$, 57.1%), Evolution and Recent Change in Youths' Thinking about Family Issues ($n = 4$, 28.6%), Complex Feelings about Adult Males ($n = 4$, 28.6%), Parental Crack Cocaine Abuse Prominent throughout Life Story ($n = 4$, 28.6%), and Physical Child Abuse Central to Youth's Story ($n = 3$, 21.4%).

It should be emphasized that the frequencies noted above indicate the prevalence of the theme across cases but the numbers should not be interpreted as any kind of indicator of the relative importance of themes for individual youth. If a youth's case is included in a theme category, then the theme represents a salient motif in the youth's life.

Because the preceding chapters highlighted a number of challenges in the lives of youth in the study, it is important to note, prior to focusing on the broad themes, that many of them devoted time in their interviews to describing typical childhood and adolescent experiences. The memories listed here were each spontaneously mentioned by several youth, and assist with providing a holistic frame through which to view their

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lives: amusement park trips, school performances, athletic accomplishments, lost teeth, bicycle accidents, birthday parties, bee stings, floods and hurricane evacuations, extended family reunions (funerals, barbecues, holidays), lice, bad haircuts, funny pet stories, first day of kindergarten or first grade, standardized testing at school, trips to the beach, and stories they have heard about how they looked as a baby and important family events before they were born (e.g., death of a grandparent, someone's military service).

This chapter includes four sections. The first section presents a brief sketch of each youth's life story. They are ordered by age, with younger youths' synopses presented first. In the second section, each of the seven themes is presented and illuminated with quotes from youth and mothers. The chapter concludes with two smaller sections on turning points and sense of personal agency across youth life stories.

Individual Life Story Sketches

Laura, 12 years old

Laura reunited with her mother in the shelter after living with her father and his partner in recent years. Her parents have reunited and separated intermittently throughout her life and she has lived with both parents at different times. IPV with her current partner and lack of financial resources brought her mother to the shelter. Laura joined her there to be away from her father's partner, whom she describes as abusive of him. Having Laura safe in the shelter will assist him with initiating a separation from his partner, "a stalker," according to Laura and her mother. Laura has been exposed to IPV for seven years of her life, perpetrated by several adults.

Crack cocaine abuse by her mother has influenced Laura's life experiences. During time periods when she has lived with her mother, they have experienced homelessness with brief stays in shelters and motels. In addition to living with both parents separately and together, Laura has also lived with both grandmothers and several other family members. Her relationship with her father is especially close, with Laura saying that he would give her the shirt off his back and that they are "concentrated" on each other.

Laura described positive relationships with adults at school. Overall, she has had negative experiences with school peers, but she has one close friend. In recent months she spent nearly every weekend at this friend's home. Support from her friend's mother helped her get through challenges in her family. She copes with difficult experiences by praying and knowing, "It's not the end of the world… I'm going to get through it." Laura also said, "I was really proud of myself because I'm known as the tough one" in her family, and she is confident she can put her mother's partner in a headlock if necessary.

Amanda, 12 years old

Amanda has always lived with her mother, and she lived with both parents for many years until they divorced. She is very close to her mother, describing herself as her "mother's brain." Because of her vigilance during IPV incidents, her mother called her "my little chihuahua." She has frequent conflicts in her sibling relationship and says they are not close.

Amanda "can't stand" her father. She has been exposed to IPV during all 12 years of her life, perpetrated by her father and step-father. Her mother says she is scared of

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men, including male teachers at school. Amanda was previously hospitalized for depression. School is very important to her as a place where she excels academically and has a large group of friends. Amanda keeps a journal and says humor and often changing her hairstyle help her cope with challenges. Also, she likes to "hide everything inside, like in my toes" as a way of coping.

Lucas, 12 years old

Lucas has lived with both his parents for most of his life. He is extremely close to his father, who is currently incarcerated. His mother calls him "daddy's boy" and says he idolizes his father. Prior to his father's incarceration, Lucas spent all of his free time with him in their family business, and he misses him terribly. He is passionate about a hobby he shares with his father and hopes they can start a new family business after his father's release. One of his siblings is in the shelter and he has other adult siblings he has never met. His father's history of crack cocaine abuse has influenced Lucas's life experiences. According to his mother, Lucas was exposed to IPV for 11 years of his life. He did not acknowledge IPV in his family. The main way Lucas copes with family challenges is by telling himself, "It will all get better." He says this attitude has been proven right in his past experiences. Lucas did not describe close peer relationships. He typically gets good grades at school, and has not had negative school experiences.

Candace, 12 years old

Candace has always lived with her mother and has not seen her father since she was an infant. She would like to get to know him. She was exposed to IPV committed by her step-father for ten years. Candace has never been in a shelter before. She helped her

mother quietly pack for the shelter in the dark at night. Their departure was frightening, but in her description Candace emphasized their courage, quick-thinking, and her active helping role. She has some peer friendships, but says she does not like boys. Extracurricular activities have been enjoyable for her. After moving to the shelter, she stayed at her home school, and it has been challenging for her to prevent peers from finding out where she lives. She likes to help her family by taking care of her siblings and enjoys spending time with her pets.

Holly, 12 years old

Holly has lived with her mother her whole life. She saw her father once since infancy, but did not know it was him at the time. She wants to develop a relationship with him. The duration of her IPV exposure was ten years, with far more psychological abuse than physical abuse. Holly was sexually abused when she was younger. At school, she does well academically and has several friendships, including one best friend she has been close to for many years. Sports are important to Holly and she is active in several extracurricular activities, including a competitive sports team that she loves. She described numerous positive relationships with adults at school whom she speaks to often about personal and family concerns. In addition, Holly talks with her mother about family issues and feels close to her mother and siblings.

John, 13 years old

John reunited with his mother a few weeks before entering the shelter after several years living with his father. John's father had abducted him from his mother's care. He endured years of emotional and physical abuse from his father and his father's

partner. Siblings who are not being raised by his mother or father live elsewhere. At the time of their interviews, John and his mother had been in the shelter for several months. He was exposed to IPV for nine years of his life. John shared that he initiated his return to his mother by "going psycho" at his father's, specifically by biting and cutting himself, and refusing to speak. Although he has appreciated school as a way to get away from troubles at home, he has had academic challenges, numerous fights with peers, and negative interactions with adults at school. John spends much of his free time playing video games and says he believes, "Whatever doesn't kill you makes you tougher."

Serena, 13 years old

Serena lived with her mother for most, but not all, of her life. In recent years, her mother was incarcerated and Serena lived at times with her step-father, father, and grandmother. This time period was very difficult for her, as she felt rejected by her father, and adults demanded that she shoulder caregiving responsibilities for her siblings. Her mother's health deteriorated recently. Since her release from prison, Serena has maintained vigilant watch over her mother's medications and health. Serena was exposed to IPV for ten years of her life. She has had several close friendships and views school as a place to get away from family troubles, but says her grades have suffered because of family challenges. She has had the same best friend for years, and has stayed with this friend's family for weeks at a time. While her mother was incarcerated, she hid how upset she was from her siblings because she thought sharing her feelings would make her feel weak. She believes this helped her become stronger and learn new ways of coping.

Serena likes to journal, write poetry, draw, write letters to herself, reread old letters from her mother, take care of her family members, and spend time with her best friend.

Sarah, 13 years old

Sarah has always lived with her mother. Her father has lived with them intermittently throughout her life, present more often than he was absent, and her mother has not had any other partners. A self-described "daddy's girl," Sarah says she is very close to both her parents and her sibling. Her father has a long history of crack cocaine abuse, suicidal threats and self-injury. Sarah has been exposed to IPV for her entire life. She believes she is the only person who can prevent her father's suicide and motivate him to stay sober. Animals are very important to her and she views her relationships with animals as her main coping resource.

Sarah has had positive peer and adult relationships at school, but has had several negative experiences. She has difficulty staying awake in class because her parents and police intervention often wake her at night. Also, Sarah believes her grades fluctuate with her father's drug use. After a dissociative episode in class, her teacher was angry with her, rather than helpful. Sarah has a number of ways that she copes with challenges, including talking to her pets, crying, writing poetry and children's stories, joking, taking care of her father and sibling, and talking to her aunt and the shelter counselor.

Cedric, 13 years old

Cedric reunited with his mother shortly before entering the shelter after several years living with his father and step-mother. His father was physically abusive, but his step-mother was kind to him and he misses her. He no longer wants to consider his father

part of his family. When he was very young, Cedric spent time in foster care. The duration of his IPV exposure was ten years. His mother says that in recent years he has started getting in the middle of IPV incidents and is her "security guard," but Cedric describes himself as helpless during violent incidents. Cedric's sister recently had a life-threatening illness that led to disclosure of their physical abuse and reunion with their mother. At school, Cedric has enjoyed close friendships but also had a few fights. He copes with challenges in the family by talking to his mother and having fun with his friends so he can "forget about it."

Connor, 13 years old

Connor reunited with his mother when they entered the shelter. He had been living with his father and in foster care for several years. CPS initiated Connor's move from his father to his mother's care because of concerns about physical abuse by his father. Connor says he and his father hate each other. Shortly before CPS contacted Connor's mother, a man she had dated briefly killed someone in her family in her presence. Connor has siblings elsewhere who are not being raised by either of his parents. He was exposed to IPV for two years of his life, prior to age four. At school, Connor has had behavioral and academic challenges, which his mother attributed to his father removing him from special education services and medication. In his interview, Connor preferred to focus on the present and future. He said he and his mother take care of each other, and that he's "a joker." His best friend is a boy he met in the shelter. Connor loves Harry Potter books by J.K. Rowling and has read most of them twice.

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Anthony, 13 years old

Anthony has always lived with his mother. His father has been in their lives intermittently. He is currently incarcerated and Anthony expressed mixed feelings about him. Anthony, his mother, and his siblings have exceptionally warm and positive relationships. The duration of his IPV exposure was eight years, primarily perpetrated by his father but also by his mother's recent dating partner. Anthony described many positive relationships with non-family adults, particularly at school. Over the years he has actively sought and received helpful advice from teachers, counselors and his principal. He has done well academically and participated in sports, and has had several good friendships but some challenges meeting new friends when he starts new schools. When he has had challenges, his mother has always supported him. He also deals with difficult experiences by helping her, spending time with his siblings, playing sports, and working on his favorite hobby. Anthony says it helps him to know "that it's going to stop at one point in time and it's not going to go on forever."

Trey, 14 years old

Trey has evenly split his time growing up between his mother's and his grandmother's care. He has also spent time in foster care, juvenile detention, a psychiatric hospital, and "on the streets," typically sleeping in bus shelters, because he did not like staying with his elderly grandmother. Trey has had intermittent contact with his father during his life, who lives far away. They recently increased their phone contact and Trey hopes to visit him soon. He does not get along with his sibling.

Trey's mother has a long history of crack cocaine abuse, which has influenced his life experiences from the beginning: he was born with cocaine in his system. He has lived in a household with IPV for about three years of his life and says he has "a lot of anger inside" about his foster care experience. Trey does not have close peer friendships, and has had numerous fights at school. He has had several dating relationships. As an accomplished athlete, Trey says he loves sports. Recently, he has not been allowed to participate in sports at school because of his grades. His most positive school experiences have been extra-curricular activities, support from coaches and counseling services. Trey copes with challenges by "just walking away," listening to music, drawing, sports, and spending time with his cousin. He says, "I'm not scared of nothing."

Nicole, 14 years old

Nicole has always lived with her mother and has not seen her father since she was an infant. She was interviewed shortly before her family was to move to the state where her father lives, and she anticipated seeing him soon. In the last year, her grandmother died and her sister was sexually assaulted. Nicole was exposed to IPV for seven years of her life, and has felt unsafe from community violence in some of the places her family has lived. Her mother is certain Nicole was never aware of physical violence in her relationships, and she emphasizes the importance of relating to her children as siblings or friends rather than as a parent. Asked about Nicole's coping, she expressed that Nicole has never had any challenging experiences. Nicole says she has fun with her siblings, but does not like to talk about family issues with them. She has some good friendships at school, and says crying by herself helps her deal with family challenges. Nicole also says

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it helps to joke with her siblings and that she tries to avoid thinking about difficult experiences.

Desiree, 14 years old

Desiree lived with both her parents until they separated about eight years ago, and has lived with her mother ever since. They both describe their relationship as close and trusting. She has been exposed to eight years of IPV, with all of the physical abuse occurring after her parents separated. Desiree has mixed feelings about her relationship with her father. On one hand, she would like to develop a closer relationship, but on the other hand she is hurt by his ongoing abuse of her mother. Although Desiree has had occasional academic challenges and peer conflicts, her overall view of school is positive. She has been involved in sports, had positive adult relationships, and appreciated school as a break from problems in her family. Desiree has many friendships, and feels skilled in her social interactions. She has had a boyfriend for five months, but her mother does not know about their relationship. Praying, talking to her boyfriend and friends, playing sports, and trying to help her mother help Desiree manage difficult times.

The following section describes the salient themes in youths' life stories. Table 8.1 provides an overview of the frequency of the themes, how they co-occurred, and in whose life story narratives they were prominent. Definitions for each theme and examples of how they appeared in Life Stories are presented after the table.

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Table 8.1. *Life Story Themes*

	A Life of Frequent Moves	Interconnected Family Boundaries	Loss & Fear	Evolution & Change in Thinking	Complex Feelings about Males	Parental Crack Abuse	Physical Child Abuse
	n = 14, 100%	*n* = 13, 92.9%	*n* = 8, 57.1%	*n* = 4, 28.6%	*n* = 4, 28.6%	*n* = 4, 28.6%	*n* = 3, 21.4%
Laura	X	X				X	
Amanda	X	X	X		X		
Lucas	X	X	X			X	
Candace	X	X	X		X		
Holly	X	X					
John	X	X		X			X
Serena	X	X	X	X			
Sarah	X	X	X		X	X	
Cedric	X	X	X				X
Connor	X						X
Anthony	X	X					
Trey	X	X	X	X		X	
Nicole	X	X					
Desiree	X	X	X	X	X		

Research Question Two: Life Story Themes

A Life of Frequent Moves: "Here we go again… I'm tired of this moving"

This life theme was present in the life story of every youth interviewed for the study (*n* = 14, 100%). The theme "A Life of Frequent Moves" was particularly evident in all youth participants' life story timelines, as they frequently organized their memories based on residential and school locations. As reported in the sample description, on average mothers had moved more than six times in the last five years (ranging from two to eleven times). For seven mothers, most of their moves were with the youth. Analysis indicated similar high numbers of moves for youth regardless of whether they were with their mothers or other caregivers.

Residential moves were typically not limited to staying within one city or rural area, and families had lived in combinations or urban and rural areas. More than half of

the youth had lived in another state at some point, with frequent mentions of southern, southwestern, and west coast states in youths' life stories. In addition to the residential moves per se, the residential changes also brought school and family structure transitions in several cases, which are discussed further below. Nine youth (64.3%) typically transitioned to new schools each time they moved, and five youth (35.7%) also had frequent changes in family structure throughout their life stories, occurring concurrently with some of their residential and school changes.

Youth expressed a range of thoughts and feelings about their histories of frequent residential changes. While several clearly indicated that moving often was a source of distress, others seemed to accept it as an ordinary fact of life. Examples of distressed feelings included frustration, anger, and a sense of helplessness. These quotes from youth interviews exemplify some of their experiences and thoughts on frequent moves:

> I'm shy because usually I just made best friends and everything and then every time I made best friends or it's on my birthday, [my parents] moved. The last several years, we moved on my birthday. We get evicted and it says you have to be out. So it's like great, what a birthday present, you get to say goodbye to all my friends for my birthday and move for my birthday. So much fun. And find a place to go and everything because we've been like homeless several times already.
> *Sarah*

> Eight, nine, and ten is the moving. Moving and moving and moving and moving. There's going to be a lot here because someone broke into our house, our house burned down, we moved to [city]. Back to [other city]. It's going to be crazy here.
> *Amanda*

> We stayed most of the time in shelters and stuff like that. But only for a day or two. Then we went to my grandma's house, but most of the time when we were at my grandma's house it was just me and [my siblings] and my mom would just go off and try to look for houses and stuff and she

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ended up not coming back… Then when [my Mom] couldn't find the house that she was trying to look for, we went and lived with our sister. Then [adult sister] moved out because she couldn't handle us because it was a one bedroom apartment with four people. So she just moved out, and then we couldn't keep up on the bills so we got evicted. My mom, she had a boyfriend and she went and lived with him and we went and lived with [aunt and uncle] and that's when my dad got out of jail.
Laura

Some mothers made comments providing additional context for the residential instability and indicating that they recognized that moving often affected their children.

Two examples of mothers' comments are provided here:

I had moved so many times. I think it's kind of frustrated him because we just moved, moved. We had stayed in hotels and stuff. I can't get stable for him. And I told him our time is coming up and he got angry again the other day when I told him. He said, "I'm tired of this, I'm tired of this moving." My son has assault charges. So they won't let us into [transitional housing], so I don't know what we are going to do. But I'm tired. [Crying] I can't go to my mom's house because I don't want none of that at my mom's house. My mom is old. She can't go through that. So I don't know.
Trey's mother

[Crying] I am so tired of running. I don't want to run anymore. I just want to get an apartment and just let me and my daughter live my own life. I get frustrated and I get upset. I try hard to be strong. So my friend, I was like, "Um, I'm tired. I can't do this anymore." I was crying. I couldn't get it under control. I said, "It hurts me so bad that my daughter has to go through this. It's not fair to her." I said, "Why is he bothering me? Why is he following me? Why?" I don't want to do it anymore. I just want to live my life. Just get my place and live my life. I don't want to be in a shelter. This is the third time that I had to put my daughter through this. I'm thinking she's thinking that I'm a bad parent. I'm not stable, I can't keep her stable. It's gotten to the point where I just want to send her to my mom. But I can't send her there because he knows where my mom lives. He knows where my family lives. So I can't do that. So I try to be strong, I try to be there for her. I'm like, Lord, I pray, just let him leave me alone… Sometimes I feel like it's my fault why we are going through this

and why I have to move her. Every time she gets settled somewhere I
have to pick up and I have to move again. I don't want to run anymore.
Desiree's mother

While all youth in the sample were affected by residential instability, for a large

subgroup ($n = 9$, 64.3%) these moves also resulted in frequent transitions to new schools.

(For the other three, many of their residential moves kept them in the same school

attendance zones or they transitioned back and forth between schools they had previously

attended.) The number of schools youth had attended ranged from four to 18 (mean = 7.8

schools), with nine youth attending seven or more schools since kindergarten. Data was

missing for one youth, who had experienced several family structure changes and foster

care.

Note that half of the youth in the sample ($n = 7$, 50%) are in 7th grade or lower,

and that the mean of nearly eight schools is not the number of times the youth changed

schools, but total number of *different* schools attended. The number of school changes

would be higher than the numbers reported here, because some youth had school

transitions that entailed circling in and out of the same schools.

In general, youth interviews did not reveal negative feelings about school

transitions to the extent that they did regarding residential moves. Some even saw

attending many different schools as an asset in the development of their social skills and

networks, as these quotes illustrate:

Sometimes I hate it, but then again I love it because I meet new friends.
Like from when I went to [School name] Elementary, this girl
remembered me when I was in sixth grade. She was like, "Did you go to
[School name] Elementary?" I was like, "Yeah." I was in her class.
Nicole

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I switched schools nineteen times my whole life. The first time was scary. The second time was scary. After that, I'm like, okay, I know how to meet new people. I know what kind of people I hang out with and stuff.
Amanda

Again, mothers' interviews added additional context to youths' descriptions of school transitions. John's mother, for example, linked his most recent exit from a school to post-separation abuse from his father:

We had to go yank John out of school under police protection, get him out of that school district, send him out to another school district. And literally hide. He was driving all around town looking for us. Which just put John back in a tailspin again.
Johns' mother

Interconnected Family Boundaries: "No matter what… we still got one another's backs"

The life stories of nearly all youth interviewed ($n = 13$, 92.9%), five boys and eight girls, contained the theme of Interconnected Family Boundaries. The most common manifestations of this theme featured the youth in caregiving or adult roles ($n = 10$, 71.4%, three boys and seven girls) and the youth having pervasive feelings of concern about the mother's well-being ($n = 5$, 35.7%, two boys and three girls). Two youth in the sample (Anthony and Lucas) also exhibited exceptionally close bonds with one of their parents that were emphasized by both dyad members in their interviews, without describing caregiving or pervasive concerns in the parent-youth relationships.

In general, mothers and youth in the sample expressed that they provided one another with high levels of emotional and instrumental support. For example, Trey said this about his family: "No matter what we do, if we argue or fight, we still got one another's backs." Holly said, "My mom is always like, 'You always love taking care of

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everybody.'" Cedric's mother perceives that, "It's more or less me and my children against the world."

A neutral label for this theme was developed to reflect the variety of family presentations and perspectives on high levels of cohesion. The theme appeared with positive, negative and neutral valences. The presentation of Interconnected Family Boundaries varied across cases and often even within individual narratives. For example, in some dyads the mother expressed a positive view of the youth filling an adult role, while in others the opposite was true with the youth expressing investment in taking an adult role while her or his mother did not. In general, both mother and youth participants tended to view fluid boundaries positively. In seven youth interviews, however, youth indicated that at least some of the time they felt burdened by caregiving roles. Serena's case provides examples of ambivalent feelings. She is generally positive about taking care of her mother, but when her mother was incarcerated, the role demands placed on her by other adults were distressing. The following quote illustrates her experiences, with even her principal placing her in an adult role:

> [My grandmother] made me take care of [younger siblings] more as a
> mother instead of a sister. I had to make sure that they were dressed and
> they had to eat and they took their showers and stuff. I more took the
> place of a mother figure than a sister figure. And it was harder because
> they treated me more like a mother than a sister. Most of the time when
> they got in trouble, the principal would take me out of class and talk to me
> about their behavior and then I would miss out on something and it would
> just be tougher on me. Then my grandma would get mad at me because
> she was wondering why my grades were slipping. And I got into more
> trouble in class and stuff and everything. It was just like a big drop on me.
> [Wavering voice, sniffing sounds.] It made me feel really bad because I
> couldn't do two things at once.
> *Serena*

The following quotes from mother interviews illustrate youths functioning in caregiver or adult roles, including two where the youth counsels the mother on her intimate relationships:

> I told [my son] about the relationship that I was in where I didn't see any red flags. He did the little social worker thing and said "Describe it to me, Mom. How did you meet him?" I told him. And he said, "Mom, I see red flags right there." He said, "How come you couldn't see them? I'm 13 years old and I'm seeing red flags."
> *John's mother*

> My daughter is like, "Mom, I just wish you all would stay apart because you beg him to come back, he comes back, he hurts you again. Then you are crying and all upset again and you are begging him until he leaves, then you beg him to come back again."
> *Sarah's mother*

> It's cool, because it's like my daughters are my sisters. My boys are like my little brothers. I treat them not only like my kids, but my friends. And like my siblings. I don't try to be serious mom all the time.
> *Nicole's mother*

The next set of quotes offer perspectives of both dyad members, Laura and her mother. Comments from Laura's mother also communicate sex role expectations that for some participants may be closely related to the type of adult role they expect the youth to assume:

> [My mom is] always panicking about impressing people. I just keep her calm and massage her shoulders and everything. I'm like "Take a breath." Normally when I'm not around, she will only go into shock and she's always tripping about everything… You know how I told you [my Dad] works all the time? So he's like standing up and normally his feet and his hands and his back are hurting. So I have him a back massage and a foot massage and those feet are nasty. I hate his feet. Anyways, and I give him hand massage and stuff.
> *Laura*

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I don't care how old a man gets, they are little boys. It's just true. They just want you to be their mommy and take care of them and love them. And that's fine. I don't mind. I'm good at that. Just don't treat me like the kitchen rug is all I care about… [Laura's father] just needs a lot of love. I want [my daughters] to nurture him. If he knows he's loved and he's secure, then he'll be able to go on and achieve. He might be able to accept his flaws. And he might get help.
Laura's mother

Several interview comments illustrate instances of youth being motivated to function in a caregiver or adult role because of ongoing concerns for her or his mother.

These interview quotes illustrate elements of caregiving and concern and show how they are interrelated in some instances:

[Trey] tells me he loves me. And he calls me all day long. "Mama, you alright? You alright? What you doing, Mama? I just called to see what you doing." That makes me feel real good when he calls me. Just to check on me.
Trey's mother

Some days [my Mom] would let us stay home [from school] and watch her and my brothers and my friends would find a way to bring us our homework and stuff that we did for that week, or that day. It was easy and at the same time hard. I stayed strong through it all but at times I felt like just giving up, but then I realized I couldn't do that because it would just make everything worse because my mom was the center of it. We had to take care of her in order for her to take care of us. If we stopped what we were doing then she would stop. And then everything would just fall apart after that.
Serena

I was talking to a guy on the bus one day. This guy was being overly friendly and sat down beside me. He was very effusive and talking and he was drinking and John was just creeped out. John was sitting in the seat behind me and John was like "Mom. Mom!" And later on I told him "What? The guy just wanted to talk to somebody." He said, "Mom, the guy was creepy. Mom, I wanted you to get away from the guy. You just needed to get away." I was like, "It wasn't like I was going to get off the bus with him." You know, he really reacted to that.
John's mother

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Amanda's mother reported that she takes her children on her dates, because they "won't let" her go without them. The following quotes from Amanda and her mother illustrate the youth caregiving and concern from the perspective of both dyad members. Amanda's mother indicated that there had been recent changes in Amanda's focus on her mother. Her mother's interview indicates ambivalence about the changes. At some points she talked about seeing Amanda's efforts at separation in a positive light, while at other points she seemed to value Amanda serving as an emotional support for her. Throughout Amanda's own interview, she emphasized how critical her emotional and instrumental support was for her mother's functioning.

> I'm my mom's brain… I have the same handwriting, like exactly the same handwriting as my mom… I'm her brain. I remember everything for her. Without me, she would be like her head would be in the clouds. She would forget everything. She would have to have a pen and pad to write everything down. She already does that, but I'm just her brain… I memorized [my mom's] social security number, that's how much of her brain I am.
> *Amanda*

> It makes me happy that [Amanda is] so into school. She has goals for herself. That don't involve me, and that's important to me. Because I see the separation and we needed that. She needed that. Me and her are not a unit any more. She's her own person and it took her awhile to get there. She's not making her decisions based on me anymore. She's thinking more about herself and her interests. What she likes to do instead of me. That's a hard thing for me, sometimes, but I just try to think of it in a positive way… Amanda's really supportive. She's really in tune to my feelings. And when I am worried, she worries. She calls me and texts me all day long when she sees me stressed out. It's affecting her a lot.
> *Amanda's mother*

Themes of youth caregiving and concerns about their mothers were apparent in interview data regarding IPV incidents. During IPV incidents, some youth sought to

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protect their mothers and others focused on taking care of siblings. Results on IPV-specific behaviors are presented in the next chapter. Three examples are provided here to illustrate the phenomenon in the context of the life story theme of Interconnected Family Boundaries, with the comments by Cedric's mother (like Laura's mother above) possibly communicating sex role expectations about the type of adult role she would like her son to assume:

> Normally I stuck around [during IPV incidents] and make sure my mom is okay and everything.
> *Laura*

> [My sons] are at that point now to where they are ready to be my security guards.
> *Cedric's mother*

> I know one time she heard us arguing. He tried to close the door. And I said, "No, I don't keep things from my kids." And Serena told the kids to start packing their stuff, that we were leaving. I remember one time they all had trash bags, empty trash bags. They were filling their trash bags with stuff to leave. So she's always been in order with that. We did start arguing and stuff, they would come in the room. Because they didn't want him doing stuff to me… If Serena would have been there, maybe things wouldn't have happened. Serena was with one of her best friends. So she didn't know about it. Any other time, she makes her way. They make their way into the room. He could lock the door and [Serena's brother] would pick the lock. And they would come up in the room.
> *Serena's mother*

As described in the opening paragraph introducing this theme, two families (Anthony's and Lucas's) exhibited exceptionally close positive relationships between parents and children that were affirmed in detail in both dyad interviews, without having features of the youth in a caregiver or adult role, or the youth expressing pervasive concerns about the parent. They are included under the theme of Interconnected Family

Boundaries because the mother and youth interviews for both dyads emphasize the importance of the cohesive bond between parent and youth for the family. In the quotes below, Anthony's mother emphasizes one aspect of the interconnection between her well-being and her children's well-being, followed by quotes from Lucas and his mother illustrating his closeness with his father and the affect of his father's incarceration on him.

> The most important thing to me is to seek counseling, get as healthy as I can mentally, so I can give more of myself. And be able to give them a stable parent. In other words, me not being mentally stable to the point of having a healthy me, affects my children. So I would like to give them a healthy mother as far as going to counseling, going on medication if that's what it takes, so that I can really put a lot of thought in my parenting now… [Because my children and I stay in the same room at the shelter], we get to spend a lot of family time. So it's fun. We get to talk about a lot of things – we are real close so we talk about a lot of things.
> *Anthony's mother*
>
> A lot of times I went to work with my dad, because he owned his own business. And I'd go to work with him. And I remember, my dad said, "Do you want to help?" Because I'm always asking "Can I help? Can I help?"
> *Lucas*
>
> Lucas was very close to his dad. This has traumatized him. He's a daddy's boy and he was always with him, every day after school, on weekends with his dad. So, this has really hurt Lucas.
> *Lucas's mother*

In summary, the theme of Interconnected Family Boundaries was present in the life stories of the majority of youth ($n = 13$, 92.9%) in the study. The only youth whose life story did not feature this theme was Connor. Elements of the theme are actually strong in his current relationship with his mother, but there was no evidence in their interviews that either he or she had cohesive family relationships with each other or

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anyone prior to their recent reunion. He and his mother currently describe each other as one another's prime supports, with his mother even describing him as the only reason she cares whether she lives or dies.

<p align="center">*Loss and Fear: "Dang, harsh life"*</p>

Themes of multiple losses and fear were prominent in the life stories of eight (57.1%) youth, three boys and five girls. They had repeated experiences of lost relationships and possessions, and several expressed loss in more subtle ways. More subtle experiences of loss included expressions of lost privacy during their frequent residential moves, a lost family business, lost opportunities at school because they were kept awake at night during frightening IPV incidents, and the framing of their own major life experiences through the lens of their parents' relationship problems. Amanda's description of her painful emergency appendectomy provides an example of the latter:

> Got my appendix removed. That hurt a lot. I remember, because whenever they were taking me to the O.R., my dad showed up. He showed up and my mom had a restraining order because he used to beat my mom. That's why we ended up here and everything. Well, he showed up because he somehow – I don't know how he found out – and he found out my mom was remarried and he, like, I saw them arrest him whenever I was going in. So I was worried the whole time when I woke up.
> *Amanda*

Three girls expressed their loss of privacy living in the shelter. For example, Laura felt she had to impress people and Amanda was targeted by gossip:

> Here I have to show something that I'm not really and kind of try to impress people. But if we had a house and if it was just us, then I would know that I don't have to impress anybody.
> *Laura*

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Then these ladies at the shelter started making fun of my medicines. Like
they called me mean names and stuff. They told all the kids not to hang
out with me because I was a pill popper and I did drugs. And none of that
is true.
Amanda

Relationship losses experienced by youth in the sample included separation from

parents and siblings, inability to see extended family for IPV-related reasons (e.g.,

physical safety in cases of post-separation abuse), lost pets, and abrupt endings to peer

friendships. Often, youth expressed fears closely linked to a loss they had already

experienced. In other words, they knew something painful could happen based on actual

past experience and were thus afraid of repeat losses. As this theme category was

developed during analysis, it became apparent that loss and fear were two sides of the

same coin for the youth. Youth who had been separated from their parents feared being

separated again, and some youth described a climate of fear in their family related to IPV.

Reminders of past violence present in their daily lives served as threats of future

violence:

[My father] broke the TV. I saw it. It is still there. We saw it when it
happened though. Oh, yeah, we was there. Because he threw the TV on
the table and he broke the screen. And he cracked the window.
Cedric

Some of mothers' interviews echo this theme of interconnections of current fears

and past losses. This example from Lucas's mother also ties her fear and loss to IPV, and

a climate of fear in the family:

He promised to go to counseling and straighten up. I got to where I just
wouldn't say anything to him just to prevent a fight. I just wanted to get
my kids raised. The fear of losing another set of kids scared me. I didn't
want to lose my kids. Because my first husband used my childhood

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against me. That's why I lost my children. And I just had a fear of CPS coming in and taking my kids. So I just tried to bear with him.
Lucas's mother

Cedric, Serena and Sarah intensely portrayed the fear and loss connection in their narratives, because each of them had an immediate family member they thought could die in an instant with little warning. Sarah's father regularly involved his family and sometimes the police in dramatic suicidal threats and cutting self-injuries, and Sarah believed she was the only one who could save his life. Serena's fears related to her mother's health were illustrated in the previous presentation of the Interconnected Family Boundaries theme. Her fears related to her mother's health caused her to miss school to "watch" her mother. Through all of Cedric's family structure changes and residential moves, he was always together with his sister. His sister recently had a life threatening illness, and her health continues to preoccupy Cedric:

I thought I was going to lose [my sister]… I still can see the time when she first had a seizure. That's when I thought I was going to lose her.
Cedric

Sarah's description of one of her father's standoffs with police touches on a number of interrelated losses and fears:

The cops came finally. "Put the gun down! Put the gun down!" First they threatened to kill my dog. "Get that dog out of my face. I'm going to shoot him!" That dog is my life. I loved that dog so bad. They were going to shoot it, they had the red dot and my mom was like "No, you are not. That's my daughter's dog, leave it alone." And all that, so I had to haul my dog. And then my mom went and took my dog outside, "Make the kids leave, make the kids leave." …This is like several times he's been escorted away from our house. The cops are always taking him. I'm like okay, whatever. But then he kept saying he didn't want us anymore, and we were like great, whatever. So he'd get us kicked out and we

kept losing our friends and animals and me and my sister were just
sick. Dang, harsh life.
Sarah

When Sarah's mother described her daughter's typical behavior during IPV

incidents, her portrayal also connected multiple relationship losses. As part of her

confusing relationship with her father, Sarah lost several pets:

> He's had them get rid of their animals. My daughter's outlet is her cat.
> She had to sit there and we had to get rid of her cat after four and a half
> years. Her typical reaction [to IPV incidents] will be to go take her cat into
> her room and close the door and turn the music on and just hold her cat
> and talk to the cat. Because she swore that the cat understood her. Her cat
> was her life. And what really ticks me off is the last time she saw her dad,
> he was sitting there causing all of this and causing her to have to get rid of
> her cat. And then he was like "I'm sorry, Sarah, things happen in life.
> Your mom and I will end up getting back together and I'll straighten up
> and stuff. We'll get back together and we'll get you another cat to replace
> the one you lost." It's like, "How can you sit there and say--? Do you not
> understand that you are the one that made her lose this cat?" This cat was
> her life. Her outlet, her relief, everything. It was like that cat knew when
> she was upset. Anytime she needed him.
> *Sarah's mother*

A final illustration of the connection between fear and losses is excerpted from

Trey's interview description of his foster care experience. He viewed his time in foster

care as a turning point in his life where he lost positive aspects of himself, became angry,

and acted in ways that made him "a bad person."

> I was more worried about me [when I was in foster care], because I didn't
> want nobody to touch me or nothing. I was an angry little person. I was
> ready to fight almost anybody.
> *Trey*

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Participants expressed especially painful feelings when a loss they had experienced was related to mother-youth separations. Cedric's mother had sent her children to live with their father to keep them away from her current abusive partner:

> I just had that concern that they were feeling that I didn't love them because I just kind of sent them off. I didn't plan it to be [several] years.
> *Cedric's mother*

Serena provides a young adolescent's perspective of feelings she had about her relationship with her mother in recent years, when she felt unloved in connection with her mother's response to their separation:

> It was really hard because my birthday came around and I didn't get anything. It was different because my mom wasn't there. That was the second birthday she had missed in a row. And it was just bad. Both times she was in jail and it was upsetting. Because the first time she got out and she was supposed to celebrate something for my birthday that she missed. But she celebrated my brother's but not mine. And then the second time, just now, she celebrated both my brothers' and not me. It was just-- [Crying]. It just made me sad because it made me feel like she didn't love me. [Crying.] She just missed my 13th birthday and she missed my 12th birthday.
> *Serena*

Separations from grandmothers were also painful, as grandmothers proved to be important influences in youths' lives. Desiree, for example, talked about how the cross-country moves with her mother and their ongoing safety concerns due to post-separation IPV by her father had caused her to miss family reunions at her grandmother's house. Trey and his mother lived in the same city with his grandmother. He had lived with his grandmother prior to entering the shelter, but after Trey threatened to kill his mother's partner if he hit his mother again, the mother brought Trey to the shelter for both his and

his grandmother's safety. At the time of the interview, she was reducing her contact with her mother although it was a loss for her and Trey:

> [My ex-partner] know where my mama live. He don't know where I'm at, but he know where my mama is, and I don't want him to hurt my family. One day I was at my mama's house, we was having a barbeque, since I've been here. And I seen him rolled by in a car and he was just looking at me... So he know where she stays. Most of the time I go do what I got to do and come straight back here. I try to stay away from my mama's house.
> *Trey's mother*

The grandmother of another youth, Nicole, died a few months before her family entered the shelter. Nicole had been close to her grandmother, taking on a caregiver role during her terminal illness. She was grieving the loss of her grandmother while also coping with coming to the shelter due to her mother's IPV and ongoing harassment by the friends of the person who sexually assaulted her sister.

> [Nicole] will cry. Because my mom and her were tight. She would stay the night and she would help my mom take a bath. She would put my mom to sleep and she would stay there and she would still get up in the morning and go to school. ""Go tell grandma, I've got to go to school. I'll be back after school." She didn't leave my mom's side.
> *Nicole's mother*

While many of the losses affecting youth were clearly related to IPV, many clearly where not. The eight youth in this group experienced multiple losses, and in some cases there were so many concurrent problems that it is not possible to discern the original precipitating cause of the loss. (For example, Sarah simultaneously lost her home and pets several times, while feeling responsible for her younger sister's well-being and her father's life. Her father was abusing crack cocaine, assaulting her mother, cutting himself, and threatening suicide during these episodes.) Webb's (Webb, 2003) comment

on the risks of multiple losses to children (in substance abusing families) provides an apt

summarizing statement for results related to fear and loss in this sample: "The child's

very childhood has been lost" (p. 291).

The three life story themes presented so far in this chapter were prominent in the

life stories of more than half of the youth in the study sample. Four other themes,

described next, were prominent across the life stories of smaller numbers of youth.

Evolution and Recent Change in Youths' Thinking about Family Issues:

"Take that off my back and out of my heart"

The life story narratives of four (28.6%) youth, two boys and two girls, included

reflective statements expressing their self-assessment that their thinking and

communication about family issues had evolved over time. The theme was evidenced in

interviews in three main ways: in youth statements about how family experiences have

influenced their views of themselves, in descriptions of deepening mother-youth

communication focused on family issues, and in statements about advances in their

cognitive abilities. In other words, they expressed thoughts about their thoughts about

family. An increase in meta-cognition is one of several noteworthy cognitive changes in

adolescent development (Steinberg, 2005).

The theme is clearly exemplified in Serena's approach to the life story time line

she constructed as part of her interview. Rather than depict discrete events or

relationships for each year of her life, Serena labeled and illustrated the most recent years

thematically, underscoring her interview descriptions of the evolution of her thinking

processes as a central change. Figure 8.1 is a reproduction of the "fifth grade" page for

Serena's time line. In her interview, Serena expressed her perception that her thinking

and coping abilities improved at the same time that her family situation deteriorated. She

summarized her experiences of that time period by writing "tougher times but smarter

minds" on a page of her time line. Serena also explicitly links family pressures with her

ability to perform at school.

Figure 8.1 Page from Serena's Time Line
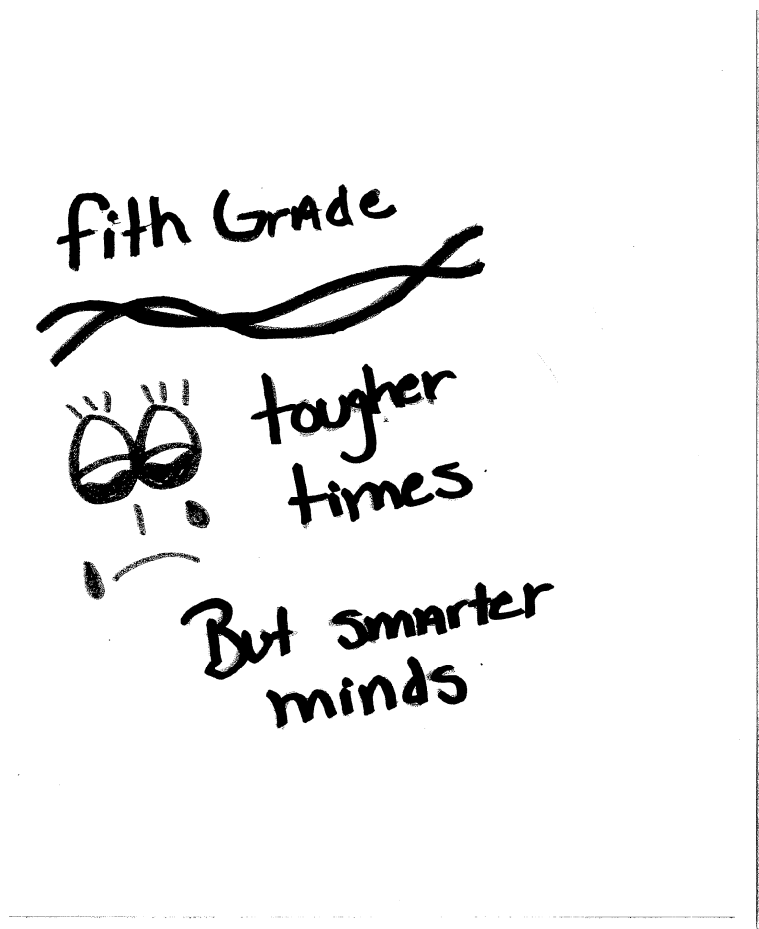
Two youth whose life stories illustrated this theme shared their thoughts about cognitive processes they went through in forgiving their fathers. After describing several hurtful actions of her father the night before they most recently fled from him due to ongoing post-separation IPV, Desiree said:

> That really made me upset. I was trying to-- I prayed or whatever and I was like, "Give me the strength and guide me into the right direction towards forgiving him." Not forgiving him for him, but forgiving him for me so that I can take that off my back and out of my heart. When I grew up old enough to realize what was going on, it was like he really hurt me. I didn't really understand and I didn't really like him. I didn't really have hatred for him, that's not a good thing. But I really finally learned to forgive him.
> *Desiree*

Desiree also voiced her struggles to understand her mother's actions in response to post-separation abuse. She described her efforts to communicate with her mother about their most recent move and indicated some increased understanding of the family dynamics behind it:

> I felt that she moved here so fast. We didn't have a car of our own. We were living in a hotel for awhile before we moved into our own place. I didn't understand why we didn't have our stuff together before you left somewhere. And I still don't understand to this day, but I guess when we talked I got a little bit better of an understanding.
> *Desiree*

John's case showed this theme especially in terms of his evolving communication with his mother about IPV dynamics. A previous excerpt, for example, described him counseling his mother about recognizing warning signs in relationships. In Trey's case, the theme was manifested in his descriptions of his evolving thoughts on how his family and foster care experiences have influenced his identity. Several times in his interview he

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explored the idea of whether his experiences had made him a "good" or "bad" person, and whether others' perception of him matched what was true to him on the inside.

In summary, five youth emphasized the evolution of their thinking and communication regarding family issues. They perceived improvement in their cognitive abilities over time, and made statements about how family experiences have shaped perceptions of themselves and others.

Complex Feelings about Adult Males: "She's very scared of men"

The theme of Complex Feelings about Adult Males was prominent in the life stories of four (28.6%) participants, all girls. Statements about specific males, such as mothers' partners (including youths' fathers), were not included in the development of this theme category. (Results describing youths' relationships and perceptions of their fathers are presented in the next chapter.) This theme category emerged from statements in youth and mother interviews about the youth perceptions and interactions with men in general. These were sometimes reinforced within the interviews by statements about boys and male pets in general. Candace, for example, blended the fact that she does not like boys and negative experiences with a male dog into an explanation of why she only wants to have a daughter as an adult:

> I just want to have one little girl. I don't like boys. Because I had a boy
> dog, he was really mean and [would] bite you and be aggressive and stuff.
> And I'd be nice and cuddly. Then when I get a girl dog, she was nice and
> cuddly and not biting all the time like my boy dog.
> *Candace*

In very similar words, Sarah expressed that she does not want a husband, and Desiree stated that she "doesn't trust" men and boys. Shortly before Sarah explained that

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"I'm not getting married because what I've seen…I'll pass," she had also used a pet story to imply a fear-provoking image of males:

> I fell in love with [the cat] at first sight. My dad came in the room and it
> cowered down. So it was beaten. We could tell it was beaten. Because if a
> girl goes near it it was like, it's just shy, but if a guy goes near it, it cowers
> down.
> *Sarah*

Amanda's mother shared that Amanda did not talk to her step-father for the first year after he joined their family. As with other theme categories, the theme is present across different contexts of youths' lives. Amanda's mother, for example, talks in the quote below about how Amanda's feelings about males influence her at school. Without pausing, she links Amanda's current fear with a past traumatic IPV incident she witnessed:

> I'm scared for Amanda. She's very scared of men. Male teachers. If you
> were a male, she probably would not see you. They won't let me go out on
> a date by myself, I've got to take them with me. Or else they are calling
> me every five minutes worried. Not that they want me to come home, just
> that they think something bad is going to happen… Amanda doesn't like
> men at all. And lately she has been expressing to me that she remembers
> when her dad raped me. She's been asking me a lot of questions.
> *Amanda's mother*

The four girls expressing this theme have varied levels of contact with their fathers, and none of them have lived with their fathers in recent years. Candace lived with her abusive step-father prior to shelter entry. None of the boys in the study sample made general inferences about males or females. They did, however, express a wide range of perspectives on their fathers, as presented in the next chapter.

Parental Crack Cocaine Abuse Prominent throughout Life Story: "It's been hell"

For four (28.6%) youth in this sample, two boys and two girls, the crack cocaine abuse of one of their parents was a driving force in their families throughout their life stories. The influence of crack started early in life for all of them. For two of the youth (Trey and Laura), their mothers abused crack, while for the other two (Lucas and Sarah), their fathers abused crack. In dyad interviews for all four of these youth, the parents' crack abuse was portrayed as a central issue around which dramatic family events and dynamics revolved.

Narratives of both mothers and youth closely entwined the influence of addiction in the family with other major issues (e.g., IPV, incarceration) and themes previously discussed: frequent moves, loss, fear, and interconnected family boundaries. While other families beyond these four reported substance abuse histories among parents or grandparents, those families did not present drug use as the driving force behind family events to the extent that these four families did. (And other families did not discuss crack cocaine. Alcoholism in the family was mentioned more frequently.)

The four mother-youth dyads expressing this theme varied in the extent to which they perceived the influence of parental crack cocaine abuse as problematic. Experiences of families whose lives revolved around the fathers' crack abuse are discussed first, followed by depiction of families where the mother was addicted to crack. The two families with fathers addicted to crack were families in which the mother had been married to and partnered with the youths' fathers for most of the youths' lives. Both

mothers had left the relationships temporarily at least once, but neither had had other partners since the youth was born.

In the case of Sarah's father, her mother said, "He's pawned everything [our children have] had. He's lost everything they've had." Previous sections have depicted Sarah's loss of her pets, her father's frequent suicidal threats, his self-injuries (cutting), and police standoffs. Both parents are violent towards one another, with her mother saying she "fights back." Like the other youth with parental crack abuse prominent in their lives, Sarah has witnessed her parent buying drugs and often had people (strangers) she was afraid of in and out of her home. Her mother described Sarah as handling her father's addiction primarily by seeking to take care of his emotional needs and prevent him from injuring himself. This quote, for example, illustrates the close connection between the family addiction dynamics and the dynamics of youth in a caregiver role:

> My daughter babies him. He broke something of hers that she cannot get again. And he got all mad, started yelling and screaming. And what would she sit there and do but turn and "It's okay, Daddy. It's okay. I didn't like that very much anyway. It's okay, Daddy. It's fine."
> *Sarah's mother*

Sarah's mother expressed ambivalence in her interview about the future of her relationship with Sarah's father, with his addiction playing the central role. They had previously divorced before reuniting, and she struggles to reconcile her hope that he will stop using crack with her acceptance of the impact his drug abuse has on the family.

> I will love him until the day I die. He's the father of my kids. He's basically all I know. Good and bad. Most of my life has just been him. It would be a nice fantasy world to just sit there and totally straightened up and we end up getting back together. But it's not going to happen. He's been promising me for years that he is going to stop. He's not stopping.

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It's time to grow up and become a man. I'm tired of dealing with all the
stress and the garbage.
Sarah's mother

In contrast, Lucas's mother was certain that she did not want to be together with

his father, who was incarcerated at the time of the interview. His crack abuse was a

critical factor in how she viewed future scenarios for Lucas's relationship with him:

I want him to have a relationship with his dad, because he is a good dad.
As long as he steers clear from the drugs. If I see for one second that he's
back with the drugs, I don't care about the women now, he can do what he
wants to. But the drugs, if I see the drugs, I'll pull Lucas quick. I don't
want him to look at drugs as a glamorous thing. I preach to the boys all the
time about the horrors of what drugs can do. And they know. They've
seen their dad in action.
Lucas's mother

Lucas's descriptions of his family life and father's drug use are quite different

from his mother's. When the interviewer asked if he had previously stayed in a shelter, he

made a statement that was typical of his interview, where he described negative events in

his father's life (e.g., incarceration, addiction) as being caused by other people:

When I was little bitty. My mom told me about it. That's the first time my
dad, well, that's when my dad was real bad on drugs. That's the first time
we came here. That's because our aunt and our uncle came to stay with us.
They are the reason that he got on drugs. They brought drugs down there.
Lucas

In this group of youth with parents who abused crack, results indicated that the

two youth whose same-sex parent was addicted (Lucas and Laura), had a pattern in their

interviews of normalizing extreme behavior. In contrast, the two youth in this sample

whose opposite-sex parent was addicted to crack cocaine (Sarah and Trey) made

numerous statements indicating their views that violence, drugs, incarceration, and

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frequent moves were distressing. An excerpt from Laura's interview provides an example

of her normalizing parental behavior that introduced chaotic events into family life:

> [My mother] was sleeping over at a friend's house because she had to get
> to work early and drop us off early and it was just closer to sleep right
> there just for that day. And they ended up killing this other woman and
> throwing her in a dumpster and she was an accomplice and then she had to
> clear that up and then she had to go to [another state] and then she came
> down here and then my dad couldn't get away from [Dad's partner]
> because she kept following him everywhere.
> *Laura*

Laura's mother does not perceive her crack abuse as problematic. Describing

herself as "adventurous," "a pioneer," "untraditional," and "a rebel," she expressed pride

that she has parented her children in a way that has made them strong. Regarding crack,

she said, "I don't know what you know about crack cocaine, but it affects people

differently. Me, I'm just as happy and I'm laughing, chit-chatting, I'm fine." When she

was completing the ABI (Shepard & Campbell, 1992) she said that an additional way her

partner abused her was that, "He wouldn't even let me have any dope. Or any booze, or

nothing. It was all for him." Overall, she expressed confidence in her parenting. In this

quote she contrasted how her adult children (of whom she lost custody) were raised with

how she has raised her younger children (including the youth participating in the study):

> These kids were raised with a silver spoon. They have values that my little
> kids don't. They are like rich folk. And [my younger children] are pretty
> ghetto and street smart. And they've had to be.
> *Laura's mother*

Laura talked about strangers often coming in and out of her family's home, as

well as her family staying with people they did not know during periods of homelessness.

Her mother's substance abuse appears to be a major force behind family events and

relationships. Laura's shared this memory from her early elementary school years:

> My mom had answered the phone and it was some guy that was drunk and
> he said to "Open your door" and my mom was like "Okay" and so she
> opened the door and this drunk guy came in. He was really wasted. He
> was trying to grab my mom and I pulled his t-shirt, and I threw him out
> and he was on the porch and I kicked him and he fell down the stairs. I
> closed the door. My mom said that I must have been Superwoman,
> because it was a really strong guy, but I don't remember him being too
> strong. Because it probably was so easy, because he was so not really all
> there.
> *Laura*

Trey's mother had been sober for more than six months when she was

interviewed. In contrast to Laura's mother, she expressed a negative view of crack and

how it affected her children's lives. Trey's mother said, "I'm just worn out. I'm just tired

of drugs." As noted in the sample description, both mothers with crack histories reported

several physical and mental health problems. A longer excerpt is provided here to

illustrate the role crack played in Trey's mother's life since his birth and to thus illustrate

how her addiction has influenced his circumstances:

> It's been hell, because I was strung out on drugs. I got on drugs after I had
> my first baby. That's when I started smoking some crack. And I'd be
> drugged for about twenty years. But I've always kept a roof over my kid's
> head, but I would go out there shoplifting trying to keep my bills… But in
> and out of jail, in and out of jail. And my mom would have my kids and
> then that's when CPS came in my life. When they said I would leave my
> kids. But no matter how high I was, I never left my kids or beat my kids.
> So when they came to my house, they see I was living like a normal
> person. But I was still on drugs. They didn't know… Until I had Trey, he
> was born with cocaine in his system. I told them I had been doing drugs
> the whole time because I was scared that he was going to die. So I told
> them and they put CPS back in my life. And that's when they had this
> inpatient thing they send me to. So I stayed there three months. Came
> here, stayed with my mama. I just walked out one day and left my kids

with my mama. I was on the streets for like five years before I went back
to get my kids… I just got tired. The streets will wear you down. I was
real small. Real small. Just living here and there. And I got mad at my
mom and I took my son with me. And we were just living here and there,
here and there. So I let him go right back to her, because I finally got tired
of him just living here and there.
Trey's mother

Three of the four mothers in this group experienced frequent and severe IPV.

Overall, however, the dyad interviews suggest that the influence of crack cocaine on

family dynamics overshadowed other factors for all four youth.

In summary, Trey expressed distress over the influence of his mother's crack

abuse and Sarah expressed distress over the influence of her father's crack abuse, and

both saw the addicted parent as culpable, to some degree, of introducing major problems

into family life due to their substance abuse. In contrast, the youth whose same-sex parent

abused crack (Laura and Lucas) generally portrayed that parent as oppressed by negative

forces outside the parent's control. They did not overtly acknowledge crack abuse as an

important issue in the family, yet vignette after vignette in their narratives placed

addiction dynamics in a lead role. The magnitude of the addiction's influence was

explicit in the mothers' interviews. It should be noted that Laura and Lucas were both 12

years old, while Sarah was 13 and Trey was 14. It is likely that the insights youth have

about their family dynamics change over time, and it is not possible to discern in this

small group what factors influence how the youth assessed the role of parental substance

abuse in their lives.

Physical Child Abuse Central to Youth's Story: "He was broken when I got him back"

For three youth (21.4%) in the sample, all boys, the experience of physical abuse was central to their life stories. All three were in the group that reunited with their mothers shortly before shelter entry. For all three, their fathers were physical child abuse perpetrators, and one was also physically abused by his father's partner. The abuse seemed to overshadow other influences in their lives at the time of the interview in the same way that the parental crack cocaine abuse was an overarching influence for the group just described above. (There were no youth in this sample for whom both physical child abuse and parental crack abuse were issues.)

As noted in the sample description, other youth also experienced abuse or neglect and had CPS interactions. For this group of three boys, however, the physical abuse appeared in mother and youth interviews as a salient, pervasive influence across different time periods and contexts of their lives that, from their perspectives, was a central influence in their lives. Two boys were especially explicit about negative feelings towards their fathers. In John's case, his father was frightening and emotionally abusive, while his father's partner was the main perpetrator of physical abuse. John had thought about who was actually instigating the abuse:

> It was mostly my dad's fiancé. She was doing most of the abuse. Like she'd put me in the corner for 12 hours a day. She whipped me with a belt. She'd grab me by my hair. Slap me. [My Dad] said that he was telling her what to do. But I think it was the other way around. Because she won in almost every argument that they had. I'm thinking that she was actually telling him what to do the whole time.
> *John*

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Throughout her interview, John's mother talked about the abuse he experienced. This quote describes her impressions of him before and after his years with his father:

> I lost a little boy. He was the sweetest, most innocent, most beautiful
> child. He literally had a light around him. And he was broken when I got
> him back. They hurt him so bad.
> *John's mother*

Although Connor made explicit statements regarding his hatred of his father in his interview, most information regarding his physical abuse came from his mother's interview. This statement was typical of Connor's interview: "Bad things have happened to me. I don't want to talk about them." Connor's father had been granted custody of him in spite of a documented history of violence, as detailed in this quote:

> All of a sudden, a man that I couldn't find since Connor was [very young],
> somebody found his dad. And he started coming down and I fought the
> courts on Connor being released to him because the reason that we got
> divorced was he had gone to jail for two counts of family violence and
> felony for striking a child. And I'd been ordered in this very county by
> Judge Smith when I went for my written protective order, to divorce him
> or lose my son. Because my son was [very young] at the time. Because he
> beat my best friend, her [young] daughter, and me, while holding my son.
> And, they are, "Oh, no, he's a changed man."
> *Connor's mother*

Although Connor's mother had remained in contact with him while he lived with his father, she learned about the extent of the physical abuse he had been experiencing when CPS contacted her to place Connor with her again. The pervasive influence of the abuse in Connor's life was most clear in his repeated statements of dislike for his father and his hope that he would never see him again.

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Cedric's mother found out about the physical abuse when her daughter was hospitalized. Cedric's sister came out of a month in intensive care afraid that she and her brother were in trouble because she was in the hospital:

> When [Cedric's sister] came out of ICU she was so concerned that while she was in the hospital her brother was being beat on. She just kept saying over and over again, "I'm in trouble. I'm in trouble." "What are you in trouble for?" "I'm in trouble because I'm not supposed to be in the hospital. They never take us to the hospital because they don't want us to tell. So they never take us to the hospital." And she just kept asking Cedric, "Am I in trouble? Am I in trouble? Am I going to get a whooping for being here?"
> *Cedric's mother*

Like Connor, Cedric revealed fewer descriptions of the physical abuse he experienced than his mother but made several statements regarding his dislike of his father. This statement, given in response to the interviewer asking, "What was it like when you were at your dad's house?" was one of his more detailed descriptions of the abuse:

> Boring. He always whipped us. He just started whooping us with switches and stuff. Before I turned 13, he was whipping us with belts and his hands and stuff… [For] stupid reasons. Like eating food without asking. He would call it stealing.
> *Cedric*

For Cedric and Connor, discovery of their fathers' abuse set reunifications with their mothers in motion. All three mothers felt a wealth of emotions about having the chance and the responsibility to parent their sons after the suffering they had experienced. Of the three mothers, Cedric's mother was the only one who had voluntarily placed her son with his father, and she felt partially responsible for his experience. All three spoke of feeling immense responsibility to change their lives to become stable parents,

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particularly in terms of gaining a reliable job and residence, and learning to be economically and emotionally self-sufficient without a partner. All three referenced spiritual beliefs in discussing their joy at reuniting with their children as well as their sorrow over what they had endured.

This chapter's section on life story themes concludes with a quote from Connor's mother that is typical of sentiments expressed by these three mothers. It summarizes feelings related to being at a turning point in her life and her parenting, the importance of being reunited with her son, and her spiritual beliefs:

> Until that point [when CPS placed Connor with me], I literally did not care if I lived or died… I told the workers, I said, "I'll do anything I have to do to keep my son with me. If you want me to take classes every day of the week, want me to go to therapy every day of the week, whatever you want, you just tell me and I'll do it."… Here's your son. Wake up. And there ain't nothing in the world like a child to kick you in the butt. [Laughs]… That's nothing but God right there… I have been through some rough things in my life. But if God was done with me, I wouldn't be alive to tell it.
> *Connor's mother*

<center>Turning Points: "The outcome to the input"</center>

In this study, turning points were conceptualized as they are in the structure of plays or film plots: as a time when there is a major change in the person's circumstances or life course, or a major change in the person herself (for example, an important new insight). Analysis identified experiences that were turning points from the youths' perspectives. Two youth did not identify a clear turning point in their life stories, while 12 youth identified one or more. A clear example of an experience that Trey perceived as a turning point in his life is presented here:

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Before I went to foster care, I was never a bad child. So now the outcome to the input, now it looks like I am kind of a bad person. But really if you look underneath all the things that I did wrong to people, you wouldn't see that I'm a bad child, you just see that I have a lot of anger built up.
Trey

Descriptions of turning points included those of seven youth who perceived the period they were in at the time of the interview as a turning point for them. This section first describes youths' portrayals of the current time period as a turning point, followed by presentation of past turning points in their lives identified by youth.

Not surprisingly, two of the boys discussed in the preceding section on physical abuse were among those who described the current time period as a turning point. Both Connor and John returned to their mothers after years with their fathers. For Connor the move occurred shortly after a family member's homicide. That traumatic event added to the sense of dramatic change for him and his mother. John expressed two major turning points in his life. In addition to the present time, he remembered a turning point after his parents' separated. His father's abuse of his mother escalated after their separation, culminating in John's abduction.

Candace had never been in a shelter before. Leaving to come to the shelter with her mother and siblings marked the first time her mother had separated from her step-father. Their departure took place after a long, gradual escalation of the IPV and an increase in his sexualized behavior towards Candace.

Although Lucas had been in a shelter before, he did not remember it. His family's arrival at the shelter was the end of several months of his mother struggling after his father was incarcerated. She sold the assets of the family business, turned to Lucas's

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paternal grandmother for shelter, and left that situation when the grandmother became increasingly emotionally abusive. Lucas indicated that he knew his mother wanted to divorce his father, but at times portrayed their family as mostly waiting for his father's prison term to end. He saw the current period as a transitional time disconnected from his past and future life.

Laura's perception was similar to Lucas's in that she saw the family's current shelter stay as a temporary break from recent events that would ultimately help her family return to the way they were several years prior, with her parents back together. Her mother shared this view, and stated that the reason Laura had joined her in the shelter was to give her father time to escape from his current abusive partner so they could all be together again. These youth all expressed a sense of guarded optimism about the current period of transition.

Nicole also perceived the current time period as a turning point, but expressed greater uncertainty about whether changes in family residence and structure would be positive. She was interviewed the day before she and her siblings embarked on a cross-country bus trip to live in a state she had never been to. Although she had moved often in one region, she expressed sadness because she felt this move entailed her first major good-bye to friends. Her father, with whom she had no contact since infancy, lived in the state she was moving to and she had recently talked to him for the first time. She was experiencing a multitude of feelings, ranging from excitement over the possibilities with her father and disagreement with her mother on how their relationship might unfold, to sadness about good-byes to peers and relief over the safety of the shelter. Unlike her

recent apartment, Nicole said, "The shelter makes me feel safe. I can sleep at night without thinking someone is going to hurt me."

Youth described turning points in their lives that had occurred in the past. In several instances, these involved separation from one of their parents. For one youth, her parents' divorce at age five was a turning point and for another youth it was his placement in foster care. Two youth pinpointed a time in the past when IPV escalated in their homes as a turning point (at ages five and six). For two youth the turning point involved their fathers' incarceration, and for one youth it involved her mother's incarceration. The latter case was Serena, whose experience was portrayed above in discussion of the Interconnected Family Boundaries theme. Her mother's incarceration introduced a cascade of changes including pressures to take care of her siblings, a brief unhappy stay with her father, a drop in her school achievement, a decline in her mother's health, a new emotional distance in her relationship with her mother, and an increase in her self-knowledge and her assessment of her ability to cope with challenges.

Two youth described specific traumatic events that were turning points for them, both mentioned previously in this chapter. Sarah stated she had prevented her father from committing suicide and described her subsequent belief that she is the only person who can keep him alive. Cedric's experience of his sister's hospitalization with a life-threatening illness also marked the beginning of shifts and changes in a number of areas, including his reunion with his mother and new fears for his sister.

While describing these turning points, several youth framed them in terms of how the experiences changed them as people, for example in terms of general beliefs, self-

perception, or well-being. One youth named the change in her mental state itself as a

turning point for her:

> I was so homesick and I held it in and I was so upset and had an attitude
> and my mom hates when I just walk around looking upset. One day she
> just set me down and talked to me and I cried a little bit. And then she
> called me down to the kitchen and I was on my way back upstairs to my
> room. It was like an adrenaline rush and I was shaking. And I just really
> went psycho and I was literally yelling at the top of my lungs until I
> couldn't scream any more. I was just crying and it was just like I held so
> much stuff in for so long and it finally just burst out without my control or
> whatever. I felt a little better, at the same time it was like "Oh, my
> goodness. Am I going to get into trouble? Does my mom think I'm
> crazy?" But then we talked about it or whatever and my mom understood.
> *Desiree*

At other points in her interview, Desiree referenced the time she "went psycho" as a time

a shift occurred in her perceptions about herself, her family, and her life.

Common threads across these turning points portrayed in youths' life stories are

the relational aspects and the impact of periods of uncertainty. All youth described a

number of changes they had experienced, but those changes that were salient in terms of

turning points were those that involved uncertainty about what was happening, who was

in control, and what might happen next. Relationships with parents, siblings and peers

played prominently in youths' perceptions of turning points in their lives.

Sense of Personal Agency in Young Adolescents' Interviews

Life story methods provided an opportunity for youth to portray events, roles or

domains where she or he felt a sense of personal agency. Zimmerman and Cleary (2006)

define a personal agency as "one's capability to originate and direct actions for given

purposes… influenced by the belief in one's effectiveness in performing specific tasks, which is termed self-efficacy, as well as by one's actual skill."

Statements about beliefs in personal agency were identified in ten youth (71.4%) interviews. Among the other four, two cases (Lucas and Cedric) did not reveal indications of agentic beliefs. In another of the four (Nicole), the youth expressed that during IPV incidents she tried more than her siblings to help her mother, but was not successful. The closest she came to describing a sense of agency was in a statement expressing that if she were bigger she would feel confident enough to hit her mother's partner and thereby help her mother. The fourth youth (Connor) did not verbally describe a sense of agency, but he was assertive in the interview by indicating several questions he wanted to "pass" on and by requesting that his interview not be audio-taped.

The ten youth who described personal agency beliefs shared them in a variety of areas that could be grouped into four broad categories: caregiving, cognitive development and coping, non-family relationships, and the physical domain. Four youth felt they were effective and skilled at caregiving, and four expressed skills related to coping or new thinking (e.g., learning to forgive, controlling aggressive behavior).

Three youth expressed agentic beliefs related to relationships outside the family. Anthony and Holly both described numerous relationships with non-family adults, particularly at school, from whom they actively and confidently sought advice. Desiree portrayed her peer relationships as an area where she felt skilled and influential.

Two youth expressed a strong sense of agency in the physical domain. Laura's father had told her to handle IPV incidents involving her mother's partner by putting him

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in a headlock, and she felt confident she would be able to do that if necessary. She expressed pride in being known as "the tough one" in her family. Trey talked about the football field as the place where he "can do it all" and "make things happen."

Three expressions of personal agency did not fit into these four general categories. First, Amanda excelled at school. She (and her mother) made several comments about her academic abilities. Second, Candace described the way she recently assisted her mother with sneaking out of the house in the dark at night to get to the shelter in agentic terms, related to her ability to assist with developing and executing a courageous plan in difficult circumstances. Third, John's statements related to agency were reminiscent of "strategies of resistance" to abuse. West (1999, p. 151) describes strategies of resistance as "any sign of dissent with the consuming effects of intimate and social violence." John says he "got back at" his father by stealing personal items and food that the father never noticed were missing. John stated that he initiated the reunion with his mother by "going psycho" at his father's, biting and cutting himself and refusing to speak. In describing himself now, he says, "If there's something that I really want waiting at the other end, there's nothing that can stop me."

Among the four youth who expressed agency beliefs related to fulfilling caregiving responsibilities for siblings and parents, several mentioned providing emotional support related to IPV. In addition, Desiree expressed the belief that (unlike Nicole) she would be able to intervene in IPV incidents involving her mother:

> [My Mom] started dating this dude. He has a really bad temper and
> something about him scares me. They've gotten into a couple arguments
> too, when I'm asleep. I know he wouldn't, but at that moment I just have

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that vision of him hitting her or something like that, maybe from my past. One day I told him that I heard the argument. And I was like, "If you ever hit my mother I would have to attempt to kill you." And they were laughing but I was so serious.
Desiree

Summary

This chapter addressed the second research question in the study: What themes do young adolescents in family violence shelters express in their life stories, especially in terms of turning points and sense of agency? The chapter presented seven life story themes that were prominent in the life story interviews and illustrated them with the words of youth and their mothers: A Life of Frequent Moves, Interconnected Family Boundaries, Loss and Fear, Evolution and Recent Change in Youths' Thinking about Family Issues, Complex Feelings about Adult Males, Parental Crack Cocaine Abuse Prominent throughout Life Story, and Physical Child Abuse Central to Youth's Story. Two final sections in the chapter presented results related to turning points and personal agency in youth life stories.

Results indicate that the influence of IPV was woven throughout the major life story themes for youth, for example in their experiences of loss and fear, in interconnected family boundaries, and in the complex feelings about adult males. From their first-person perspectives, adverse experiences or risk factors were not parceled into discrete factors, but tangled together. Only three discrete factors had such pervasive, overshadowing influence in the young adolescents' lives across different time periods and contexts from their perspective that they became prominent themes in and of

themselves: residential instability (with moves often concurrent with school changes, sometimes with family structure changes), parental crack cocaine abuse, and physical child abuse. Residential instability was experienced by every youth in the sample, and parental crack dependence and physical child abuse were each experienced by less than a third.

The influence of other specific adverse experiences, such as parental incarceration, IPV, and mental health disorders experienced by mothers seemed manifested indirectly in many youths' stories. In general, youth framed family stressors in terms of how the whole of their family history and present situation affected what they were supposed to be accomplishing at that point in their lives, in their relationships and their work (i.e. school).

The next chapter reports results for the remaining research questions concerning relationships, coping, and protective factors. It concludes with a summary of similarities and differences in the perspectives of young adolescents and their mothers.

CHAPTER NINE: RELATIONSHIPS AND COPING

This chapter presents results for the remaining research questions. Research question three focuses on young adolescents' relationships. Question four focuses on coping and includes subquestions about situational coping and safety planning behaviors during IPV incidents and youths' perspectives on living in the emergency family violence shelter. Question five pertains to protective factors and youths' views of the future. The sixth and final research question compares perspectives of the young adolescents and their mothers.

Research Question Three: Young Adolescents' Perspectives on Relationships

This section reports results for the third research question: What relationships do young adolescents in family violence shelters describe as important in their lives? Results are also reported for the following subquestions: Who has helped young adolescents cope with family concerns, and how? How do young adolescents view their relationships, particularly family, peer and school relationships?

Relationships Important to Young Adolescents

Results for this section are drawn primarily from qualitative data provided by youth during the first half of their interviews. As described in chapter four, the initial interview portion entailed a number of broad, open-ended questions to guide youth through telling the story of their lives while concurrently creating a life story timeline. They were given several open-ended prompts about important relationships as part of the request to describe "if Hollywood made a movie about your life story, or if you wrote a book about your life story, what would happen and who would be in it?" Before

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transitioning to the interview segment with more structured questions, the interviewer asked, "Are there any important people or memories have we left off of your life story time line?" The interviewer allowed time for addition of any omitted important people or experiences.

People whom the young adolescents described as important in their life stories fell into these general categories: parents, siblings, parents' partners, extended family, peers, and non-family adults (mostly, but not all, in professional roles). Two youth mentioned their pets as very important in their life stories. (More than half told animal stories, while these two emphasized their pet relationships.) It should be noted that "important" implies an influential relationship, but not necessarily a positive one. This is particularly true for a small number in the categories of siblings, parents' partners, and adults besides parents who did not help the youth when she or he needed help. There were instances, for example, when a participant talked about the fact that understanding her or his life story would include knowing about a certain person, but the youth would have preferred that person had not played a key role.

Family

In terms of family relationships, mothers were important in the life story narratives for all youth in the study ($n = 14$, 100%). Grandmothers featured as important for 11 (78.6%) youth, and siblings played important roles for ten (71.4%) youth. Fathers were important in the narratives of eight (57.1%) youth. For five (35.7%) youth, aunts were important, and three (21.4%) described cousins as important in their life stories. One (7.1%) youth's step-mother was important to him, one (7.1%) mentioned her great-

grandmother. One notable aspect of these findings is the prominence of female family members important to youth. Responses to direct questions in the second half of the interview revealed the presence of grandfathers, uncles, and step-fathers in youths' lives, but youth did not mention men in these family roles as important in their life stories.

Peers

Peer (non-dating) relationships played important roles in the life stories of 12 (85.7%) youth; two (14.3%) boys did not report any peer relationships that had played an important role in their lives. This included the case of Lucas, who spent the majority of his after school and weekend free time with his father either working in the family business or on a shared hobby. Non-dating peer relationships described by youth fell into these four categories: current shelter friends (n = 6, 42.9%), current school friends (n = 5, 35.7%), old friends the youth stays in contact with (n = 5, 35.7%), and old friends the youth is no longer in contact with, such as elementary school friends or neighbors who were important in the youth's life (n = 5, 35.7%). Several youth talked about maintaining relationships with friends whom they do not often see by using cell phones, texting, and online social networking sites.

One youth described important peer relationships that did not fit into any of these categories. John, whose emotional and physical abuse was described in the previous chapter, perceived kindness from the children of his father's partner during the difficult years he lived with him. They were slightly older, and were not physically abused. John described the role they played in his life:

They were pretty much against everything [Dad's partner] and Dad did.
They would do things behind [Dad's partner's] back. And like work to
change her opinion on certain things. They pretty much did their best to
make sure to stop as many belt whippings that they could. And they'd buy
stuff that they would say was for them, and then they'd give it to me.
John

Non-Family Adults

Eleven (78.6%) youth described adults outside their families as playing important

roles in their life stories. Nine (64.3%) youth named teachers or other school

professionals (counselor, principal, and tutor) as important to them. Many of the nine

named more than one person in this school category, with seven naming school adults

from their past and five naming adults they were currently in contact with at school. Two

(14.3%) youth said the parents of one of their friends were important, and another two

(14.3%) youth named coaches as important. Each of the following adults were named by

one (7.1%) youth as playing an important role for her or him: an adult met in the shelter,

a woman who had been the youth's life-long babysitter, former foster parents, and the

judge who sent him to foster care.

Feeling Accepted

Most youths thus described a number of people both inside and outside their

families, both peers and adults, as playing key roles in their life stories. In the latter part

of their interviews, youth were asked, "Where or with whom do you feel *most* accepted

and *most* like you can 'be yourself?'" Some youth gave multiple responses, with five

(35.7%) saying that they felt "most accepted" and like they could most be themselves

with their mothers. Five (35.7%) youth named other family members, with three feeling

most accepted with their cousins, one with her father, and one with her grandmother. Four (28.6%) youth felt most accepted with friends at school, with two of these youth specifically talking about their current friends and school, and two others talking about friendships at the schools they had just left. Two (14.3%) youth indicated that they felt most accepted in the shelter community, and two (14.3%) said "alone, by myself." In contrast, one (7.1%) participant said, "anywhere." One (7.1%) youth said she felt most accepted when she was with her boyfriend.

Mother interviews provided further context to some of the youths' relationship descriptions, with two notable cases that bear mentioning. First, one of the youth who felt "most accepted" and like he could most be himself with a cousin was referring to a young adult cousin his mother also mentioned. The mother described conflicts she has had with this cousin because of his physical abuse of his partner while living with her son in his grandmother's home. The cousin has also been incarcerated. In the second case, one girl said she felt "most accepted" with her boyfriend of five months. Her mother does not know about the boyfriend. In the mother's interview, she spoke about how she counseled her daughter to stay away from boys, since "boys will get you in trouble…don't get yourself involved in that."

School and Peer Relationships

School Peers

Every youth was asked if school peers knew she or he was staying in a shelter. The question was developed for the interview schedule because staff interviews identified privacy from school peers about their shelter residence as an issue of concern for young

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adolescents. The question did not apply for three (21.4%) youth who were attending the charter school at the shelter and thus had the same peers at school and in the shelter. Of the others, seven (50.0%) youth responded that their school peers did not know they were staying in a shelter. One (7.1%) responded that peers knew, and another one (7.1%), Holly, responded that she had shared her shelter residence with one special friend at school. Holly provided further insight into their relationship: "She's been through a lot and I've been through a lot so we share a lot of secrets together."

Two quotes are provided here from youth who responded that their school peers did not know they were staying in a shelter. They typify youth comments regarding keeping their residence information private from peers, and illustrate a variety of possible motivations for not wanting their peers to know:

> Just because I'm staying at a shelter doesn't mean that I'm financially poor or anything. I mean, I have money. I bring money every day. I walk with my friends to 7-11. So they don't even suspect anything… Whenever I walk home, I don't walk home, I just walk to the gas station. I'm going to try to take the bus on Monday to the library. I'm just going to stay there. I don't want to walk here, just in case. I do know people around here… No one asks me. Just everything is about what happens in school. Like what happens here, stays here.
> *Amanda*

> I would like to tell them, because this one guy at my school, he was like "Oh, come on, tell me where you live" and I was like "I can't tell you." And he was like "What happened?" and I was like "I can't tell you." And he was like "Did your dad and mom have a divorce?" and I was like "No, why would you think that?" So, it kind of makes me mad because I got to have it all bottled up. I can't tell any of my friends anything… I was telling her like, "Yeah, we are staying at our vacation house for Thanksgiving." She was like "Dang, you all got a vacation house?" and I was like "Yeah… I don't know how my mom paid for that."
> *Candace*

Positives about School

All youth mentioned one or more positives aspects of school. Nine (64.3%) youth highlighted friendships as a positive aspect of school, seven (50.0%) mentioned positive adult relationships at school, six (42.9%) described opportunities for extracurricular involvement, four (28.6%) reported academic achievement and motivation, and three (21.4%) appreciated school as a chance to get away from troubles at home.

Negatives about School

Four (28.6%) youth did not report any negatives of school experiences or relationships. The other ten (71.4%) youth reported these negatives about school in their interviews: academic challenges, including grades and standardized tests ($n = 6$, 42.9%), negative adult interactions ($n = 4$, 28.6%), physical fights with peers ($n = 3$, 21.4%), peer problems other than physical fights ($n = 3$, 21.4%), and feeling shy or worried about making friends at new schools ($n = 2$, 14.3%). One (7.1%) youth talked about often falling asleep in class and the challenge of getting up in the morning for school after sleeping poorly at night, including sometimes being woken up at night by IPV incidents. Sarah drew a connection between her family life and her academic achievement:

> You could tell what was going on in my household by our grades. My grades would be high, top notch when all was good and when something goes down, my grades whoosh.
> *Sarah*

Additional quotes are provided here to present positive and negative school experiences in youths' own words:

> [Middle school is] easier because my math teacher, she helped me for tutoring. Because she does it with me in the mornings and I stay there after

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school. It's easier, because they all like help me with everything so it's not as hard as it used to be.
Anthony

When I'm at school this is not on my mind, this situation that I'm in. It's like I wake up in the morning, I walk out that door, it's like everything is away. I'm just focused on going to school, education and laughing and giggling. And that's all I do. When I come home, it's like I'm depressed all over again.
Desiree

I've gotten in at least fifteen fights since I started school. Kids like to pick on me a lot. And all of them are with different people.
John

I woke up in class last week, because I fell asleep because I was really tired because I hadn't been sleeping.
Sarah

Well, it's not like [other youth at school] bugged me. It's more like they got on my nerves. My mom says I grew up really, really mature and all these kids are so immature that I think they are so immature and they get on my nerves and I can't stand them.
Laura

Mothers' interviews provided additional context to youth descriptions of their

school experiences, for example:

I'm trying to protect [Amanda] from her thoughts [by not seeking counseling for her]. I'm just trying to keep focused on her school. You know, she's an A student. She's never brought me home a B since third grade… Not one B.
Amanda's mother

Then [John's father] started stalking us. I think it just ate him up that I had John back. He would wait at the bus stop and sit there and stare at John and watch him get on the school bus. John got scared to even go to school.
John's mother

I always tell Anthony that if you fail in school, you start off failing in life.
Anthony's mother

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Dating. Five (35.7%) youth reported that they had been in dating relationships, and seven (50.0%) said they had not. Data on dating relationships is missing for two (14.3 %) youth in the study.

Only one of the youth in the study seemed to be in a committed dating relationship, while the other youth were "talking to someone" or had brief dating relationships. These quotes illustrate some of the youths' descriptions of dating:

> We talk on the phone. We met on the bus. Before we go, he's going to buy me a rose and a card.
> *Nicole*

> [My girlfriends have been] sometimes funny. But not too funny. Smart. And nice and truthful.
> *Cedric*

> I'll say that I only got like three girls and they are all friends and they know, that's what I like about them. Because they are friends and they are all cool with it, and I couldn't turn down none of them. So it wasn't really like I was cheating on them if they all know about it and they all cool with it. When we go out and stuff, it would be all four of us.
> *Trey*

Family Relationships

This section presenting results related to youths' relationships with family members covers the following relationships: mothers, fathers, mothers' other intimate partners, siblings, and grandmothers.

Mothers

Mothers played such a central role in young adolescents' lives that findings regarding the mother-youth relationship are included in nearly every research question. In

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the previous chapter, for example, mother-youth relationships were discussed at length in the "interconnected family boundaries" life story theme. In the presentations of results for the research question following this one, findings related to the mother-youth relationship in safety practices and coping related to IPV incidents are presented. Because information on the mother-youth relationship appears in more detail across several other research questions, findings here focus on results for a small set of interview questions.

Specifically, this section reports results for two questions about the mother-youth relationship. All youth were asked, "What is the most important thing your mother does for you?" and "What is the most important thing you do for your mother?" All mothers were asked, "What is the most important thing you do for [the youth]?" and "What is the most important thing [the youth] does for you?" The questions were deliberately broad to get an impression of relationship aspects that were prominent from participants' perspectives. Individual mothers and youth gave multiple responses to the questions.

Youth responses. In youth responses to the question regarding the most important thing their mothers do for them, responses regarding daily caretaking were prominent. Seven (50.0%) youth emphasized that their mother provides for their basic needs (food, clothes, "a roof over my head") and six (42.9%) reported that "she takes care of me every day." Two (14.3%) youth highlighted that their mothers help them with homework, and two (14.3%) stressed the emotional bond in their mother-youth relationship. They emphasized her being "there for me" to listen and talk. Each of the following three responses that did not fit into those categories was given by one (7.14%) youth: she loves

me, she watches out for me, and she always replaces things (videos, gaming systems, games) taken by dad.

Youth responses on the most important things they do for their mothers were more varied. One (7.14%) youth responded "nothing" and another (7.14%) responded "I don't know." For the 12 other youth, the two most frequent comments were that they take care of siblings ($n = 4$, 28.6%) and that they make their mothers laugh ($n = 4$, 28.6%). Three (21.4%) emphasized that helping her with chores was the most important thing they do for her, and three (21.4%) reported that they take care of her, without providing further details (e.g., when the interview followed up with the question how, one youth said, "I just do"). In a similar vein, two (14.3%) youth emphasized that loving their mothers was the most important thing they did for her. One (7.4%) said the most important thing was that he treated her with respect, and another (7.4%) said avoiding typical teen behavior like yelling when mad was the most important.

Mothers' responses. In mothers' reports of the most important things they do for the youth, the most frequent response concerned being emotionally available and communicative with the youth ($n = 9$, 64.3%).[9] For example, mothers talked about giving their time and advice, striving to be good listeners, and being "open and honest at all times." Five (35.7%) mothers emphasized loving and expressing their love to their children verbally and with physical affection as the most important thing they do in the relationships. Two (14.3%) mothers reported that stressing the importance of education

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[9] Percentages in this section reporting mothers' perspectives are based on the sample of 14 youth, rather than 13 mothers. The mother who had two of her children participate in the study was asked this question for each youth and gave slightly different responses for each dyad relationship.

and helping with homework was the most important. Each of the following comments, related to managing the youths' environment and role modeling, was mentioned once: trying to "get myself more stable," getting away from the abusive partner, and "showing my daughter she doesn't need a man to be complete." One mother highlighted the importance of providing fun activities like barbecues and holiday celebrations. Finally, one mother described relating to her children as brothers and sisters rather than as a parent as the most important thing she does in all her parent-child relationships.

Each mother was asked, "What is the most important thing [the youth] does for you?" Responses were varied, with these actions each emphasized regarding three (21.4%) mother-youth relationships: the youth loves the mother and expresses love verbally and physically, the youth helps with chores and managing household tasks, and the youth takes care of the mother (e.g., calls several times daily from school, monitors mothers' medications). Two (14.3%) mothers expressed that the most important thing the youth did was "just being who she/he is." Five other concepts were each mentioned once as most important: the youth is there emotionally to listen and talk, the youth gives the mother strength "to go on," youth "doesn't get in trouble," youth gets good grades, and "she is mine."

Family belonging and mothers' constancy. Two themes regarding the mother-youth relationship appeared in participant interviews and bear mentioning. First, most dyad interviews conveyed a sense of family belonging. Second, most youth depicted their mothers as constants in their lives, which resonated with nine mothers' expressions of their desire to "be there" (literally and also emotionally) for their children.

The sense of belonging to one another, and sharing their own family culture and bonds of love, was conveyed in unstructured and more light-hearted interview moments. For example, when either youth or mother talked about the youth as an infant, or about family stories from before the youth was born, they expressed appreciation for the family system itself and its unique culture. Dyad interviews in this study generally conveyed a sense of youth and mothers "claiming" one another and valuing their unique bond, in the sense that Andrew Bridge described in his memoirs of how he and his mother "claimed" each other during his decade in foster care, particularly in the midst of awkward interactions with outsiders who seemed not to expect loving interactions in a family with multiple problems (Bridge, 2008). The interview data indicate appreciation in several youth and mother interviews of the parent-youth bond itself and the family system itself.

Several youth comments had the common theme of expressing youths' sense of their mothers' constancy, that they could count on their mothers whenever they needed them and when other supports failed. Mothers' interviews reflected a counterpart to these themes by emphasizing the importance of being there for their children. This section on mother-youth relationships concludes with quotes illustrating the sense of constancy expressed by youth, followed by examples of mothers' quotes about being there for them:

> My mom. She's just always there for me. Like when no one else was, she
> is.
> *Sarah*

> The important thing, if I ever get a boyfriend, I would be able to tell her
> because I have a good relationship with my mom. Which is really good
> for me.
> *Amanda*

[My mom] takes care of me and she loves me even if she's mad at me.
She'll always love me and never not love me.
Holly

My mom was always supporting me.
Anthony

Even like she's in the worst position that anybody could possibly be in,
she goes and helps me out with something… She is always giving up what
she just lost and helping me. She always, every time that I'm with her, she
always makes sure I have like a roof over my head. Even if it is a shelter
or the worst place I could possibly be in… She always makes sure I'm
safe.
Laura

I told them when I came home it was all about them. I told them in letters
when I wrote them, because I've never been locked up before. Going
through it just killed me. Being away from my kids. Knowing that
somebody else is taking care of my kids. Knowing that somebody else
may be verbally abusing or doing something to my kids and that I can't
get to them. That is a hard, that is a bad feeling to know that you can't get
to your kids… I wouldn't leave my kids nowhere, with nobody, you know.
Unless it's something important like the hospital or something like that. I
don't like that feeling. Just being away from home. I wouldn't wish that
on anybody. Going to jail. I can't do it. I learned my lesson. Forever.
Serena's mother

I just try to give them love, show that I really love them a lot no matter
what happens… We give each other lots of hugs and love and kisses. And
we always say "I love you." We never go to bed mad at each other. We do
say "I love you" before we go to sleep. We get a lot of love between us.
Lucas's mother

Fathers

All youth were asked, "What is the most important thing your father does for you,
if anything?" and "What is the most important thing you do for your father, if anything?"
For the first question, four (28.6%) responded that their fathers did not do anything for
them, one (7.1%) responded that he did not know, and one (7.1%) responded that he did

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not want to talk about his father. The remaining eight youth provided varied answers, with several focusing on material support. Four (28.6%) expressed that the most important thing their father did for them was to provide financial support and provide for basic needs. Each of the following responses was shared by one (7.1%) youth: youth and father spend all free time together on the same hobby, father bought a video game when youth was six, father gives "apology gifts" to replace things he sold for drugs, and father recently started calling more frequently and talking more in-depth about school and relationships. One gave this general statement as his response regarding the most important thing his father did for him: "A dad is somebody to look up to sometimes. At some point in time."

In most cases, mothers' interviews were generally consistent with youths' on this question. For example, repeating the emphasis on financial support, Amanda's mother said, "They refer to their dad as the ATM machine," and Trey's mother said:

> I would like [Trey] to have a good relationship with his dad… I told his dad yesterday, "Your kid he need more than dad's money and clothes. He needs your love, he needs your support. He needs you, he needs to feel that you really care. That stuff that you are doing, I appreciate it, but it's material things. He can't die and take that with him, but he can take your love with him."
> *Trey's mother*

In response to the question about the most important thing that the youth does for her or his father, if anything, six (42.9%) youth responded that they did not do anything for their fathers, and two (14.3%) said they did not know how to answer the question. The interviewer did not ask this question of the boy who had said he did not want to talk about his father. The five (35.7%) who answered the question gave these responses

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describing their perception of the most important thing he or she does: help him with the family business, keep him alive by preventing his suicide, motivate him to stay off drugs, love him, "help him learn about me," help him learn to be a better person, massage him after work, and talk to him to make him feel better.

Holistic analysis: Perspectives on fathers. Holistic analysis of interviews revealed complex individual case profiles of perspectives on fathers. Results for dyad perspectives of fathers are presented here along four dimensions: the youth's perception of him as a father, the youth's perception of him in the role of mother's partner, the mother's perception of him in the role of father, and mother's perception of him as partner. Two to five categories summarize the perspectives participants expressed on each dimension, as listed in table 9.1.

Table 9.1. *Categories of Young Adolescents' and Mothers' Perspectives on the Father*

	Youth's perspective	Mother's perspective
As Father	1. Dislike/Hatred 2. Ambivalent (improving or contingent) 3. Father unknown, youth curious and interested in knowing him 4. Closest relationship 5. Hurt, rejected	1. Abusive father 2. Ambivalent (improving or contingent) 3. Father never sought relationship with youth 4. Great father
As mother's partner	1. Abusive/Bad/"He hurt her" 2. Ambivalent 3. Partnership information unknown to youth 4. Non-abusive/No major problems	1. Abusive 2. Non-Abusive

Profiles for individual cases are depicted in table 9.2. The profiles are divided into five subgroups based on the tenor of each youth's expressed feelings towards her or his father in his parenting role. The three (21.4%) youth in group one did not know their

fathers and are curious about them. The three (21.4%) youth in group two emphasized strong unequivocal dislike for their fathers. The two (14.3%) youth in group three described their relationships with their fathers in only positive terms and as their closest relationships. The fourth and largest group of five (35.7%) youth expressed ambivalence about their fathers. Finally, the feelings about her father expressed by one (7.1%) youth did not fit into any of these groups. Her predominant feelings were hurt, rejection, and hopelessness about her relationship with her father.

Group one. The three girls in group one (Candace, Holly and Nicole) were the only three who had virtually no contact with their fathers since infancy. They all emphasized that they wanted to develop relationships with their fathers and each one described a small number of facts she knew about her father. One expressed concern about his well-being. None knew what the relationship had been like between her mother and father. One had no memory of him and had never spoken with him. Another was interviewed for this study the day before she moved to the state where he lived. She also had no memory of her father, but they had recently started talking on the phone and anticipated meeting in the future. The third, whose paternal grandmother maintained a relationship with her, told a story about the one time in her life when she saw her father as a small child. She hugged a man she did not know and later learned he was her father:

> I want to know what he's like. Because I never really talked to him. I
> actually hugged him before but I never even knew it... It was when
> [relative] was dying. I remember I hugged him because I was scared. [The
> relative] had all these masks and stuff. And then he was sitting at a table
> and I went over and hugged him. I think I remember that.
> *Holly*

Table 9.2. *Case Profiles and Subgroups: Perspectives on the Young Adolescent's Father*

Name (group)	Youth's perspective: as father	Youth's perspective: as mother's partner	Mother's perspective: as father	Mother's perspective: as partner	Youth's contact/residential history with father
Candace (1)	Unknown/ youth curious	Partnership info unknown to youth	He never sought relationship	Non-abusive	Almost no contact since infancy
Holly (1)	Unknown/ youth curious	Partnership info unknown to youth	He never sought relationship	Non-abusive	Almost no contact since infancy
Nicole (1)	Unknown/ youth curious	Partnership info unknown to youth	He never sought relationship	Non-abusive	Almost no contact since infancy
Cedric (2)	Dislike/hatred	Abusive	Abusive	Abusive	Recently lived with father several yrs. w/o mother
Connor (2)	Dislike/hatred	Partnership info unknown to youth	Abusive	Abusive	Recently lived with father several yrs. w/o mother
Amanda (2)	Dislike/hatred	Abusive	Ambivalent	Abusive	Intermittent/ mostly apart
Laura (3)	Closest relationship	Non-abusive	Great father	Abusive	Recently lived with father several yrs. w/o mother
Lucas (3)	Closest relationship	Non-abusive	Great father	Abusive	Mostly together with both parents
Trey (4)	Ambivalent (improving)	Partnership info unknown to youth	Ambivalent (improving)	Abusive	Intermittent/ never lived together
Desiree (4)	Ambivalent (improving)	Abusive	Great father	Abusive	Intermittent/ mostly apart
Sarah (4)	Ambivalent (contingent)	Abusive	Ambivalent (contingent)	Abusive	Mostly together with both parents
Anthony (4)	Ambivalent (contingent)	Abusive	Ambivalent	Abusive	Intermittent/ mostly apart
John (4)	Ambivalent (contingent)	Ambivalent	Abusive	Abusive	Recently lived with father several yrs. w/o mother
Serena (5)	Hurt, rejected, hopeless	Partnership info unknown to youth	*	Non-abusive	Intermittent/ mostly apart

*Serena's mother's description of Serena's father was so inconsistent within her narrative and discrepant with Serena's account that it is not categorized here.

The mothers of youth in group one indicated that none of their fathers were

abusive partners. All corroborated that there had never been father-daughter relationships,

stating that the fathers had been "uninvolved" and "never sought a relationship" with the youth. All expressed that it was up to their daughters if they wanted to pursue relationships with their fathers. Two mothers reported that the girls' fathers had consistently paid child support. All youth and mothers in this group conveyed a sense of cautious optimism about the potential for father-daughter relationships to develop.

Group two. Group two youth (Cedric, Connor and Amanda) were more emphatically negative about their fathers than other youth in the sample. Cedric and Connor had lived with their fathers for several recent years without their mothers and were physically abused by their fathers. (Their experiences were described under the life story theme, "physical child abuse central to youth's life story.") Amanda and Cedric had the highest CEDV Home Exposure Subscale scores (Edleson et al., 2007b) in the sample. Before telling the interviewer that he did not want to talk further about his father, Connor shared that he and his father hated each other, that his father was not important, and that he never wanted to interact with his father again. Similarly, Cedric said he did not want to consider his father part of his family. Amanda reported that she and her father "are always at each other's throats." She hopes to maintain the distance she currently has in her relationship with him in the future. She shared a statement her father made about her:

> I remember [my Dad] telling my mom that "I don't think she's my
> daughter because she doesn't like me and I don't like her… she's just
> some weird little girl we picked up from the hospital." I remember that
> and I look at him now and it's like oh, my God, I still can't stand him.
> *Amanda*

Mothers of all three youth in group two described their fathers as severely abusive partners. They differed in their reports of the men in a fathering role. The boys' mothers

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viewed them only negatively, while Amanda's mother was ambivalent. She described his fathering role as that of a reliable financial provider who ranged from negative to uninvolved, but who might try to obtain custody if he learned they were in a shelter. She made a small number of positive comments about his ability to help Amanda's life become more stable.

Group three. The two youth in group three (Laura and Lucas) expressed overwhelmingly positive views of their fathers. For both, their closest relationship was with their fathers. Most memories Lucas spontaneously shared in his life story involved his father. Laura cited her father as the person with whom she felt most accepted and said, "We are really close and concentrated on each other." Both stated to the interviewer that their fathers never abused their mothers. According to their mothers, both youth witnessed severe IPV, including partner abuse perpetrated by their fathers. These two youth have other contextual factors in common. Both mothers reported that they themselves have also been violent in relationships. Both fathers have been incarcerated, with Laura's father serving prison time for assault. She described him as innocent of the charges. Finally, both youth were among those with the life story theme, "parental crack cocaine abuse prominent throughout youth's life story," with their same-sex parents abusing crack. Within that theme, Laura and Lucas were the two youth identified as "normalizing" extreme behavior of their parents.

Mothers' interviews for group three described youths' fathers in positive terms regarding their fathering role. Lucas's mother described him as a wonderful and loving father and said, "You couldn't ask for a better dad." As a partner, she described him as

abusive and said she had lived in fear of him. Laura's mother also described Laura's father as an abusive partner who was a good father.

Group four. Youth in the largest subgroup, group four (Trey, Desiree, Sarah, Anthony and John), expressed ambivalence about their fathers. Mothers of all youth in this group described the youths' fathers as abusive partners. Quotes by two mothers portray typical feelings of youth in this group:

> At one point he say he don't have no daddy. Then sometimes, my daddy.
> He just mixed emotion.
> *Trey's mother*

> Some days she's upset because she's like, "Why can't I have a father in
> my life? Why is he not here? Why doesn't he send us child support?"
> Things of that nature. She's kind of like one day she likes him, she misses
> him. The next day she's like, "Why did he do this? I don't even like him,
> he's just a sperm donor."
> *Desiree's mother*

Within this group, two youth (Desiree and Trey) described their relationships with their fathers as improving recently. Both recently started having more frequent in-depth phone conversations with their fathers. Trey emphasized hopes about visiting his father, and his efforts to comfort his father in their conversations. His mother had described the primary fathering role until recently as that of a financial provider. Unlike Desiree, Trey had no firsthand memories of his parents as partners. Desiree's awareness of how her father had hurt her and her mother contributed to her ambivalence. She described efforts to forgive him. In describing the recent evolution in their relationship, she voiced her ideas about factors that may have influenced his behavior:

> He was so focused on my mother, he wasn't focused on me. He was like
> "Why are you dating? I want to be with you." And he's just like really

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crazy for a second in his mind… he goes to church and he reads his Bible now like he used to do. I don't know what happened. I guess when he was little his father had a mental breakdown. He never knew his father. Then when I was born… was the first time that he ever seen his father. So I guess that had a lot to do with me but at the same time, why would you take it out on your child like that? I guess that encouraged him to do better things and go into the process of being a better person or whatever. So he's been in a relationship with me.
Desiree

For the other three youth in this group (Sarah, Anthony, and John), their feelings about their fathers were contingent on their fathers' current and future behavior. They conveyed a sense of wariness. Sarah described her feelings and relationship with her father as contingent on his sobriety. John's feelings were contingent on whether or not his father stayed together with his partner. Anthony's were contingent on whether or not his father was abusive to his mother. All five youth in this group expressed cautious optimism that their fathers might change, with Trey and Desiree citing recent experiences of improvement. Although Anthony's recent interactions with his father were more positive than before, he attributed that to his father not being able to physically abuse his mother while in prison and was uncertain how his father's behavior (and thus their father-son relationship) would be upon his release.

Sarah's ambivalent views of her father have been described in earlier sections. On the one hand she is a "daddy's girl," but on the other hand his self-injuries are distressing, as well as his selling her possessions for drugs and forcing her to abandon beloved pets. She stated that he "needs serious help" and that she hopes her parents will stay separated but fears her mother will "take him back" when he threatens suicide again. Her mother

described his fathering as contingent on his sobriety, saying he lied and was unreliable

when using crack, but was a great father when sober.

John stated with certainty that he never wanted to live with his father again, but

hoped to rebuild some kind of relationship. He tended to blame his father's partner for the

physical abuse he suffered and said he and his father talk "sometimes." His mother's

interview provided additional context for his feelings. She reported that his father

"dumped him" when he returned to live with her. She said John checks e-mail every day

for messages, but his father no longer writes or calls. She described his ambivalence:

> He goes "Dad is a creep. Dad's a jerk. Dad's an asshole." But then he said
> something that really broke my heart one day. He said, "Maybe Dad will
> quit his job again and maybe [Dad's partner] will kick him out and maybe
> they won't be together. Then maybe you can get back together." And I
> was like, where did that come from?
> *John's mother*

The mothers of youth in group four varied in their views of youth's father in his

fathering role more than mothers of youth in any other group. All mothers' comments on

how they believed the youth viewed her or his father were consistent with the views

actually expressed by youth, with the exception of Anthony's mother. She incorrectly

assessed Anthony's perspective, saying his father "can't do wrong in [his] eyes" when in

fact Anthony appraised much of his father's behavior negatively.

Most mothers of boys in the whole sample spoke about the need for their sons to

have relationships with some type of positive father figure. The behavior of youths'

fathers (and mothers' other partners) introduced dilemmas for mothers in this regard.

Mothers of boys expressed difficulty in knowing how to talk to them about their fathers,

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and mothers of both boys and girls were generally concerned about how, how much, and when to talk to their children about IPV. They expressed major struggles with the collision of three issues: their negative feelings about the youth's father, their desire to not negatively influence the youth's perception of her or his father, and their desire to communicate openly with the youth (especially when they acknowledged the youth's awareness of IPV). Most mothers thought it was up to the youth rather than her to decide what type of relationship she or he wanted with the father. These issues were present for all group four mothers, as well as other mothers in the study sample.

In Anthony's case, comparison of mother and youth interviews indicate that they have similar perceptions of his father, yet both maintain boundaries around what they communicate to one another. An excerpt from the mother's interview describes parenting dilemmas related to his father. Her words are typical of other mothers' comments:

> He'll call them and talk. That I can't stop. That's their dad. No matter how I look at it, I can't just say, "Don't talk to your dad." They saw the abuse with him. That's one of those things where I was saying kids don't come with instructions and it's like, what is the best thing to do here? Do I really tell them who he was, other than what they saw? Or say nothing at all? I don't know. They still love their dad. It's hard to talk about it because young men need their dads. Boys need their fathers. All I can do is let go and let God with that. All the stuff that he's done doesn't deter them away from their dad. They still love him unconditionally. I can't stop them or talk their dad down in such a way to make them look at him foully. The bottom line is that is their dad. I try to not tell them so much, but then a part of me, I guess the childish side of me just wants to say, "Your dad really ain't shit," to be honest. This man has caused me a lot of problems. That's something I just really hate to talk about… Whatever the parts that they remember, if they don't ask about it, I just leave it alone. But at times when things are going rough… I'll find myself in a place where I just really want to vent and say all these things, but because they love him so much, that's what stops me. *Anthony's mother*

Group five. One youth's perspectives on her father were different from others. Serena did not fit into any other subgroup and is thus alone in group five. She articulated profound disappointment in her father's behavior towards her, leading to feelings of hurt, rejection, and hopelessness about the future of their relationship. After many years without contact, Serena lived with him (and his partner and their children) in recent years while her mother was incarcerated. She said that if a movie were made of her life story, the time she lived with him would be "the worst scene." Neither she nor her mother described him as an abusive partner or father. Serena's negative view was shaped by feelings of hurt about their separation and disappointment in his lack of responsiveness to her at the most difficult time in her life:

> He wasn't really helping me with my schoolwork. He really didn't pay any attention to me… When [my half-siblings] needed something, he got it, or when they wanted something, he got it. But when it came down to me, he didn't really care…it was hard and I didn't know how to do it and I asked and asked. And he just wouldn't help me. He just didn't care. They would never make time to spend with me… he never really found any time. He found time for [my half-siblings] and he never made any time for me. Because he's been gone since I was six years old. I haven't seen him since I was six. Like the time I went to stay with him, that was the first time I'd seen him in years… he just never made any-- We never made any kind of bond because he never really wanted to be around me.
> *Serena*

One of the greatest discrepancies in mother-youth interviews in this study was in this dyad, regarding Serena's father. In contrast to the information shared by Serena, her mother reported that Serena's father had been incarcerated since she was an infant, and that he sent her hopeful letters suggesting that they reunite as a couple upon his release. By the mother's account, Serena never interacted with him outside prison. Coders agreed

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that Serena's description was more plausible, based on inconsistencies within the mother's account. Also, because Serena's interview took place after her mother's, the interviewer was able to ask her follow-up questions for clarification, and the sequence of family events Serena described was more detailed and coherent than her mother's description.

In summary, youth and mothers conveyed complex feelings about youths' fathers in their parenting and partner roles. Some common patterns were observed across families, enabling youth to be categorized into five subgroups based on the tenor of their perspectives on their fathers in his parenting role.

Mothers' Other Intimate Partners

Seven (50.0%) youth in the sample had long-term relationships with an intimate partner of their mothers' who was not their father. Only one of these was a boy. Three of the seven portrayed themselves as having no emotional relationship with that partner, including the sole boy in this group. For example, Nicole said, "Well, he's been there through like all my life. Like as my father. He doesn't mean much to me though." For the other five, youth perspectives on their relationships with the partners were more negative.

Candace described being afraid of her step-father. Although most of his partner abuse was psychological, she and her mother feared for their lives because of his threats. Serena's former step-father was "unhelpful" and severely physically abused her mother in her presence many times before and after their separation. Amanda made short, dismissive statements about her former step-father, who was also physically abusive of

her mother. Her mother reported that Amanda did not talk to him for a year when she first married him.

Desiree's mother was in a long-term relationship with a man who was not the reason they were in the shelter. Desiree described her own relationship with him as "okay" at one point in her interview, but at other times she expressed that she did not trust him, was afraid of his temper, and did not understand why she and her mother were not staying with him instead of in the shelter. (Her mother had told the interviewer that she did not think it was appropriate for them to live with a partner to whom she was not married.) Holly reported that she had generally avoided her step-father and occasionally sought his intervention when her mother made a parenting decision she did not like. For example, if her mother said Holly could not spend the night with a friend, she would appeal to her step-father who then over-ruled her mother's parenting decision.

Considering study results regarding youths' relationships with all of their mothers' partners as a whole (i.e. considering both fathers and mothers' other partners), it is notable how much more of a psychological presence the youths' fathers have in their lives in proportion to the fathers' actual participation in their lives. Youth who had a long-term relationship with another intimate partner of their mothers (who was not her or his fathers) were generally dismissive of his importance in their lives. This finding holds true when the data is examined at the level of the content of youths' interview statements, as well as when taking a holistic perspective on interview structure. Considering the interviews holistically, youth devoted far more time and affect to talking about their

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fathers, regardless of their level of interaction with him in comparison with other long-term partners in their mothers' lives.

Siblings

Youth were asked what types of things she or he did with siblings. The question was not applicable for three (21.4%) youth. Although there was only one youth in the sample with no siblings, two others had not had contact with their siblings for several years.

Eight (57.1%) youth reported engaging in physical activities with their siblings (e.g., sports, wrestling, bicycling, playing outside, going to the recreation center). Five (35.7%) youth reported playing video games and watching television with siblings. Two (14.3%) youth said they mostly argue with their sibling(s) and could not think of anything positive to say. Each of the following responses was given once: draw, do homework together, clean the house together, take care of younger siblings, laugh, make fun of people, and visit cousins.

Siblings featured prominently in youths' descriptions of their situational coping with IPV incidents. These findings are discussed under research question five.

Grandmothers

Eleven (78.6%) youth described their grandmothers as playing important roles in their life stories. Only mothers were mentioned more frequently. In general, youth portrayed grandmothers as reliable elders there for them when they needed emotional or instrumental support. Four (28.6%) of the youth had lived with their grandmothers at some point. For three of these four, their grandmothers had been their primary caregivers

for a period. This resulted in a mix of positive and negative associations for youth. While all but one of those who lived with their grandmothers could count on them for their basic needs, youth expressed challenges related to grandmothers' expectations and ages. Serena talked about her grandmother's expectation that she take care of her younger siblings in a maternal role while maintaining good grades at school. Laura talked about her grandmother's dementia, and Trey's mother described why he chose to live on the streets rather than with his grandmother the last time she was in jail: "He didn't want to go stay with her. Because she's old and grouchy… she's set in her ways."

Several talked about close relationships with both maternal and paternal grandmothers. For one youth, her grandmother was the person with whom she felt the most accepted. Another described her grandmother as the only person who noticed her achievements. (She planned to send the life story time line she created in the interview for this study to her grandmother.)

A smaller number of youth reported negative experiences with their grandmothers. One perceived his grandmother to be the reason they were in the shelter, because she was emotionally abusive when they stayed with her. Another was grieving the death of her grandmother at the time of her interview. One had witnessed her father sexually assaulting her mother together with her grandmother when she was younger, and her grandmother had not intervened. Another expressed that her grandmother did not help her leave her family situation:

> I really wanted to actually be adopted. I'm tired of this. Can I just go
> somewhere? I had asked my grandmother, asked my aunt if I could move
> in with them. They said no, because they didn't have the room. And they

didn't want to raise another kid… My grandmother is like "I don't want to do it anymore, I'm tired of it. I had to deal with all this growing up. I'm not doing it anymore." I'm like, "Grandma you are not the one living with it… You just don't want to hear how your precious little boy has done wrong. Make you feel like a bad mother."
Sarah

Some mothers and youth described feeling cut off from grandmothers because of IPV dynamics. For example, Desiree missed being able to go to family reunions at her grandmother's while they were hiding from her father. Trey's mother would not file a protective order because her former partner threatened to hurt her mother if she did. She now avoids her mother's home. Lucas's mother explained similar worries about her parents: "I didn't really have anywhere to go because my parents are elderly… I couldn't go to their house for fear that he'd go terrorize them."

Who has Helped Young Adolescents Cope with Family Concerns? How?

Young adolescents were asked who, if anyone, had helped them deal with concerns about their families. A follow-up question asked how the person they named had helped. All youth ($n = 14, 100\%$) named one or more people who had helped them. Seven (50.0%) youth received help from their mothers. Five (35.7%) received help from a peer. Four (28.6%) received help from their grandmothers, and four (28.6%) received help dealing with family concerns from professionals. These professionals were named: teachers, guidance counselors, and coaches. Two (14.3%) youth said they received help from the parents of one of their friends. Each of these sources of help was named once: boyfriend, neighbors, siblings, lifelong baby-sitter, former (adult) roommate, and youth's dog.

Youth provided further details on *how* these individuals had helped them. They described a mix of emotional and instrumental supports. Eleven (85.7%) youth indicated that they were helped by the individual(s) listening to them, talking to them, and providing advice. This included most of the mothers, professionals, and grandmothers, as well as the babysitter and roommate. Sarah described how her current shelter counselor was more helpful than previous counselors:

> I think [the shelter counselor] was more helpful because she actually
> listened and took what I said to word. Actually believed what I said
> instead of just saying "You are faking it." I ended up getting [illness]
> because of all the stress going on. She's the only one that caught me, and
> she's funny. She's fun to hang out with. She took us to this group thing.
> We just all hung out and talked. Just like fun things and she also listened
> and took what we said into consideration. Tried to help us instead of like
> "How do you feel about that? Oh, I see. How do you feel about that?"
> Instead of doing that. We are kids, come on, we are not adults. You could
> talk to an adult like that, but to talk to a kid you have to try to make things
> fun. Make the people believe that you are listening to them. This lady did
> so it helped me a lot.
> *Sarah*

Additional responses on how others were helpful varied. The mere presence of someone they perceived as empathic was helpful for three youth. Cedric's friends helped by having fun with him and helping him "forget about it." Connor said he and his best friend in the shelter both hated their fathers, liked the same activities, and "have been through the same stuff." Sarah said she felt like her dog really understood her and thus helped her cope with the challenges in her family.

Others reported instrumental support. Candace's aunt helped her family by telling them about family violence shelters. They did not know about shelters previously. John's school counselor gave his mother money to leave town when his father was threatening

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them. Serena's mother intervened on her behalf from prison by asking Serena's grandmother not to demand so much sibling caregiving from her. The two girls who said they got help from the parent of a friend both said that the friend's parent helped by letting them stay at their house often. Serena spent up to two weeks at a time at her friend's house, and Laura spent every weekend at her friend's house. In addition, the father of Serena's friend made a police report about IPV in her home, and the mother of Laura's friend told Laura she would pray for her. While there was no visible result to either of these actions, both youth described them as interventions that were meaningful to them and helpful in terms of emotional support.

Five responses to this question on how individuals helped youth with family challenges were specific to IPV incidents. Several youth said their siblings helped them during violent incidents by hiding with them. One youth said her aunt helped her by picking up her (and her sibling) during IPV incidents and taking them to her house or swimming. A neighbor helped by calling 911. An extended family member helped when he was staying in the youth's home by physically intervening in IPV involving her mother. Results regarding situational coping with IPV are presented below under research question five. Youth provided details about all of their situational coping efforts during specific IPV incidents, which sometimes included seeking or receiving help from others.

Youth were asked if there was anyone they reached out to for help who did not provide help. Seven (50.0%) youth indicated this had not happened to them. Six (42.9%) youth reported incidents of not receiving requested help, and data was missing for one

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youth (7.1%). The six youth who said they had reached out and not been helped by someone provided further information.

As previously described, both Serena and Amanda wanted their grandmothers to help them, but they did not. Serena also talked about asking her father for help and not receiving it. Trey thought the judge who placed him in foster care had made a mistake since he was not "the problem child." John had a negative experience with law enforcement while living with his father. He called after his father's partner had been choking him, and responding officers told him it was "normal discipline" in spite of bruising on his neck. John also described a conversation with a school counselor that made him so angry that he threw a chair at him. Cedric described crying in the hospital while his sister was in intensive care for weeks. He thought she was going to die. A woman affiliated with the hospital talked to him once, but did not provide the help he needed as he was continued to feel scared and alone.

In the latter two examples, close reading of interview transcripts suggests that Cedric and John strongly wanted help regarding what was happening in their families, gave signals of distress (crying and not doing school work), and were more deeply upset after the intervening adult did not probe deeper into the cause of their distress. This section presenting results for research question three concludes with further quotes illustrating some of the young adolescents' perspectives on relationships described above. It begins with a statement about a non-helpful relationship interaction, followed by quotes portraying helpful relationships:

There's this one time my guidance counselor had to dodge a thrown chair. We both got really angry at each other for some reason. After that I just remember picking it up with one hand and going woof… "Why don't you just do your work for once?" I think that's what he said. Which just threw me off the deep end. Because by then he was already angry at me when he said that. Which made him say something that made me violent.
John

My teacher, she is like totally awesome. You can tell her anything. And she'll keep it to herself. She won't tell nobody. She's like a mom, but she doesn't have any kids. She has cats instead of kids.
Amanda

I talk to my coach about what's happening but I'm not telling the whole story because my mom don't want me to.
Holly

The dude was always one of the best principals that I had. Always supporting me and stuff. So he was like a guardian, watched over me and stuff.
Anthony

[My friend's] parents are separated, too. And, oh my gosh, her family is so crazy. They are Christian and they are just so crazy and I love them because they are real down to earth. Like some people, they are perfect. But this family is not perfect at all. They are real cool and they are really understanding people… Her mother prayed for me and everything. She told me just like to take it one step at a time and it really helped me… She knew that [my dad's partner] was getting on my nerves a lot so she invited me over to her house every possible weekend, just to get away from her.
Laura

I think I suck but the coaches and stuff they see something good inside.
Trey

Research Question Four: Young Adolescents' Coping

This section provides results for research question four: What general coping strategies do young adolescents in family violence shelters use? It also addresses two subquestions: What types of safety planning behaviors do young adolescents engage in during IPV incidents? What likes and dislikes do young adolescents express about living in emergency family violence shelters?

General Coping Strategies

Young adolescents in the study reported using several general coping strategies. They were asked, "What do you think helps you get through hard times or experiences?" Individuals named from two to seven coping strategies (mean = 4.1 strategies). Less than half of the strategies named represented attempts to directly address the challenge, but focused on distraction or managing emotions instead.

Each of the following strategies was named by five (35.7%) youth: take care of or help mother, sports, hobby, keeping a specific mental attitude, and talking to an adult besides mother. Youth hobbies were art ($n = 2$), cars and bicycles ($n = 2$), and reading ($n = 2$). The five youth who said they talked to an adult besides their mothers specified these adults: aunt, cousin, friend's mother, shelter counselor, teacher, school counselor, coach, and principal. These specific mental attitudes were cited as helpful: "Knowing that it's not the end of the world, that I know I'm going to get through it," "It will all get better… Believing that, and it's true," "I learned from all the times before… that even though we were having hard times, I had to try my best to make it better," "Whatever

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doesn't kill you makes you tougher," and "Knowing that it's going to stop at one point in time and it's not going to go on forever."

The following two coping strategies were each named by four (28.6%) youth: take care of or help siblings, and talking to (or spending time with) another youth or child. These youth mentioned talking to best friends to cope with challenges, and one youth said he coped by talking to his brothers. Another met his best friend in the shelter. Four (28.6%) youth also mentioned avoiding or ignoring problems as a way they coped with challenges. One of them said it was too difficult to think or talk about problems. Others said, "I just walk way," "I forgot about it," and "I hide everything inside, like in my toes."

Each of the following coping strategies was named by three (21.4%) youth: writing (journaling, poetry, stories), spending time with animals, and joking and laughing with others. These strategies were each named by two (14.3%) youth: talk to mother, pray, take care of or help father, read and cry and think about challenges. One of the youth who likes to read as a coping strategy often rereads old letters her mother wrote her from prison. She cried during the interview while talking about what the letters meant to her, saying they showed how much her mother "believed in me while she was gone."

These three other coping strategies were each named by one (7.1%) youth: often changing hairstyles, playing video games, and listening to music. Also, one youth emphasized his endurance and ability to control outcomes, saying, "If there's something I really want waiting at the other end, there's nothing that can stop me."

Mothers also reported their perspectives on general coping strategies used by the youth. Table 9.3 depicts coping strategies described by youth and mothers. Mothers named fewer coping strategies than youth. The number of coping strategies each mother described her child using ranged from zero to four (mean = 2.2 coping strategies).

Table 9.3 *Young Adolescents' General Coping Strategies (N= 14)*

	Youth's report (%)	Mother's report (%)
Takes care of/helps mother	5 (35.7)	5 (35.7)
Sports	5 (35.7)	0 (0)
Hobby	5 (35.7)	1 (7.1)
Keeps a specific mental attitude	5 (35.7)	0 (0)
Talks to an adult (besides mother)	5 (35.7)	3 (21.4)
Takes care of/help siblings	4 (28.6)	4 (28.6)
Talks to/spends time with another youth/child	4 (28.6)	2 (14.3)
Avoids or ignores problems	4 (28.6)	6 (42.9)
Writes (journaling, poetry, stories)	3 (21.4)	1 (7.1)
Spends time with animals	3 (21.4)	1 (7.1)
Jokes/laughs with others	3 (21.4)	0 (0)
Talks to mother	2 (14.3)	4 (28.6)
Prays	2 (14.3)	0 (0)
Takes care of/helps father	2 (14.3)	0 (0)
Cries and thinks about challenges	2 (14.3)	0 (0)
Reading	2 (14.3)	0 (0)
Television/video games	1 (7.1)	2 (14.3)
Listens to music	1 (7.1)	2 (14.3)
Changes hairstyles	1 (7.1)	0 (0)
Focuses on school	0 (0)	1 (7.1)
Eats/uses food to cope	0 (0)	1 (7.1)
Self-injury/cutting	0 (0)	1 (7.1)
I don't know	0 (0)	1 (7.1)
Seeks information on problems	0 (0)	1 (7.1)

There are a number of similarities in youths' and mothers' reports, particularly in terms of youths' family relationships that help them manage difficult experiences. The two most noticeable differences are in the areas of sports and keeping a specific mental attitude. Five youth described each of those as coping strategies, while no mothers mentioned sports or the youth's mental attitude about handling challenges. Slightly more mothers than youth discussed the youth avoiding or ignoring problems as a coping

strategy. The following quotes present some of youths' general coping strategies in their

own words and their mother's words:

> I look different. My hair was like really long and I decided to chop it off
> one day… I got mad. Whenever I get mad, I don't know what to do. I
> was bored. I was looking at myself in the mirror and thinking maybe if I
> cut my hair, maybe it will take off some anger.
> *Amanda*

> Once I moved in with Dad, I kind of withdrew into myself. And I pretty
> much kind of stayed by myself, pretty much.
> *John*

> I was already mad, didn't want to live anymore because I got tired of my
> parents and never cut myself. Just kept writing it down, just kept saying I
> want to. But my cat, I like was talking to my cat. That was my thing…
> Like I wrote all the time but everybody said my poems are awesome and
> "You should get them published." But then when they read them, they
> were like "Yeah your poems are good but, Sarah, they are all depressing."
> Yeah, I know, it's either that or do what my friends do and cut themselves.
> Not smart. Because what they are doing is messed up also. So instead I
> just wrote my thoughts down or talked to my animals.
> *Sarah*

> He's able to distance himself. He's so into video games now that we can't
> bring him out of it. They are really worried about him here. He's zoned
> out into [a video game]. And as brilliant as he is, he is failing math. And
> he's slacking off at school because of those stupid games. Whenever
> something comes up that he doesn't want to hear, that he doesn't want to
> deal with, he gets into the game.
> *John's mother*

> With Laura and her food… her best friend is food. We are going to have to
> find her a new best friend.
> *Laura's mother*

> What has helped him get through hard times? I really cannot say. I don't
> know how he gets through hard times. I guess just being a kid… You
> could ask him to see what he would say. When you ask him, I'd actually
> like to know what he said. I mean, I'll ask him later myself, to see how he
> answered that question.
> *Anthony's mother*

Situational Coping during IPV Incidents

Youth and their mothers were asked a series of questions regarding youths'

situational coping during IPV incidents. First, they were asked if there had ever been a

time when the youth was afraid for her or his mother's safety, or the safety of someone

else in the family, because of something happening between the mother and her partner.

Twelve (85.7%) youth said they had been afraid because of something happening

between the mother and her partner, while one (7.1%) said he had not (Lucas).[10] One

youth (7.1%) said the question was not relevant to him since he had not lived with his

mother since he was very young (Connor).

Mothers of twelve youth (85.7%) responded that there had been a time when the

youth was afraid for a family member's safety because of something happening between

the mother and her partner, while mothers of two youth (14.3%) said there had not. The

mothers of Nicole and Desiree were both certain that their children had always been

asleep for all threats and incidents of physical violence.

The 12 youth and mothers who responded affirmatively to this question were

asked what types of things the youth usually did during those times. The interviewer

followed up on this open-ended question with a checklist of six specific safety planning

behaviors the youth may or may not have engaged in to determine if the youth had

engaged in any of them. Table 9.4 shows youth and mother responses.

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[10] Description of results for the first research question noted Lucas's low score on the CEDV Home
Exposure Subscale (Edleson et al., 2007b) in comparison with his mother's reports of IPV in the home (in
the section "Comparison of Youth's Qualitative Results with Quantitative Data").

Nine (64.3%) youth responded that they left home when there was something happening between the mother and her partner that made the youth afraid for her safety or the safety of someone else in the family. Eight (57.1%) youth went somewhere else inside the home to get away. Eight (57.1%) described working together with someone else in the family to stay safe. Each of the following behaviors was named by three (21.4%) youth: called 911 for police intervention, physically intervened, and said or yelled something to the adults involved. Two (14.3%) tried to get help from someone outside the immediate family (besides law enforcement). Individual youth also described these responses: covered ears, got mad, cried, refused to eat what father gave me until mother stopped crying, did whatever mother and her partner said to do, and "One time I couldn't do anything, I just went into shock and stood there and couldn't move. But usually I just would hold my head because I'd get a headache and the room would start spinning. I'd sit down and just hold my head."

With the exception of one boy, all youth described more than one typical coping strategy during IPV incidents. In other words, most individual youth used a variety of strategies. Cedric, the exception, said his typical response was that he "got mad." He did not name any coping strategies other than doing whatever his mother and partner asked him to do. Inevitably, however, they asked him to perform conflicting actions (e.g., call 911, do not call 911) and the limited information in his reticent responses during this portion of the interview indicated that he felt a sense of paralysis during IPV incidents. The slightly different accounts he and his mother gave on whether he ever called 911, for

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example (quoted below under "Called 911"), suggest that he did what was necessary to appear cooperative to both adults.

Every mother described her child as having more than one type of situational coping response to IPV. According to their mothers, youth engaged in these behaviors: ten (71.4%) went somewhere else inside the home to get away, six (42.9%) left home, six (42.9%) worked together with someone else in the family to stay safe, three (21.4%) called 911, and three (21.4%) said or yelled something to the adults involved. Mothers named each of the following behaviors for two (14.3%) youth: came into the room where the adults were to be close to the mother, tried to get help from someone outside the immediate family (besides law enforcement), physically intervened, and prepared to help mother leave the house by telling younger siblings to start packing and gathering mothers' keys and purse by the door. One mother said the youth intervened by threatening to kill her partner, another said her daughter makes the television or music very loud, another said "she just kind of sits there and crawls into herself," and another said the youth tried to divert her partner's attention from her with his crying. Both youth and mothers provided further details about youths' situational responses to IPV, described next.

Table 9.4. *Young Adolescents' Behavior during IPV Incidents (N= 14)*

	Youth's report (%)	Mother's report (%)
Left home	9 (64.3)	6 (42.9)
Went somewhere else inside home	8 (57.1)	10 (71.4)
Worked with another family member to stay safe	8 (57.1)	6 (42.9)
Called 911	3 (21.4)	3 (21.4)
Physically intervened	3 (21.4)	2 (14.3)
Said or yelled to adults involved	3 (21.4)	3 (21.4)
Tried to get help outside immediate family	2 (14.3)	2 (14.3)
Other	6 (42.9)	4 (28.6)
Not applicable/Missing data	2 (14.3)	2 (14.3)

Left Home

Youth reported that when they left home during IPV incidents, they went to neighbors ($n = 3$) and to play outside ($n = 2$). One youth each described going to these places: extended family members' homes, hide in the garage, be outside with farm animals, a park, run around the school track, and just get out without knowing anywhere to go. Most youth left during IPV incidents without an adult, but for two youth, their departures from home were usually with their mothers and siblings.

According to mothers' reports, when youth left home during IPV incidents, they would go to friends' homes ($n = 3$) and extended family members' homes ($n = 2$). One mother each reported that the youth went to these places: the car, hide behind the garage, be with animals outside, walk around the block, and neighbors. These youths' quotes illustrate examples of youth leaving with and without adults:

> I just started walking down the road… it's kind of far but it leads to the highway. And I just walked down the side of the highway… I walked to Walmart and I stayed at Walmart.
> *Serena*

> I get my sister away from it… take her outside to go play at the park or something, just get her away from it… Whenever they fought we would call my aunt and she would come pick us up and just take us… She just said, "Here's my number, call me whenever they are fighting and something going and you want to leave." So we called her and she would take us out swimming or take us out to eat and we would go play with our cousins.
> *Sarah*

> At first I think my dad didn't want either one of us to leave. Then it seemed like he could care less if my mom left, but he wanted to keep me. So he was running after us and my mom got in the car. My dad was telling

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me not to get in the car and my mom was telling me to get in the car. And I'm standing next to the car and I guess my mom had thought I was in the car and she started to back up. And actually ran over my foot. Then I started screaming so she rolled back up or whatever. There was no damage to my foot, it was just a little pressure for a couple of seconds. And then I had finally got in the car and he jumped on top of the car and she drove off.
Desiree

I was kind of scared [when we were packing to come to the shelter] that he could show up at any minute because we had to keep all lights off so no one would see. We were in the garage and it was me and my mom outside the door, I couldn't see anybody. I just stood there and she was like "Somebody's watching us." What? And then we saw across the street, two people were outside looking at us and we were a little scared and stuff so my mom was like "Hurry, hurry." So we thought Daddy had done something, like to make them watch us and make sure we didn't leave.
Candace

Went Somewhere Else inside the Home

Youth described some of the places they would go to inside the home during IPV incidents: youth's own bedroom ($n = 5$), locked bathroom ($n = 2$), and closet ($n = 1$). One youth said he went into any room away from the fighting as long as it was the same room where his siblings gathered. Mothers described their impressions of where youth went inside the home during IPV incidents: youth's own bedroom ($n = 5$), into the room where the adults were to stay close to the mother ($n = 2$), outside the door near where mother was being hurt ($n = 2$), and a locked bathroom ($n = 1$). The following quotes illustrate comments about where youth went inside the home:

When I was little I used to go hide… Like me and [my siblings], I'd take them and go in the closet and hide.
Serena

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Most of the time I just hang out in my room. Put a pillow over my head and stuff like that.
Laura

I told him to go get in their room and go shut their door… Of course the door kept opening and they kept looking out. It's like "Get back in there!"
Lucas's mother

I remember one time my mom was crying in the bathroom. And my dad made hot dogs, and I didn't eat until my mom came out. That wasn't a good choice but it was still something. I would yell at my dad and he would end up either hitting me or putting me down or something.
Amanda

She would go to the bathroom and lock herself in there. Or I would go lock myself in the bathroom and she would park herself right there. I was inside the bathroom and she would stay there and she would sit there for hours. I didn't want her to see me crying and upset and beat up… And her dad would tell her, come eat or come do this. She was like, "I'm staying right here."
Amanda's mother

She would sleep. She would sit there and go to her room and turn up the music real loud. She would go watch TV. She would go outside and talk to her animals… She'd go listen to her MP3 player or whatever.
Sarah's mother

[They would] hide in the closet or hide under their beds. It was so bad at one point that when he pulled up, you knew he was home. They were gone. They scattered. Into the room they went, closed the door. And that was it. They isolated themselves.
Cedric's mother

It was really hard when we were in the motel… Because there was nowhere for him to go.
John's mother

Worked with Another Family Member to Stay Safe

The eight youth who described working together with someone else in the family

to stay safe during IPV incidents mentioned these people: siblings ($n = 5$), grandmothers

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($n = 2$), mother ($n = 1$), aunt ($n = 1$) and the partner's extended family who lived with them ($n = 1$). Of the six mothers who talked about youth collaborating with other family members for safety, mothers mentioned themselves ($n = 3$), siblings ($n = 2$), and the youth's uncle ($n = 1$). Comments from participants illustrate this kind of collaboration:

> We would be asleep when my mom and him would fight… Since I'm easy to wake up, if I hear things I get up and go see. Like most of the time I was up and I would go wake up my sister and [extended family members]. Because I would be scared.
> *Nicole*

> [My siblings and I] just went in one room and stayed together… we all had rooms, we would go in one of our rooms and lock the door.
> *Anthony*

> I'll hold [my sister] or I'll get a pillow and hold it in front of me and say it's my dad and tell her to hit it.
> *Sarah*

> I would always be between them and the abuser, and they would get their shit together and be by the door. Get my purse, they knew.
> *Laura's mother*

Called 911

Three youth (Trey, John, Serena) and three mothers (Trey's, John's, Cedric's) reported that the youth had called 911 for police intervention. The main purpose of contacting police by three accounts (Trey, Trey's mother, Cedric's mother) was to put an immediate end to the violence with the act of calling itself, rather than seeking police intervention. John expected police intervention and was disappointed. Information in Cedric's narrative contradicted his mother's accounts of his actions during IPV in many ways, including regarding calling 911. Overall she portrayed him as an active protector, while he continually conveyed a sense of helplessness. The most clear statement he gave

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about his responses to IPV incidents was "I get mad." These quotes illustrate family

comments about the youth calling 911 during IPV incidents:

> He called 911 on his dad. His dad could sell matches to the devil. His dad had these police officers on a first name basis with his arm around the police officer's shoulder. "You know how kids are, officer. Kids make things up, officer." And the police actually told John, "Don't do this again unless it's an emergency." So he lost faith in law enforcement after that.
> *John's mother*

> I already know, just call the police. He'll run off eventually.
> *Trey*

> [My son] will call the police. They come and I won't tell them what [my ex-partner] really did to me. And then my son will say "Why did you? Why did I call the police then? You are not going to tell." He would get kind of mad and I wouldn't really tell. I be scared to tell the police what he was doing. They don't know where he is and he come back and kill me by the time the police come, I be dead or something. They would just make a report. Every time they come they never find him, because he would leave, and I never really pursued it.
> *Trey's mother*

> I would say, "Cedric go over there and ask the lady to call the police." And [my partner would] say "Cedric, don't you do that." And it's too late, Cedric has already darted out the door. Now you have him outside hollering, "Cedric come here, Cedric, come here." And he's not stopping. He's gone. So, yeah, I had them to go across and have someone call 911… [After the police arrive] Typically, honestly, [I] say "Oh, there's nothing wrong." And they'll say "Yeah, our dispatcher heard some noise. Someone's been fussing." "Okay, yeah, we had a little disagreement." And that's just it. You just kind of send them on their way, get them away from the house as fast as you can… They never would really talk to [my children]. They'd separate us to see if our stories collaborate. But other than that, they never would talk to the kids.
> *Cedric's mother*

> *Interviewer:* Have you ever called 911?
> *Cedric:* Uh-uh. He always stopped us. He stopped us from calling.
> *Interviewer:* You mean you tried a few times?
> *Cedric:* Twice.
> *Interviewer:* You tried twice. What happened?

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Cedric: He just stopped us.
Interviewer: How did he stop you?
Cedric: He just stopped. We was going to use the neighbor's phone and he told them never mind. Not to pay attention.
Interviewer: Was it your idea to call 911, or someone else's idea?
Cedric: My mom.
Cedric

Said Something or Yelled to Adults

Three youth and three mothers shared that the youth said or yelled something to the adults involved during instances of IPV. All three youth indicated that they asked or yelled for the adults to stop. One of the adults reported more indirect messages, with Trey's mother saying that he would slam the door and say, "I'm tired of this." The participants said:

> I would go tell them to stop fighting… [My mom] would just tell me to go to my room.
> *Nicole*

> [Amanda] walked in the room and she was telling her dad to stop [raping me]. Maybe she was seven… She was old enough, obviously, to remember. She remembered the furniture we had in the room. She remembered her grandma being there. She remembers what grandma was wearing. She was standing at the doorway for awhile telling her dad to stop. I remember that.
> *Amanda*

> [Cedric would] holler "No." Now that they are older they kind of want to be that shield in front of me. That man or that big brother that I need, you know, whoop them all.
> *Cedric's mother*

Physically Intervened

Three youth (all girls) and two mothers indicated that the youth had physically intervened in IPV incidents. Others reported that they had recently threatened their

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mother's partners with physical intervention, that they hoped they could intervene in the

future if they grew bigger, that their siblings had physically intervened, or that they had

inadvertently been hurt while trying to help their mothers. Examples illustrating

experiences of physical intervention or threatening physical intervention are excerpted

here:

> I tried to get him off my mom.
> *Nicole*
>
> I've tried to help her up when he would push her to the floor… [Then]
> he'd push me out of the way and try to push her to the floor again when I
> was helping her get up. One time he pushed her and I was behind her and
> I fell and hit my head on the table.
> *Serena*
>
> My mom was sleeping… because he was a real pain and he'd look for
> anything to get my mom and he saw like dishes in the sink and grabbed
> her by the hair and told her to wash them. She was on the floor and he was
> slapping her. I pulled him off… my mom took over, and started beating
> him up.
> *Laura*
>
> Cedric started [physically intervening] when he was about 10. He'll stand
> there and give you this lean old look. He's in the way, but he's in the way
> with his fists clenched… [Cedric's brother] tells me all the time, "Mom, I
> don't want you with a man. I'm tired of seeing men treat my mama wrong.
> The next man that hits you, I'm going to kill him." So they are at that
> point now to where they are ready to be my security guards. And I don't
> want to see my child try to defend me and end up dead because he either
> hit them too hard or, you know, he meant to shoot me and shot him. I
> don't want them or myself to have to go through those kind of things.
> *Cedric's mother*
>
> [Anthony's brother], I remember one time he tried to, he got a knife out of
> the kitchen to try to stab [my partner]. [Laughs] This was really hilarious.
> I mean it's not funny, but it's for real. It's like, damn. I reflect on it and
> it's like I can't -- he was like between nine and eleven. He was basically
> trying to stab [my partner]. So, [my partner] had pulled the knife from him
> and it ended up cutting him across his finger. So he actually got cut. CPS

got involved with that. He got in trouble for that. It's not funny, but it was funny the way that I think about it, it's like so dysfunctional it could almost make you -- the laugh is more cynical than anything… Yeah, so the police actually came. He was crying, we went to the hospital and all that.
Anthony's mother

[Trey] had come over one weekend to stay the night. [My partner] had already been fighting me. But, I wouldn't tell nobody, I just kept it to myself. He told me I couldn't go nowhere, couldn't talk to my family. So the last time he jumped on me, my son had came over that weekend and we was in the room. He had hit me and I yelled at him, my son come to the door and knocked on the door saying "Mama, are you alright?" I told him "Yeah." I guess he was just standing by the door and he kept hearing the licks that he was hitting me. He knocked on the door and told me to open the door. My ex was saying "Don't open that door. Don't you open that door." Anyway, I don't know if my son kicked the door in and the door came open and he said, "You hit my mama again, I kill you."
Trey's mother

Tried to Get Help Outside the Family

Two youth and two mothers reported that the youth tried to get help outside the

immediate family during IPV incidents. According to youth reports, one tried to get help

from the parent of a friend, and the other got help from her aunt. One mother reported

that the youth sought help from the parent of a friend, and the other said that the youth

sought help from neighbors.

Goals of Situational Coping Efforts

Youths' responses during IPV incidents were directed towards varying goals. In

some cases youth were primarily concerned with their mothers' or siblings' safety and

acted accordingly with problem-focused coping strategies. Responses that involved

calling 911, physically intervening, saying something to the adults involved, and trying to

get help from adults outside the family were generally focused on safety goals. Some of

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the other behaviors were also directed towards safety goals, particularly those where the youth was preparing for potential action or assuming a state of readiness (e.g., gathering with siblings, getting mother's purse). Other situational coping responses were palliative, often geared towards distraction from what was happening with the adults (e.g., covering up ears, putting a pillow over her head). Three types of responses were sometimes palliative, sometimes directed towards safety goals, or both simultaneously: collaborating with another family member, leaving home, and going elsewhere in the home.

Individual youth generally described a mix of problem-focused and palliative strategies. For example, the three girls who physically intervened included Serena, who also described the experience of going into shock with the room "spinning," Laura who also covered her ears with a pillow, and Nicole who said crying was also a typical response for her. The outcomes of their physical intervention actions, however, were markedly different. Nicole's efforts were ineffective. Serena's efforts were ineffective and physically painful to her. Laura's efforts were effective at helping her mother (because her mother "took over" beating her partner after Laura's assistance).

Safety Planning Conversations

Both mothers and youth were asked if anyone had ever talked with the youth about safety planning. Interviews with young adolescents revealed that no one had talked to seven (50.0%) youth about safety planning. Five (35.7%) youth had talked with someone about safety planning, and data were missing for two (14.3%) youth. Mothers of seven youth (50.0%) responded that no one had talked to the youth about safety planning. Mothers of four youth (28.6%) indicated someone had, and data were missing on this

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question for mothers of three youth (21.4%). Youth who had discussed safety planning said they had discussed safety planning with shelter personnel ($n = 2$), their mothers ($n = 2$), CPS ($n = 1$), grandmother ($n = 1$), and father ($n = 1$). Mothers who said someone had talked to the youth about safety planning indicated that conversations took place with these people: mother ($n = 3$), shelter personnel ($n = 2$), and a school social worker ($n = 1$).

Mothers responded to the question, "Have you ever talked to [youth] about what to do when things feel unsafe at home? What did you say?" Although only three mothers had indicated that they had held a conversation focused on safety planning with the youth, six mothers (46.2%) named several things that they had told the youth to do when they felt unsafe at home. Three (23.1%) mothers had instructed youth to call 911, and three (23.1%) had told youth to go somewhere else in the home away from IPV incidents. Each of the following instructions were given to youth by one (7.7%) mother: for all siblings to stay together, not to call 911, and to pack bags to leave for the shelter. This section on safety planning behaviors during IPV concludes with comments from youth and mothers about behaviors that have been recommend to youth:

> [My step-dad] eventually found out where we were. And so [my mom]
> said "If daddy ever shows up, like behind us or anything and he has a gun
> or something and he wants to hurt me, you call 911." And we were like,
> "Okay."
> *Candace*

> I didn't think [anyone outside the family] would believe me. Because my
> dad would totally be a different person whenever he was around family or
> friends. My grandma, she was too scared to call the police, too. And I was
> like, what do I do? I was stuck in the position where I couldn't do

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anything. My grandma, she's like, "Stay in the room with your sister" and she would turn off the lights and make us go to sleep.
Amanda

My grandma said to call the cops because she's the call-the-cops kind of person. And my dad said if [Mom's partner] ever tried to hurt me, just to fight back because he knows I can fight. I could put him down in headlock real fast.
Laura

[Calling 911 is] taboo in our house. Never. For any reason. You can call an ambulance, but you can not call the cops. Ever. You are screwing up. I didn't want CPS. I would go to the hospital, he'd go to jail, and they'd go to foster. I never, I don't ever. They know. They know. Secret, private family business… They've been conditioned their whole lives, they know what to do. They know, I mean, they will call the cops. I mean, if it comes right down to it, I'm not that opposed to that kind of intervention. But they know what CPS has done to us.
Laura's mother

Them having the permission to remove themselves from the situation [was important] and know that I was able to handle it. I would always reassure them that there was no weapons in the house.
Amanda's mother

He knows if there is ever a situation where there's danger, that I'm not going to take it anymore. I have all his important papers, all my important papers in my purse at all times. Don't worry about the material stuff. Don't worry about anything else. We get out. If you see something or hear something, you go call 911. You go. Don't stick around and try to help me. I can take care of myself. Go.
John's mother

Perspectives on Living in an Emergency Family Violence Shelter

Young Adolescents' Perspectives on Shelter Life

Young adolescents were asked, "What do you like about being in the shelter?"

Nine (64.3%) youth reported that they liked the other shelter residents. Four (28.6%)

youth liked the safety of the shelter, three (21.4%) liked the food, and three (21.4%) liked

that staying there helped their parents financially. Four other aspects were each named by

one (7.1%) youth as something they liked about the shelter: it was clean, had cable television, had a playground, and youth received homework help there. One youth who commented on the financial help his mother received by staying in the shelter without paying for rent or laundry called it "luxury." The nine youth who talked about liking the other shelter residents conveyed a sense of camaraderie and spoke about liking other residents of all ages: adults, children and adolescents. John's statement was typical: "I can meet a whole bunch of different people and learn what other people's lives are like."

Young adolescents were also asked "What do you <u>not</u> like about being in the shelter?" Twelve (85.7%) youth reported that they disliked shelter rules. Detailed information about the rules they did not like is described in the following paragraph. Five (35.7%) youth did not like that the shelter reminded them of a prison. All of them used the word "prison" and several pointed out security features like locks, fences, security windows, and buttons to open doors. These five youth resided at three different shelters. Two (14.3%) youth reported that they did not like the general lack of privacy in the shelter because of close proximity to so many people and security cameras. One (7.1%) youth felt embarrassed and did not like that someone outside the shelter might find out where she was staying. One (7.1%) youth said he did not have any dislikes about the shelter and that it was "a lot of fun."

The twelve (85.7%) youth who said they disliked shelter rules were specific about which rules they did not like. Six (42.9%) did not like rules about evening curfew and bedtime. Five (35.7%) did not like rules about close parental supervision. Two (14.3%) youth did not like restrictions on computer and television use, and two (14.3%) did not

like it that they could not always eat when they were hungry. Each of the following rules was named by one (7.1%) youth as something they disliked about being in the shelter: bicycle safety rules, no pets allowed, friends can not play in each others' rooms, a quiet time/nap rule, signing in and out procedures, and dress code restrictions (i.e. bare feet and pajamas not allowed in common areas).

Youths' comments about shelters were examined by shelter site, and the aspects that youth liked or disliked appeared to occur evenly across the shelters with one exception. The five youth who made comments regarding dislike of close parental supervision all resided in just two shelters.

Mothers' Perspectives on Shelter Life

Overall, mothers' interviews differed from youth interviews in their descriptions about what they liked or disliked about shelters. In general, the mothers expressed more gratitude and relief regarding their shelter experiences in a holistic manner, focusing on the whole package of assistance the shelter offered and positive interactions with shelter personnel. While several had suggestions, particularly in the area of increasing services and space for children and youth, they tended to express very positive perspectives. This section focusing on impressions of shelters concludes with a quote from one mother from each shelter site:

> We got in here and I've had nothing but support, help… I have felt so
> blessed with the support and the love here.
> *Connor's mother*
>
> I love being here. I love being here. The staff are really nice. If I need
> something they get it for me. They are not judgmental. My kids like being

here. It's like a new beginning for me. It makes me be a lot closer to my kids.
Serena's mother

What I like about being in the shelter, probably the weirdest answer you'll ever hear, is I like the fact that they stay on me to become self-sufficient for myself and my children. I can honestly say that their program here is totally different to where it has me motivated. Every time they see me, "Do you have your housing thing? You got a job?" That's kind of what us as women in domestic violence need. Yeah, it's good to be a support system and give us a safe place, but I'd rather you prepare me to go out there and be self-sufficient than to let me stay here and sit on my tail and not do anything and better myself. And then all I'm going to do is just leave and go right back because my time is up and I don't have nowhere to go so I just go back. But here it's, okay, you are going to get from A, B, C to where you need to be so when you get out there, I don't have to get you again. [laughs]
Cedric's mother

I like being here. To me it feel like home. Everything I need is right here. If I want to talk, it's here. I can go out and do things without worrying. Because I'm not afraid. It just got to the point where I'm not afraid of him no more… I'm not afraid, I'm not afraid of putting applications in to try to get a job, I'm just not afraid. But I just don't want my family involved. But I'm not afraid of him no more. I'm not afraid. When I first got here, I didn't want to go out, I didn't want to go look for no job, I didn't want to go do this, do none of that. But right now, I'm not afraid to go out. I'm not afraid no more. Whatever he is going to do, he's going to do it. I'm not afraid.
Trey's mother

Research Question Five: Protective Factors and Views of the Future

This section presents results for the fifth research question: What do young adolescents and their mothers who are residents of family violence shelters describe as protective factors in young adolescents' lives? This section also addresses the subquestion: How do they view the future?

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Protective Factors

Qualitative results suggest that all youth in the sample had one or more protective factors in these four categories: within the youth, within the family, in relationships outside the family, and in the community. The number of protective codes identified in youths' cases ranged from 13 to 30 (mean = 20.2 codes). The most frequently appearing codes within each of these categories are presented in the following paragraphs.

Within Individual Youth

Within individual youth, these codes suggesting protective factors were identified most frequently: youth has a specific career goal (n = 13, 92.9%); coping self-efficacy/youth is confident in her or his ability to handle problems (n = 8, 57.1%); mother describes specific positive attributes of the youth (n = 8, 57.1%); youth expresses hope for the long-term future when she or he is an adult (n = 6, 42.9%); youth is physically and mentally healthy (n = 6, 42.9%); and youth describes specific positive attributes of herself or himself (n = 6, 42.9%).

Considering quantitative data. As noted in chapter six, the standardized measure of youths' psychological adjustment, the SDQ (Goodman, 2001), included a subscale measuring prosocial behavior. A lack of abnormal-range scores on the prosocial subscale for both mother and youth reports could be considered a protective factor. Thirteen (92.9%) youth scores fit this criteria, suggesting that they possess the protective factor of exhibiting prosocial behavior. If this is added to the data from qualitative coding, the number of codes suggesting protective factors within the youth across cases ranged from three to 13 codes per youth (mean = 6.6 codes).

Within the Family

Within the family, these were the five most frequently identified codes suggesting protective factors: youth has a close (warm, reciprocal) relationship with mother ($n = 9$, 64.3%); youth has relationship(s) with trusted adult(s) in extended family ($n = 9$; 64.3%); mother is supportive of academics and youth's school needs ($n = 8$, 57.1%); mother speaks about wanting to "break the cycle" of abusive relationships ($n = 8$, 57.1%); and youth has a close (warm, reciprocal) relationship with sibling(s) ($n = 7$, 50.0%). Across cases, the number of codes suggesting protective factors within the family ranged from two to three to 14 codes per youth (mean = 8.9 codes).

In Relationships outside the Family

In terms of relationships outside the family, these codes suggesting protective factors appeared most frequently: youth has relationship(s) with a trusted (non-family) adult affiliated with school ($n = 7$, 50.0%); youth has one or more close, trusted friends ($n = 7$, 50.0%); youth enjoys relationships with other shelter residents and feels peer support in the shelter ($n = 6$, 42.9%); youth has relationship(s) with trusted adult(s) outside family and not affiliated with school ($n = 5$, 35.7%); and youth is attached to pets or loves animals ($n = 5$; 35.7%). Across cases, the number of codes suggesting protective factors in relationships outside the family ranged from one to four codes per youth (mean = 2.9 codes).

In the Community

Within the community, these were the most frequently identified codes suggesting protective factors: sports/athletic team involvement ($n = 7$, 50.0%); shelter services

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provide the family greater safety and a better life ($n = 7$, 50.0%); and the family has had positive experiences with mental health services or counseling ($n = 5$, 35.7%). Across cases, the number of codes suggesting protective factors in the community ranged from one to three codes per youth (mean = 1.8 codes).

Protective Factors at School

Codes regarding school-related protective factors are spread across three of the four categories and thus grouped again here to underscore the important role of schools for youth in the sample. Specifically, frequently appearing codes mentioned above included these: within the families more than half of the mothers are supportive of academics and the youth's school needs, and outside the family half of the youth have had a relationship with a trusted (non-family) adult affiliated with school. Half of the youth were involved in athletic teams, several of which were at school.

Caution Regarding Interpretation of Protective Factor Results

As these results are based on participants' reports only, it is not possible to ascertain whether the potential protective factors identified are indeed positive influences. Some of the relationships reported, for example, may be with anti-social individuals. All of them were, however, given a positive valence by the participants who reported them.

Views of the Future

Youth responded to questions about their views of the long-term future when they are adults and also about the short-term future (including their relationships with their fathers). Mothers provided their perspectives on the same questions, to provide additional context to youth responses.

Short-term Future

When they leave the shelter: Young adolescents. Youth and mothers were asked what they wanted their lives to be like when they left the shelter. Both youth and mothers named a variety of hopes and goals. One youth, however, said he could not answer the question because his life was "an open book." Youth responses are reported first.

The three most frequent responses, each reported by six (42.9%) youth, were: to develop a closer relationship with father, "just to be happy," and to live in a nice house or apartment with no more moving. Five (35.7%) youth wanted to do well in school (academics and attendance) when they left the shelter. Four (28.6%) youth wanted their mothers to stay separated from their most recent partners. Three (21.4%) emphasized financial stability that would help them "have a normal life." Two (14.3%) wanted their parents to get back together. These responses were each given by one (7.1%) youth: to make friends at the next new school, to do well in sports, to have a peaceful family life without problems, to have no contact with father, to have lots of pets, to help father restart a family business, for the father to start medication and get a job, to get "really rich," to get a car, to improve her relationship with her mother (strained during their shelter stay), and to develop a better relationship with her mother's partner. One youth expressed the wish that he could live by himself. These quotes are typical of youth:

> Back to normal… I don't want to go back home with my step-dad…
> normal means home, just without dad. The only thing that I think is not
> normal is my step-dad… like having our own house and not having to be
> worried about him… We just have to worry about what we pick out for
> school tomorrow.
> *Candace*

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I hope I get life back on track and quit moving around and my parents stay separated and not get back together.
Sarah

When they leave the shelter: Mothers. Mothers named the short-term hopes and goals they had for the youth when they left the shelter. Data were missing for one (7.7%) mother on this question. Nine (69.2%) mothers wanted the youth to do well in school. Six (46.2%) mothers wanted the youth to experience stability and "just have a regular life." Three (23.1%) mothers "just want [youth] to be happy," and another three (23.1%) did not want the youth to date and wanted them to "stay away" from boys. All three of the mothers who did not want the youth to date were only parenting daughters (i.e. these mothers did not have any sons). Two (15.4%) mothers wanted the youth to "stay out of trouble" and another two (15.4%) wanted the youth to take medication and receive appropriate mental health services. These additional hopes for youth were each expressed by one (7.7%) mother: to have a positive social life with more friends, to be stronger, to "not feel lonely" living without a man, to develop positive morals and values, to express her feelings more, to continue to be a close and happy family, for the mother to gain permanent custody, and for the mother to buy the youth things to replace possessions her father had pawned.

Relationships with fathers in a year. Youth were asked what they would like their relationships to be like with their fathers a year from the interview. Seven (50.0%) youth wanted their relationships with their fathers to be closer than they were at the time of the interview. Three (21.4%) did not want to have relationships with their fathers in a year. Two (14.3%) wanted the relationships to remain the same as they were, and another two

(14.3%) expressed that their relationships with their fathers were contingent on their fathers improving their behavior. Specifically, the key factors considered by youth were whether the father resumed IPV perpetration after his release from prison, and whether the father stopped using crack cocaine.

Each mother also reported what she wanted the youth's relationship with the father to be like a year from the interview. The majority of mothers ($n = 8$, 61.5%) would like the youth to decide what they want their relationships with fathers to be like and want to support the youth in their decisions. Some of the mothers who expressed this supportive openness added to their comments and are included in additional response categories, with several expressing what they thought youth wanted rather than hopes of their own. Three (23.1%) mothers expressed that the father-youth relationship would likely be contingent on improvement in the fathers' behavior. Two (15.4%) wanted the father-youth relationship to be closer, two (15.4%) wanted there to be no father-youth relationship, and two (15.4%) wanted the youth to respect and help their fathers. One (7.7%) wanted the father-youth relationship to remain the same as it was at the time of the interview.

Long-term Future: Young Adolescents in Adulthood

Youth and mothers were asked what they thought youths' lives would be like when they were adults. The adolescents generally expressed high levels of optimism about the future, particularly in terms of career aspirations and their ability to shape interpersonal relationships positively, including parenting and intimate relationships. A theme across both mother and youth responses regarding adulthood was that the youth

would do things differently from their parents. Youth results regarding views of the long-term future are presented first.

Young adolescents' views of long-term future. One (7.1%) youth responded that he did not know what his life would be like as an adult. The most frequent response from youth pertained to career goals, with the majority (*n* = 13, 92.9%) describing one or more specific careers they envisioned themselves in. Six youth, all girls, were interested in being lawyers (*n* = 6, 42.9%), with these six girls representing 75% of all girls in the sample. Three (21.4%) youth, all boys, were interested in being professional athletes, particularly in basketball or football. Three (21.4%) youth, all boys, expressed interest in technology careers as computer technicians or game designers. Two (14.3%) youth, both girls, were interested in becoming doctors and another two (14.3%) girls wanted to be writers. Each of these additional career goals was named by one (7.1%) youth: clothes designer, veterinarian, music industry producer, skilled tradesman collaborating in father's business, pilot, and military service.

Although career preparation was not a focus of interview questions, it was clear from youths' comments that they had varying degrees of awareness of steps they would take to reach career goals. Some expressed concrete steps and had already begun to acquire specific relevant skills, knowledge or life experiences (e.g., in the family business, animal medical care, law-related school electives, and successful athletic team performance). Several others were basing their career aspirations on a passionate activity (e.g., video games, athletics, caregiving, and the music industry) with less knowledge of how to prepare for the particular career field. A few had very little knowledge or

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experience related to their expressed goal. For example, one of the boys who wanted to be a professional athlete had never been on a sports team.

Ten (71.4%) youth expressed that they wanted to become parents, with several elaborating on how they wanted to parent and whether they wanted sons, daughters, or both. Several emphasized that they wanted to do things differently from their parents. Eight (57.1%) youth had specific goals for intimate partner relationships in adulthood, with thoughts on wanting to marry or never marry, and on what types of relationships they might seek. Two of them were certain they did not want to marry.

Long-term goals were expressed by two (14.3%) youth in the area of housing, and by two (14.3%) in the area of educational achievement. It should be noted that several youth beyond these two with educational goals were curious about the interviewer's university affiliation and asked questions about colleges and universities. Another two (14.3%) youth described the importance of them being financially self-sufficient in adulthood. Each of these ideas about adulthood were expressed by one (7.1%) youth: the desire to take care of her mother, "I just want to be happy," "no drugs in my life," "very busy," "different from my parents" without further details specified, and having "a family to go to when I need them" without further details specified. These quotes illustrate some of the youths' hopes and expectations for adulthood in their own words:

> I want to be able to compare myself to my dad. To see the differences in how we raised our kids and how they turned out… Treating them with discipline but not so much discipline as, like, making them despise me. *John*

I always wanted to be a lawyer. Since like the fifth grade. I don't want to
get married and I only want to have one kid. Because I don't want to be
like my mom.
Nicole

[My life will be] different from when I was a child. In a mansion… I
might be a basketball player.
Cedric

I want two children, a boy and a girl. That way, no, I take that back. I want
two boys. That way I won't have to worry about no grandchildren.
Trey

When I have kids, I won't do them wrong.
Sarah

My mom is always like, "Oh, you always love taking care of everybody."
And she thinks I'll be a doctor and I really think I could do it… I want to
get married… and not like spank [my children] but discipline them… just
send them to a corner or their room. Yeah.
Holly

I want to become a lawyer. I want to become really rich and famous… My
dad said they get paid, so obviously I want to be rich. And I want to be a
really good lawyer so that's my famous.
Laura

I envision me being very, very busy… my boyfriend and I have talked
about staying together forever. I'm not saying it's going to happen, but I
think that it might. I have dreams about it and I think about it a lot. When
I'm with him, whoever I'm with, I want to be happy. I want to have
family. But before that… I'm going to have a job while I go to school so
that I can save up money… I just see myself being very busy and very
successful in whatever I do. I just want to be happy.
Desiree

Mothers' views of long-term future. When asked what they thought youths' lives

would be like as adults, mothers most frequently responded that they hoped the youth

would meet their career goals (*n* = 8, 61.5%). Six (46.2%) mothers reported educational

expectations, saying they wanted the youth to finish high school or college. Five (38.5%)

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mothers expressed that they wanted the youth to have intimate relationships without IPV.

Three (23.1%) said they "just want [youth] to be happy," and two (15.4%) said they

wanted the youth to have a good relationship with her or his father. These additional

ideas about the youths' futures were each expressed by one (7.7%) mother: youth will be

strong, youth will start a family, the mother-youth relationship will be strong, youth will

be self-sufficient, youth will have strong religious faith, youth will take care of mother,

and youth will "live life to its fullest." This section concludes with a quote from each

mother about how she envisions her son's or daughter's life in adulthood:

> Happy. Happy, happy, happy… Happy. As far as work, she wants to be a
> CEO, so I would love to see her as a CEO. But then she'll change.
> Tomorrow she'll want to be something else. So it's like-- but CEO, if
> that's what she wants, I want her to push for that.
> *Desiree's mother*
>
> She's going to be a strong cookie. She's not going to fall for no bull.
> She's going to be strong. I know when it comes time for her dating and
> being a family, she's going to be top of the game. She might be the taking
> charge type.
> *Serena's mother*
>
> John is going to grow up and he's going to go in the military, go to
> college, marry, whatever… I want him to do that because that's what he
> wants… He's his own person, he's got to do what he's got to do.
> *John's mother*
>
> For all my kids, I just want them to be happy and live life to its fullest.
> Take care of your business and then have fun. That's all. What else can I
> wish for?
> *Nicole's mother*
>
> There's been a lot of things in our family that have been generational.
> And I want to break some of those. Addictions to men, to drugs, to
> alcohol, to stupidity. But now that I know all these things and I've been
> through all of this crap, I want to challenge myself, my children, my

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spouse, and my community. I want to make a change. For all of us… I know she will be colorful. She will be. She will be some kind of artist.
Laura's mother

He'd be good at things like mechanics or computers. I just want him to be who he wants to be and I want him to, if he goes to college, to go to college for what he enjoys, not what anyone presses upon him.
Connor's mother

I expect him to go to college, make something out of himself. I expect him to grow up and be a man. A man that knows God first, your family, and then yourself. You put it in that priority. That way when times get hard, you don't hit your wife. You talk it out. You go take you a ride, you come back and you love that woman. And you respect your children and you respect other people. I don't want him to be the type to even go out there and, you know, try to manipulate women. No, that's not what I expect. I expect him to be a man and a good man… I want to be able to sit back and look at TV and say, "Ah, there goes Cedric. He's on TV playing pro ball. There he is. He's on TV." That's my expectation from him.
Cedric's mother

Hopefully [her adulthood is] normal and… [Candace] will not pick the same path that I took. That bothers me. I'm worried because I don't want them to do the same path that I did. I want them to do right and go to school and get their education. I've been pushing that. I've been telling them they need to go to college and to encourage them to do good.
Candace's mother

Are [my sons] going to be the type of men which I've never seen, that don't hit girls? I hope that they finish school. That's one of my biggest things… They know that clearly. Just to have them finish school and to be just as happy as they can be. You know, to live life fully… With their dad, I would like for them to have a rapport… To do whatever makes them happy. That's their area, that's what they have to decide.
Anthony's mother

Stay away from boys… education first. Holly flirts. But I think it's not anything, you know… Because she doesn't have a good father figure in her life and the one that she just had in her life was cruel to her… I hope that that doesn't affect her in relationships when she goes to start dating and she is trying to find her father.
Holly's mother

He loves to play football. All the stuff he's been through, his grades messed him up so he couldn't play this year. He played last year, he played the whole year, the whole time. Football. And that's all he talked about was playing football. "Mom, I'm playing football. Get you a big house and a new car." That's all he say. "I'm going to take care of you, Mama." That's all he'll tell me.
Trey's mother

"Get your Bachelor's degree, because that way you know how to run your business. You've got to know every aspect of it." And he's like, "Okay, okay." If it was up to Lucas, he'd just strictly do the work and forget the books. But he's so smart, he does well.
Lucas's mother

She wants to be a lawyer. She's taking lawyer classes right now as electives instead of band. She's very school-- She's very smart.
Amanda's mother

She already has her life planned. She's had it planned since she was five years old. She wants to be a vet. She wants to do the exotic animals… domestic… farm animals. She's already talked about scholarships. She's wanting to go ahead and improve her grades. She's taking two classes right now that are for high school credit… And she's told me that she's never getting married because men take up too much of your time. She wants to have kids but she says she's going to adopt. And I've already ended up talking to her about how she needs to make sure with that. She does not have to rely on another person for anything. She's got her education, she's got her house, she's got her car, she's got a good job. She's going to sit there and she can meet a decent man, get married first, then have kids.
Sarah's mother

Research Question Six: Comparison of Young Adolescents' and Mothers' Perspectives

Results for young adolescents and mothers have been compared throughout the chapters presenting findings of the study. This section summarizes these comparisons to address the sixth and final research question: In what ways are the views of young

adolescents and their mothers who are residents of family violence shelters similar or different?

Overall, the research question is phrased in a way that suggests more absolute or clear-cut differences between youth and mothers' perspectives than were found in the data. Rather than showing major differences or similarities, the viewpoints within youth-mother dyads more often expanded upon one another's views in a complementary way. Results indicate that there were many areas of similarity in their perspectives and a very small number of specific areas where a few dyads showed major differences. Overall, youth and mothers seemed to be corroborating one another's accounts of experiences, flavored by their own individual interpretations, emotional responses, and areas of emphasis. These nuanced differences of perspective are compatible with the view of Lieblich and colleagues (1998), as described in chapter four's section on the study's design, stating that life stories are "constructed around a core of facts, yet allow a wide periphery for the freedom of individuality and creativity in selection, addition to, emphasis on, and interpretation of these 'remembered facts'" (p.8). The summary of results is organized according to topics, in the order in which data was presented in the preceding chapters.

IPV Experiences

Youth and mothers both reported high levels of IPV in their families. In most areas, they reported similar types and levels of IPV. One exception was in the use of weapons to threaten or harm the mother. Four mothers had been abused or threatened with weapons in the last six months, which none of the youth reported.

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Several mothers mentioned deliberate attempts to hide IPV from their children and expressed beliefs that they had been successful at hiding some, but not all, of the abuse. (Two mothers thought youth were completely unaware of the IPV.) In general, youth reported being aware of higher levels of IPV than mothers thought they were aware of. It is still possible, however, that there is even more occurring than youth knew about. In other words, both could be giving accurate reports: mothers are successfully hiding IPV but not as much as they think, and youth may be aware of more than mothers know but still not be aware of all of it.

In the case of the two mothers who believed their daughters (Nicole and Desiree) were completely unaware of the IPV, both daughters reported intervening either verbally or physically in IPV incidents. Clearly this is a major difference within the dyad in their reports and it is not possible to asses whether the differences are the result of someone deliberately providing inaccurate information to the interviewer, or due to differences in perception or memories of events.

Young Adolescents' Relationships

In the area of relationships, as in other areas, mothers' perspectives expanded on youth descriptions in ways that were complementary, with just a few examples of clear differences. Most mother and youth interviews described closeness in the mother-youth relationship.

John's case illustrated an example of a mother's perspective expanding on information the youth provided with a slightly different account of relationships. John expressed ambivalence about his relationship with his father who had physically abused

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him, and gave a vague response about their level of contact (he said they talked when his mother's phone "had minutes"). In her interview, John's mother said that his father was not in contact with him and had "dumped him," which cast a different light on John's complex feelings. Another example was Trey's description of his supportive close relationship with his cousin. His mother expanded on this information by telling the interviewer that this cousin was an IPV perpetrator who had been incarcerated.

Information expressed by mothers and youth sometimes illustrated communication gaps in the mother-youth relationship. Desiree's and Anthony's cases provide examples. Differing accounts by Desiree and her mother of Desiree's dating life illustrated their lack of open communication about dating, in spite of both otherwise describing their relationship as close but sometimes strained. Her mother shared her advice to Desiree to stay away from boys because boys would get her in trouble, which she thought Desiree had accepted. Desiree told the interviewer about her five month dating relationship with a boy she hoped to stay together with forever. In Anthony's case, he and his mother reported having similar negative feelings about Anthony's father, but they maintain guarded boundaries around discussing him with each other. Anthony's mother believes his opinion of his father is only positive.

Such examples of communication gaps appeared less often than instances of close agreement between mother and youth. There were some cases illustrating compatible viewpoints with almost identical phrasing. These statements from Holly and her mother provide one example of mother-youth agreement regarding the challenges of shelter rules requiring close parental monitoring of all children regardless of age:

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I don't like that you have to stay with your mom at all times. If she goes outside, you have to go with her. But I know it's a safety thing. It's just that we are not used to doing that, being up her butt like 24/7.
Holly

You try to keep your kids with you at all times [in the shelter], but it's really hard. With the oldest ones… because they are not used to being stuck up mommy's butt.
Holly's mother

In general, most dyad members conveyed a sense of one another's thoughts and actions that was consistent with self-reports of the other dyad member. Beyond the general similarity in dyad perspectives in most cases, some cases had examples of youth and mother statements that were strikingly similar yet still conveyed their unique vantage points. In another set of interview excerpts from Holly and her mother, for example, it is possible to see Holly's mother's effort to communicate relationship advice to her and how it comes across to Holly:

The only thing I've said to [my children] is, "Don't do what mommy does. Because women end up like this… You don't want a man… because this is what can happen to you." Because they are not too happy about being here.
Holly's mother

My mom is like, "I don't need another man in my life." I was like, "Okay, mommy."
Holly

Nicole's and her mother's interviews provided another example where the dyad members are referencing the same mother-youth conversation (about how Nicole's relationship with her father may evolve after they move near him) in similar terms, but taking slightly different messages away from the conversation. In other words, their comments express different viewpoints but are complementary rather than contradictory.

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Nicole's mother had described herself as unpredictable for her children because of her short temper and rapid mood changes. She wanted to convey to Nicole that she was open to her having the type of relationship with her father that she wanted, but Nicole's recounting of their conversation indicates a mixed message from her mother. The quotes thus illustrate possible miscommunication in their relationship as well as their views on Nicole's relationship with her father:

> I was like, "I want you to know who [your Dad] is. Whether he is good or bad. There is no perfect parent." She's like, "That's what you really want?" and I tell her "Yeah, That's your dad. Regardless of whatever he does. You don't have to be all around him. You don't even have to love him if you don't want to. But you have to respect the fact that that's your dad and you will respect him."
> *Nicole's mother*
>
> My mom tells me when we get down there, that I have to respect him even though he hasn't been there for me. But like my mom keeps telling me we are just going to like say "Fuck you" or whatever, but we are not. I'm not that type of person that would say something like that. And not to a girl either. I wouldn't cuss at a girl.
> *Nicole*

Perspectives on Fathers

Youths' and mothers' views of fathers were presented in depth earlier in this chapter. In general, most mothers wanted to allow the youth to make their own decisions about relationships with their fathers. Many mothers were uncertain how this might work in practice, but wanted to support youth in having the relationships they wanted. Some mothers of boys also expressed that their sons needed male role models.

Many mothers thought they should talk with the youth about IPV in the family but were unsure how to approach the topic. Cases where the fathers were IPV perpetrators

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introduced additional complexity into conversations. Appropriate communication with youth about IPV was an area of concern for many of the mothers. They expressed confusion and the sense that they needed to address the issue but uncertainty about what approach would be appropriate. Most youth did not express reciprocal feelings of wanting to talk to their mothers about IPV. Connor's mother, unlike most others, felt clear in how she should approach IPV issues with her son:

> We haven't talked a lot about any of [the IPV]… I don't want to overload him. That's why I have him in counseling. Because what I'm going through and what he's going through, it would be very hard for us to have a controlled conversation about that.
> *Connor's mother*

The largest discrepancy in mother-youth perspectives in this study pertained to fathers. As discussed earlier in this chapter in the section on fathers, Serena and her mother gave irreconcilable accounts about Serena's father. Specifically, Serena recounted in detail her recent disappointment with him when she went to live with him and his partner, while her mother reported that Serena's father had been incarcerated since her infancy and was writing to her from prison with hopes that they could resume their intimate relationship upon his release.

<center>*Coping*</center>

General Strategies

Mothers named slightly fewer general coping strategies for youth than youth described themselves using, and some mothers reported that the youth used avoidance to cope with problems when the youth did not mention avoidance. Several youth shared that they had a certain mental outlook that helped them manage challenges, and also that

sports were important outlets for them. Mothers did not mention either of these as coping strategies used by the youth.

Situational Coping with IPV Incidents

Overall, mother and youth reports of what youth did during IPV incidents were similar. Some youth had left the house during IPV incidents, which was not reported by their mothers. Some youth had intervened more actively than their mothers acknowledged. Accounts by Cedric and his mother were noticeably different. While he conveyed helplessness regarding IPV, his mother described him as intervening and said he is now at the age where he is "ready to be my security guard."

Perspectives on Shelters

Mothers expressed more gratitude for shelter services than youth and emphasized their appreciation of the whole package of services. Youth mentioned many things they liked about the shelter, especially the other residents, but most had complaints about shelter rules.

Views of the Future

Both youth and mothers emphasized that the youth needed to make different life choices than their parents had made, and were generally optimistic about the future, especially for youths' adulthood. The mothers' optimism was more tempered by concerns about youths' intimate relationships, however, both in the near and distant future. They did not want their children to experience IPV, and some did not want their girls to date at all. In contrast, youth focused on decisions about intimate relationships in adulthood in more concrete terms, specifically whether or not they would marry.

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Youth expressed specific career goals. Most mothers said they wanted the youth to reach her or his own goals, rather than something specific she had in mind for the youth. Mothers were also more explicit than youth in linking career possibilities with educational attainment goals that would assist the youth with meeting her or his career goals.

Summary of Dyad Comparisons

Strikingly different views between dyad members were rare in the sample. They typically expanded on one another's perspectives rather than strongly differing. The examples of differences presented above illustrate the biggest ones expressed in youth and mother interviews. Youth and mother perspectives were similar in most areas, with slight differences reported that were complementary rather than contradictory. These slight differences amplified their subtle unique perspectives and the ways that individuals perceive and interpret the same experiences in distinctive ways.

Sternberg and colleagues (1998) noted that reliance on one reporter to describe IPV dynamics in a family is problematic because it presents an incomplete picture. Their comments are relevant for these findings, as they note that discrepancies between reporters' accounts are of interest in and of themselves and not necessarily indicators of bias, unreliability or error. In this sample they mostly seemed to reflect differences related to the individual's unique perspective. Varying viewpoints generally complemented one another and broadened understanding of family experiences. Developmental differences may also play a role in these examples, for example in terms of the level of youths' bold optimism about the future in comparison with mothers'

optimism tempered with pragmatic concerns, or youth's very concrete views about whether or not they will marry.

Summary

This chapter presented results for four research questions. It described findings for the third research question related to youths' perspectives on relationships. Next, it presented results for the fourth research question on youths' coping. The fifth research question focused on protective factors and youths' views of the future. The sixth and final research question compared perspectives of the young adolescents and their mothers. The next chapter summarizes key findings of the study, and discusses its limitations and implications for theory, research and social work practice.

CHAPTER X: DISCUSSION AND IMPLICATIONS

This chapter begins with a summary of key findings, followed by discussion of limitations of the study. A third section discusses theoretical implications of study results. The final two sections examine implications of the findings for research and social work practice.

Summary of Key Findings

Shelter Personnel Perspectives

Shelter personnel described several service needs unique to adolescents in the shelters. They also reported that their census of children and youth is unpredictable and always in flux. Shelters have attempted several ways to creatively meet the needs of youth given the challenges presented.

Safety Planning

All shelter personnel indicated that they discuss safety planning with children and youth residents. In contrast, half of the youth in the study ($n = 7$, 50.0%) reported that no one had ever talked to them about safety planning. Of those youth who had talked with someone, only two youth and two mothers said the conversation was between youth and shelter personnel. Shelter personnel had mentioned various methods for delivering safety planning information to children and youth, including counseling (individual and group) and written materials. It is not possible to assess reasons for differences in staff and family reporting on safety planning practices from study data.

Sample Diversity

The majority of participants in the study, nine (69.2%) mothers and ten (71.4%) youth, were women and youth from racial/ethnic minority groups. African Americans were the largest group represented, with five (38.5%) mothers and five youth (35.7%).

Young Adolescents' and Mothers' Perspectives

Risk Factors in the Sample

Mother-youth dyads in the sample reported many risk factors in their lives with potential to adversely affect youth. All youth had been exposed to IPV and all had experienced residential instability. Mothers had moved two to eleven times in the last five years (mean = 6.25 moves). Youth had attended from four to 18 different schools in their lifetimes (mean = 7.8 schools), with nine (64.3%) youth having attended seven or more different schools since kindergarten.

More than three-quarters of the mothers had poverty level incomes (n = 10, 76.9%) and physical health problems interfering with daily activities (n = 10, 76.9%). Nine (69.2%) mothers had mental health conditions. At least ten (71.4%) youth had experienced maltreatment, and only three (21.4%) mothers in the sample had never been involved with CPS as a parent. For ten (71.4%) youth, someone important to them had been incarcerated, including eight (57.1%) for whom one or both of their parents had been incarcerated. Several mothers described past histories of substance abuse, and four (28.6%) youth had a parent who had abused crack cocaine.

IPV experiences in the sample. Quantitative results (Edleson et al., 2007b; Goodman, 2001) indicated high frequencies of IPV in the families, including physical

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and psychological abuse. Qualitative results indicated severe IPV in many cases. Mothers reported that fear of partners had shaped their behavior in the past in efforts to minimize abuse. Post-separation IPV was common. Youths' qualitative data revealed that major IPV incidents often coincided with other stressful events, including permanently leaving a residence, family structure changes, school changes, lost or broken possessions, lost pets, and ruined holidays. Youth were exposed to multiple co-habiting and non-co-habiting IPV perpetrators. For half the youth ($n = 7$, 50.0%), their mothers' most recent partner was neither their father nor step-father. Youth were exposed to IPV from two to 13 years of their lives (mean = 8.7 years).

Reunions after Separation from Mother

Five (38.5%) youth reunited with their mothers when they entered the shelter (or just before) after living with another caregiver for an average of three years. Four of these youth had been living with their fathers, and four were boys.

Youth Life Story Themes

Seven themes were prominent in youths' life stories. They were: A Life of Frequent Moves ($n = 14$, 100%), Interconnected Family Boundaries ($n = 13$, 92.9%), Loss and Fear ($n = 8$, 57.1%), Evolution and Recent Change in Youths' Thinking about Family Issues ($n = 4$, 28.6%), Complex Feelings about Adult Males ($n = 4$, 28.6%), Parental Crack Cocaine Abuse Prominent throughout Life Story ($n = 4$, 28.6%), and Physical Child Abuse Central to Youth's Story ($n = 3$, 21.4%).

From youths' perspectives, adverse experiences (including IPV) were interwoven with one another rather than discernable as discrete factors. Only three discrete factors

had such overshadowing influences across different times and life contexts that they became prominent themes in youths' lives in and of themselves: residential instability, parental crack cocaine abuse, and physical child abuse. Physical child abuse was not, however, central in the lives of all who experienced it. Youth tended to view experiences through the lens of how they affected their daily lives and ability to be "normal."

Relationships

Youth described several people as playing important roles in their lives. Inside their families, mothers were important for all youth, and more than half mentioned grandmothers, siblings and fathers. Grandmothers were mentioned most, second only to mothers, and four youth had lived with their grandmothers at some point. Although grandmother-youth relationships were generally positive there was much complexity in these relationships. Outside the family, most youth described important relationships with peers and non-family adults. Teachers and other school personnel were important in the life stories of nine (64.3%) youth.

School and peers. Overall, youth reported more positive than negative aspects of their school experiences. Positives included relationships with peers and adults, extracurricular activities, academic achievement, and escape from troubles at home. The smaller number of negative aspects focused on academic challenges, negative adult interactions, and problems with peers. Half of the youth had not been in a dating relationship while others reported brief "talking to someone" relationships. One girl reported a committed five month dating relationship.

Mother-youth relationships. In their interviews, most mothers emphasized that the most important thing they do for the youth was to be emotionally available and communicative. Both youth and mothers typically described their closeness and the importance of the mother-youth bond. The Interconnecting Family Boundaries life story theme concerned an important feature of family relationships, especially mother-youth relationships.

Father-youth relationships. Descriptions of father-youth interactions were more varied. Youths' comments about important things they and their fathers did for each other emphasized either material support, the lack of a relationship, or were reminiscent of Bancroft and Silverman's descriptions of self-centeredness in parenting interactions by men who abuse their partners (Bancroft & Silverman, 2002). Specifically, several youth reports were consistent with their descriptions of men they encounter in their practice as having the "expectation that the children should meet his needs" (Bancroft & Silverman, 2002, p. 35).

Results showed complex profiles of father-youth relationships. They were presented along four dimensions based on youth perspectives on him as father and partner, and mothers' perspectives on him as father and partner. Subgroups were identified based on the tenor of feelings youth expressed about him as a father. These five subgroups emerged: ambivalent ($n = 5$, 35.7%), unknown/youth curious ($n = 3$, 21.4%), dislike/hatred ($n = 3$, 21.4%), closest relationship ($n = 2$, 14.3%), and hurt/rejected/hopeless ($n = 1$, 7.1%). The majority of mothers ($n = 8$, 61.5%) would like youth to decide how they want their relationships to be with their fathers, and expressed

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their intent to support youths' decisions about father-youth relationships. Although half of the youth had long-term relationships with an intimate partner of their mothers' who was not their father, youth devoted far more interview time and affect to talking about their fathers.

Coping

General coping strategies. Each youth described using two to seven general coping strategies (mean = 4.1 strategies), while mothers described youth as using zero to four strategies each (mean = 2.2 strategies). Less than half of the strategies named by youth represented attempts to directly address challenges, but focused on distraction or managing emotions instead. There were two types of strategies that more than a third of the youth found helpful that mothers did not know about: sports and keeping a specific mental attitude.

Situational coping during IPV incidents. Most youth used a variety of situational coping strategies. With the exception of one boy, all 12 youth who responded to questions about their responses to IPV incidents described more than one situational coping strategy they typically used. They used problem-focused strategies with safety goals as well as palliative strategies to address their emotions during IPV incidents. Most youth used both types of strategies.

Specific safety planning behaviors. More than half of the youth reported leaving home, going somewhere else inside the home, and working with other family members to stay safe during incidents of IPV. Each of these responses was reported by three (21.4%)

youth: called 911, physically intervened, and said or yelled something to adults involved. Two (14.3%) tried to get help from someone outside the immediate family.

Perspectives on Shelters

Youth reported many things they liked about being in the shelter. More than half (n = 9, 64.3%) commented on liking other families residing there. In terms of dislikes, more than half (n = 12, 85.7%) cited various shelter rules restricting their behavior. Mothers were very positive in their comments about the shelters. Rather than focusing on specific aspects, they emphasized the package of helpful services they received, the shelter's effectiveness in addressing their needs, and positive interactions with shelter personnel. Those mothers who had suggestions for improvement commented on the need for more space and services for children and youth.

Protective Factors

Each youth's case included from 14 to 31 codes for protective factors (mean = 20.2 codes) in these categories: within the youth, within the family, in relationships outside the family, and in the community. School-related factors appeared in three of these categories. These were the most frequently identified for each of the categories: youth had a specific career goal (n = 13, 92.9%) and youth exhibits prosocial behavior (n = 13, 92.9%), youth had a close (warm, reciprocal) relationship with mother (n = 9, 64.3%), youth had relationship(s) with trusted (non-family) adult(s) affiliated with school (n = 7, 50.0%), and youth was involved in sports/athletic teams (n = 7, 50.0%).

Views of the Future

Short-term. Several youth had hopes and goals related to stability and normalcy (e.g., no more moving, financial stability, "just be happy"), and pertaining to relationships (e.g., develop a closer relationship with father, have no contact with father, parents reunite, parents stay separated). More than half of the mothers ($n = 9$, 69.2%) wanted youth to do well in school in the near future. Mothers' other goals also emphasized stability and normalcy.

Long-term. Youth expressed high levels of optimism about the future, including their ability to meet specific career goals and shape relationships the way they wanted. Mothers hoped that youth would be able to meet their career goals, finish high school or college, and have non-abusive intimate relationships. An overarching theme in youth and mother interviews was that youth would do things differently from their parents.

Limitations

In this section, limitations related to these areas are discussed: the potential influence of the child abuse reporting protocol, data collection procedures, the subgroup of youth who reunited with mothers after years of separation around the time of shelter entry, protective factors, and reactivity.

Potential Influence of Child Abuse Reporting Protocol

The co-occurrence of child maltreatment and exposure to IPV was not a focus of this study, but the researcher's duty to report incidents of suspected abuse and neglect introduced a limitation to the research. Women and young adolescents who participated

may have withheld information about child maltreatment as a result of the reporting

protocol, leading to underreporting of important experiences in the adolescent's history.

Data Collection

There were two potential limitations in the study's data collection procedures.

These were that there was only one interview conducted with each participant, and the

issue of potential respondent biases.

One Interview per Participant

Data collection was limited to one interview with each participant. Given the

complexity of topics explored, having more than one interview with participants may

have provided more in-depth data. For example, in the five subgroups illustrating youths'

perceptions of their fathers as parents, more than a third of the youth were in the largest

subgroup whose most prominent feeling about their fathers was ambivalence. It is

plausible that if multiple interviews with the same participant were conducted, more

nuanced feelings about their fathers may have been expressed by the "dislike/hatred" and

"closest relationship" subgroups. Also, as another example, all three youth for whom

physical child abuse was central to their life story had recently stopped living with their

fathers who perpetrated the abuse. It is possible that this theme would not be so

prominent if they were interviewed on multiple occasions.

In a similar vein, it must be emphasized that results depict youth and mothers'

perspectives on their lives at one particular point in time when they were in a transition

period. As a qualitative study, the purpose of results is not to make predictions or be

generalizable, but it is still important in contemplating perspectives voiced by participants

to remember that they were interviewed during their stay in emergency family violence shelters. Peled's phenomenological study of children's experiences of IPV yielded five "semichronological" phases describing their experiences, with the third phase as "being challenged by mothers' public confrontation of the violence" (Peled, 1998, p. 395). This phase would include shelter residence. While Peled's phases are more linear than those described by participants in this study (several of whom had cyclical patterns in and out of shelters) they serve to underscore the transitory nature of the time period when youth were interviewed. The setting itself and its temporary nature may have influenced participant perspectives in unknown ways. For example, youth and mothers may be more optimistic about the future while in the shelter because of a new sense of safety and readily available services and peer support. They may feel less optimistic later, for example as pressures for the mother to maintain financial self-sufficiency increase. This would be akin to viewing the shelter time as a "honeymoon" phase as described in disaster relief literature regarding early intervention for trauma-exposed families with intensive supportive services, prior to reactions of disillusionment, grief, and reconstruction (DeWolfe, 2000). The context of shelter residency undoubtedly influenced perspectives reported by participants.

Respondent Biases

As noted in chapter four, respondent biases are a threat in qualitative research. Respondent biases occur when participants provide misleading information either deliberately or unintentionally (e.g., because of incorrect recall). The potential limitations introduced by the child maltreatment reporting protocol described above are an example

of possible respondent biases in the study. While the life story design provided unique benefits by allowing participants to choose which aspects of their lives to highlight as the most salient experiences and relationships, it also allowed them to omit information that may have provided useful data for the study. For example, some mothers reported past substance abuse, which is increasingly recognized as a concern for women who have experienced trauma, particularly among IPV survivors and emergency shelter residents (Fowler, 2007; Rogers, McGee, Vann, Thompson, & Williams, 2003; VanDeMark et al., 2005). Participants may have underreported substance abuse, especially since data on substance abuse were volunteered. Participants may not have disclosed substance abuse for several reasons, including stigma, concerns about revealing behavior violating shelter rules or the law, and a lack of understanding regarding their own substance abuse. For those families who described parental crack cocaine abuse, it was a central facet of their lives.

Respondent biases during interviews may have shaded the data in unknown ways. Several types of triangulation were used to increase the study's rigor and minimize this threat, including observer triangulation (by interviewing both youth and their mothers), and methodological triangulation (by using standardized measures to study the same phenomena, IPV experiences, that were studied with qualitative methods).

Reunited Subgroup

Five youth reunited with their mothers at their time of shelter entry after several years apart. This group was comprised of more than half of the six boys in the sample ($n = 4$, 66.6% of boys). It is not known if these caregiver histories and separation from

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mothers are typical for adolescents in shelters, or if they are an unusual aspect of this particular sample. The researcher shared this finding regarding mother-youth separation and reunion with one shelter staff member who said she did not think such separations were typical, but she was uncertain.

The years of mother-youth separation and youth experiences living with other caregivers may have shaped their experiences in comparison to youth without years of mother-youth separation in ways that were indiscernible during data analysis. The reasons that they were not in their mothers' care were also complex.

One apparent difference was that the only three youth for whom physical child abuse was a central life story theme were three boys in this subgroup who had lived with their fathers during the period when they did not live with their mothers. It is not possible to ascertain the impact of this separation on other issues between youth who had been separated from mothers in recent years and youth who had not.

Protective Factors

Identification of potential protective factors relied on participant descriptions of positive influences in their lives. Their actual positive contributions to helping youth achieve positive outcomes in spite of adverse experiences were not measured. Findings for this question may thus give an overly optimistic picture of protective factors in youths' lives. For example, one youth (Trey) described his positive relationship with his cousin while his mother shared that the cousin had perpetrated IPV and been incarcerated. Previous resilience research has not indicated that *all* close relationships are protective, rather that relationships with *prosocial* individuals can be protective (Masten

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& Reed, 2005). These findings are limited to giving a sense of participants' perspectives on factors that help them manage adversity that may be helpful for future research, and to showing that beyond factors within the youth and the family, the main community supports were related to school. This was notable given the youths' frequent school transitions.

Reactivity

As described in chapter four, several strategies were used to increase rigor and reduce threats to the trustworthiness of the study's findings. The researcher conducted all interviews, however, and it is possible that participants reacted to researcher characteristics. With more than a decade of clinical social work practice experience, the researcher sought to transfer those active listening skills to the interview that conveyed empathy, non-judgmental acceptance, and unconditional positive regard. These served to increase the participants' sense that their own views and behaviors were acceptable rather than trying to shape them to fit what another person might expect.

However, the researcher's age, gender, and race introduce the possibility of reactivity. As a middle-aged woman, she was more similar to mothers than youth, especially boys. The sample had more women of color and the researcher is white. As discussed in chapter four, several strategies were used to decrease the power differences between participants and the researcher, and to address potential distortions in the data due to reactivity (e.g., analytic triangulation with a younger male as the second coder). It is not possible to ascertain how differences or similarities between participants and the researcher may have influenced participant responses in the study.

Theoretical Implications

This section describes theoretical implications of study findings. Selected findings are discussed in relation to these theories: ecological/resilience frameworks, coercive control, social cognition, adolescent development, and family systems. Adolescent development and family systems theories proved to be particularly relevant in the interpretation of results and are thus discussed in more detail. Residential instability, one of the most salient life story factors for young adolescents in the study, is discussed in relation to several theories below under their respective headings. Because of the prominence of residential instability among the families and the potential relevance of several theories, this section then includes a summary of residential instability findings discussed in the context of previous research and theory. The section on theoretical implications concludes with discussion of IPV in African American and Hispanic families in light of the sample composition with more than two-thirds of participants representing racial/ethnic minorities.

Ecological/Resilience Frameworks

The large number of stressors in the lives of mothers and youth in the study illustrate the relevance of ecological models that gather a holistic picture of risk and protective factors. Youths' experiences cannot be viewed solely through the lens of their status as shelter residents or youth who have been exposed to IPV given the many sources of stress and potential protective factors.

The extremely high number of residential relocations for mothers and youth in this study raises questions about contributing factors. Did families move so much because

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of IPV? Or were poverty and poor maternal health (mental and physical) more influential factors? What roles did parental incarceration and substance abuse play in residential instability? Mothers described multiple influences on their decisions to seek emergency shelter. Clear reasons for the long-term patterns of frequent moves were not apparent, however, even for individual families.

The study provided preliminary data on potential protective factors including strengths within individual youth, their families, and in their relationships with non-family adults (especially at school). Study findings and the questions they raise highlight the value of an ecological cumulative stressors model to study the impact of adverse experiences, rather than studying them individually (Jaffee et al., 2007). In addition, continued application of a resilience approach is needed. Cicchetti and Curtis note that "resilience promoting interventions should target protective and vulnerability forces at multiple levels of influence" (2007, p. 628). Meeting this goal requires further understanding of these factors.

Coercive Control

Qualitative findings about mothers' IPV experiences were consistent with the theory of coercive control (Stark, 2007). Mothers described how fear of their partners based on past interactions guided their behavior in efforts to avoid further abuse. Much of the research on families with IPV has focused on counting frequencies of assaults, and may thus provide an incomplete picture of IPV dynamics in families.

Social Cognitive Theory

Social cognitive theory assisted with interpreting results related to personal agency, coping, self-beliefs, and meta-cognition. Meta-cognition was the underlying concept in one of the themes in the life stories of four youth, Evolution and Recent Change in Youths' Thinking about Family Issues. Youth exhibiting this theme commented on changes they observed in their thought processes.

While ten youth expressed a sense of personal agency in the course of telling their life stories, four did not. Statements expressing agency generally fell into the categories of caregiving, cognitive development and coping, non-family relationships and the physical domain. An example of self-beliefs was evident in one of the youths with a sense of agency related to physical abilities (Laura), when she shared several vignettes illustrating her status as "the tough one" in the family.

More than a third of the youth described beliefs that they called to mind to help them cope with challenges. These coping strategies were unknown to any of their mothers. The beliefs provided information on how the youth appraised challenges, and all of them implied confidence in their coping capacity.

In considering why residential instability was such a salient life theme for youth through the lens of coping theories (derived from social cognitive theory), it seems plausible that youth appraised residential instability as an area where they had limited response choices and limited coping capacity. Youth named several situational coping strategies used in IPV incidents, but did not talk about potential responses to the moves that resulted in so much frustration for them.

Adolescent Development

Adolescent development provides a useful lens through which to view study findings. This section links results in four areas with adolescent development concepts: balancing normative and atypical experiences, residential instability, cognitive differences, and career exploration.

Balancing Normative and Atypical Experiences

As young adolescents, psychosocial tasks participants were beginning to negotiate included development of identity, autonomy, and intimacy in dating and peer friendships (Steinberg, 2005). The youth participants were managing normative experiences for their age group including puberty, cognitive changes, and increased academic demands while simultaneously contending with the many risk factors previously described. From a subjective vantage point as illustrated in youths' Life Story themes, more than half of the participants were experiencing loss and fear across different contexts of their lives.

Youth tended to frame their descriptions of stressors in terms of the extent to which they interfered with their daily lives and ability to be "normal." Clinical literature has noted this type of framework, for example in Webb's discussion of children in divorced families: "It is not the parent's status itself that causes stress for the child but rather the many circumstances associated with it that may affect the child adversely. Because children are self-centered, the overriding issue for them is how much their lives are inconvenienced" (Webb, 2003, p. 239). Perhaps residential instability was such a salient Life Story theme for all youth because it appeared to be the proximate cause for major disruptions, and more distal causes (IPV, financial problems, instability related to

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parents' health or substance abuse) were not as concretely evident. Adolescents are developing their abstract thinking ability, including their ability to understand the complex reasons for upheaval in their lives. (For example, Desiree's description of her growing understanding of their relocations, cited in chapter eight, illustrates this developmental process.) Negative influences of IPV may become more prominent as intimacy becomes a more prominent developmental task.

Adolescents and Residential Instability

Residential instability may have been especially stressful for young adolescents for other reasons related to their developmental stage. A pattern of frequent moves may be more disruptive than other stressors to developmental tasks related to identity and building relationships outside the family. Frequent moves impede maintenance of long-term relationships outside the family. Also, moving is public while other stressors are more easily kept private (e.g., IPV, health conditions). Part of adolescent identity development is caring about how they appear to others, and youth in the study described their efforts to prevent school peers from learning about their shelter residence.

Cognitive Differences

Cognitive changes during early adolescence may explain why the views of two of the youngest participants, Laura and Lucas, regarding their fathers were so different from views of other youth in the study. Both described very close relationships with their fathers. Neither acknowledged that their fathers perpetrated IPV towards their mothers. Both normalized parental crack cocaine abuse and antisocial behavior. Early adolescence is marked by changes in how adolescents view family relationships, with them typically

becoming more aware of shortcomings in their families as cognitive abilities increase (Steinberg, 2005).

Career Exploration

Exploration of career choices is part of adolescent development, and can be considered in connection with the process of identity development (Steinberg, 2005). The comments youth in this study made about future career goals were typical in that individuals may develop ideas about job specific choices as early as elementary school, but career plans become more realistic and matched with abilities and interests in high school. Optimism about career choices is also typical among adolescents.

A notable finding in this study was interest in becoming lawyers expressed by three-quarters of the girls (and none of the boys). This finding was intriguing given the strong influence of socioeconomic status and role models on career choices (Steinberg, 2005). Although the researcher asked follow-up questions about the origins of their goals to be lawyers, only one girl provided a specific reason related to coursework at school. It is possible that legal services their mothers received provided opportunities for them to observe female lawyers at work, but none mentioned such observations.

Family Systems Theory

Concepts from family systems theory proved especially helpful in data analysis and interpretation. This section focuses on two concepts: family roles, and family cohesion and boundaries in relation to the Life Story theme of Interconnected Family Boundaries.

Family Roles

Bancroft and Silverman (2002) report that abusive men in their practice have often maintained control over their families by creating divisions between family members. Scapegoating one child while showing favoritism towards another is one effective way to sow divisions. Laura, Lucas, and Amanda (and their mothers) shared information about their siblings that indicates the presence of this paternal behavior in the family. Amanda was scapegoated by her father, who said she was not his child and in contrast called her sister "princess." Amanda reported that she hates her father. Laura and Lucas were both singled out by their fathers for favored treatment, and both have siblings who were scapegoated. They both cite their fathers as their closest relationship. Studying family roles in this population would be fruitful for future research as it may provide further insight into youth adjustment and perceptions of parents.

Interconnected Family Boundaries

Development of the Theme Definition. The Interconnected Family Boundaries theme proved to be the most complex theme to capture and define during the iterative analysis process. It included subthemes of youth in caregiving or adult roles, youth expressing pervasive feelings of concerns about their mothers' well-being and vigilant behaviors to ensure mothers' health and safety, and exceptionally close emotional bonds described by both dyad members. Narratives included descriptions of parent-child role reversals and mutual provision of high levels of support for one another.

These family dynamics of highly cohesive boundaries occurred in daily life and when youth intervened to assist their mothers during IPV incidents. Mothers and youth

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viewed these dynamics positively, negatively, and with mixed feelings, and several youth described them as sources of personal agency. The theme was defined and labeled broadly in an effort to portray the concept with the range of feelings about it as shared by participants without implying a value judgment on whether or not these family interactions were healthy and adaptive.

The coders ultimately developed the theme's definition by combining a summary of participants' perspectives on this dynamic with the closest formulation of the concept appearing in family systems literature, specifically Olson's circumplex model (Becvar & Becvar, 2006; Trepper & Barrett, 1989; Walsh, 1993), described in the paragraph following this one. Coders thought an outside professional assessing some of the families might use one of the following well-known terms to describe parent-youth dynamics in the data: as having "diffuse boundaries" (Becvar & Becvar, 2006, p. 179), "merging" behavior (Trepper & Barrett, 1989, p. 88), enmeshed (Nichols, 2007; Trepper & Barrett, 1989; Becvar & Becvar, 2006), or as exhibiting "vertical/horizontal relationship confusion" and "role-reversal" (Howes & Cicchetti, 1995, p. 270). Most of these terms, however, come from a standpoint of dysfunction that is not compatible with the viewpoint of many sample participants, when the relationship dynamic is considered broadly across cases. Through in-depth discussions the coders arrived at a conceptualization of the theme that encompassed and emphasized participant perspectives while combining them with key concepts of the circumplex model of family systems (Becvar & Becvar, 2006). This privileged participants' voices while underpinning the analysis with a well-developed framework. A broad formulation is

compatible with cautions from family research scholars who warn that narrow typologies or formulations of family characteristics are potentially stereotyping, reductionistic, and "too readily confounded with pathology" (Walsh, 1993, p. 49).

The circumplex model, developed in the late 1970s by Olson, Sprenkle and Russell (Becvar & Becvar, 2006; Walsh, 1993), was designed to assess families along two dimensions, cohesion and adaptability. Each of the two dimensions has four possible categories ranking the family's cohesion and adaptability from low to high. The cohesion dimension was of particular interest for analysis of this study's data. The four cohesion categories, in order of lowest cohesion to highest cohesion, are disengaged, separated, connected, and enmeshed (Walsh, 1993). According to the circumplex model, families functioning at the two middle levels (separated and connected) are operating optimally.

Most dyads in this study were portraying their mother-youth relationship in a way that would fit the two higher levels of cohesion in the circumplex model, connected and enmeshed (Becvar & Becvar, 2006; Walsh, 1993). It was clear in participants' descriptions of this mother-youth dynamic, however, that most viewed the nature of their relationship cohesion as a key coping resource. The coders thus decided to refer to the dynamic evident in the data as "interconnected family boundaries" to capture the participant viewpoint that in most cases implied fluid movement between the higher levels of family cohesion. Labeling the theme category as Interconnected Family Boundaries also provided a theme description that accounted for the ambivalence appearing across cases and within some narratives about the positive, negative, or neutral valence of the dynamic.

Some clinical practice scholars provide critiques of narrowly formulated judgments of family processes that further support the approach utilized in this study for conceptualizing the Interconnected Family Boundaries theme (Crosson-Tower, 2008; Nichols & Schwartz, 2007; Walsh, 1993). They caution that narrow formulations of normative family dynamics may lead to incorrectly pathologizing certain families. According to Crosson-Tower's (2008) critique of the "parentified child" concept, for example, it may be adaptive for African American families with lower socioeconomic status, particularly those with single working mothers, to rely on a higher level of involvement from children in performing household duties. She notes that, "Indeed, most poor African American families would fail to understand why expecting so much of their children might be considered neglectful by white social workers" (p. 31). There were more African American mothers in this sample than any other racial/ethnic group ($n = 5$, 38.5%), and ten (76.9%) mothers in the sample had incomes below poverty guidelines. Participants' positive views of this family dynamic are similar to results from a South African study of resilience in impoverished ethnic minority single parent families ($N = 51$ mother-child dyads) (Greeff & Fillis, 2009). Family interviews indicated that "emotional and practical support from family members within the family unit… is the most important resilience factor… most families indicated that the support they received from immediate family members contributed to better adaptation and functioning" (Greett & Fillis, 2009, p. 283). Previous research has also found that financial strain predicted single mothers' likelihood of discussing financial issues and personal concerns with their children, and increased beliefs in the appropriateness of discussing family problems with

children (McLoyd & Wilson, 1992). As the shelter personnel interviewed for this study

noted, young adolescents are aware of family issues and highly cohesive boundaries as

described under the Interconnected Family Boundaries theme are not surprising.

Nichols (2007) summarizes feminist critiques of categorizing family systems with

the "enmeshed-mother/disengaged-father syndrome" (p. 131). The criticism voices the

concern that our culture sanctions this pattern of family subsytems, and viewing a

family's functioning without considering the larger cultural context can lead to unfairly

attributing blame to parents. Nichols emphasizes that such blame is a misapplication of

family systems concepts. Similarly, Walsh's (1993) discussion of whether family

processes may be viewed as pathological or typical provides an additional element useful

to conceptualizing the Interconnected Family Boundaries theme in this study:

> Certain family processes may be typical and expectable… A common
> error is to type a family 'enmeshed,' presuming pathology when high
> cohesion may be functional and even necessary in that family's life
> context, as when a family must pull together to meet a crisis.
> (Walsh, 1993, p. 49)

The interviews did not systematically explore how long the dynamic of

interconnected boundaries had been present. It was apparent, however, that most of the

dyad members interviewed perceived functioning in a cohesive way with interconnected

boundaries (rather than in a disengaged or separated fashion) as adaptive in the short run.

Some implied that the dynamic was also optimal in the long run, but with most sharing

long-term histories of IPV, residential instability, poverty and health problems, it can be

difficult to discern times of crisis from the family's typical situation (i.e. what some

families may consider crises may have become the norm within some participants'

families). As Anthony's mother described her children's reaction to IPV, for example, she said, "It went on so often, it became: this is what home is. It's dysfunction. It's like they don't even separate the two." Overall, however, Walsh's critique of narrow formulations of family behavior that sometimes result in assumptions of pathology further encouraged the coders' efforts to develop the theme category in a way that stayed as true as possible to participants' perspectives in the data rather than imposing an outside interpretation.

Residential Instability

The high level of residential mobility of families in this study was discussed above in relation to theories of social cognition, adolescent development, and ecological/resilience frameworks. To summarize, there are several possible reasons for the families' residential instability and many possible reasons why it was such a salient life story theme for all youth participants. For example, youth may have perceived limited options for coping with frequent moves in comparison to other stressors. Or, residential instability may have impeded developmental tasks related to identity and intimacy. The public nature of residential instability may influence identity development by embarrassing young adolescents in their non-family relationships, and frequent moves create significant difficulties for maintaining relationships outside of the family. In addition, as their abstract thinking ability is still developing and they desire normalcy in their daily lives, frequent moves may appear to young adolescents as the proximate cause for life difficulties while the influence of other contributing factors such as poverty, IPV, maternal health problems or substance abuse may seem more distal. Also, the families'

frequent moves may have contributed to the very cohesive boundaries between mothers and youth that were depicted in the Interconnected Family Boundaries theme. Finally, viewing results through the lens of ecological theory suggests several factors in families' lives that are potential risk factors for youth, and may be associated with the families' frequent moves (e.g. incarceration, poverty, IPV, maternal health, parental substance abuse). When a family moves, the youth may experience these influences at their worst all at once, for example when partner violence or parental incarceration prompts family disruption and increased economic hardship, resulting in an abrupt relocation.

Residential instability has been studied in research on health outcomes and violent behavior. In a systematic review of research on residential mobility among children and adolescents as an independent variable affecting health outcomes, Jelleyman and Spencer (2008) identified 22 studies associating high mobility with negative outcomes. They noted that residential instability is associated with poverty, unemployment, single parenthood and family disruption, and reviewed the influence of residential instability after controlling for these other factors that may negatively influence health outcomes. Their review indicated that for adolescents, residential instability was associated with early substance use, increased rates of sexual activity and pregnancy, and higher risks for depression (Jelleyman & Spencer, 2008). According to their findings, residential instability disrupts continuity in health services received by youth and interacts at multiple levels (individual, family, and neighborhood) in "cumulative and compounding ways" (p. 584). The influence of residential instability on negative health outcomes was of moderate strength and showed a dose-effect, with more moves associated with more

problematic outcomes. Other researchers note that adolescent residential stability has been linked with violent behavior and poor academic achievement and attainment (Haynie & South, 2005). These results indicate that youth in this study may be at risk of negative outcomes because of high mobility, possibly in addition to risks they face because of exposure to IPV.

Haynie and South (2005) used two waves of the National Longitudinal Study of Adolescent Health to study how residential mobility influences violent behavior. They noted that effects of residential instability on violence have often been studied at the aggregate levels of neighborhoods or cities, but infrequently at the individual level. In their sample, highly mobile youth were more likely to be African American or from another non-white race. They found that, contrary to what some sociological theories imply, residential instability was associated with violent youth behavior not because youth lacked social connections, but because youth connected with antisocial peers. Specifically, they interpreted that their data implied "that relatively deviant adolescent school networks may be particularly welcoming to new members and that, once mobile adolescents become embedded in such networks, they tend to adopt the violent behaviors of their members" (Haynie & South, 2005, p.373). In other words, youth who experienced residential instability were more likely to associate with peers who exhibited violent behavior. Haynie and South did not consider exposure to IPV as a possible explanatory factor and noted that "most of the observed impact of residential mobility on adolescent violence remains unexplained by the possible mechanisms that we consider in this analysis…knowing more about the circumstances driving and surrounding adolescent

residential mobility might also provide important clues for why mobile adolescents exhibit high rates of violent behavior" (p. 374). Youth in this dissertation study shared how they coped with developing new friendships after moving. It is not known, however, if their new peer groups after moves were prosocial. The Haynie and South (2005) study suggests they may be at risk of joining negative peer groups.

IPV in African American and Hispanic Families

Less than a third of the participants in this study were white; the majority represented ethnic minority groups. These participants were African American, Hispanic, American Indian, and Multiracial. A growing body of literature examines ethnic group differences in the experience of IPV. Understanding differences in potential risks and protective factors is important for development of culturally competent practices and future research. In this study, the analysis process included reviewing data to determine if there were differences between racial/ethnic groups in findings. There were no apparent group differences in demographic factors, history with CPS and incarceration, risk or protective factors, IPV experiences, membership in the "reunited" subgroup of youth, life story themes, relationships, coping strategies (including situational safety planning behaviors during IPV incidents), and views of the future. Study results revealed similar responses occurring across racial/ethnic groups under each of these questions. The small sample size may, however, have made it impossible to identify trends that could appear with a larger sample.

A racial dimension to IPV experiences was present in the narratives of two African American mothers in this sample. One mother described an incident where her

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son physically intervened during an assault and was repeatedly called "nigger" in a profanity-laced tirade from her partner. In the other case, a mother who experienced years of post-separation abuse was taunted by her former partner for seeking help from the criminal justice system for intervention, the "white man's law." Also, in spite of years of separation, she had not sought a divorce because she did not want to face a custody dispute in family court (although she cited not wanting to interact with him as her reason).

Two other women, one white and one African American, noted that they had been abused by Mexican-American men. While one woman noted her interracial relationship as an aside while explaining that her most recent partner was not the youth's father, the other talked about the role ethnicity played in her relationship. Specifically, she lived in a rural area surrounded by her partner's extended family network and initially perceived an emotional distance between herself and the family because of her race. She felt hostility from her mother-in-law based on differing parenting styles, and while she generally enjoyed supportive relationships with her partner's other family members, she felt more isolated in the abuse because her partner's kin encouraged her to stay with him when she sought help. She described the ethnic differences within her relationship and their rural residence as factors that increased her sense of isolation.

Because this study's sample is comprised primarily of racial/ethnic minority families, literature on IPV in families of color can provide further context for the overall study findings. This section will first discuss additional risks faced by African American and Hispanic families, followed by discussion of potential protective factors. There are

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some limitations in the literature on ethnic differences in IPV because most studies have used convenience or clinical samples (Kantor, 1997).

Risks

While studies with U.S. shelter samples have found no differences in the rate and severity of abuse reported by white, African American, and Hispanic women, some national studies have found greater IPV risks for minority women (Kantor, 1997). For example, one study indicated that IPV experienced by Hispanic women involved violent assault twice as often as those experienced by white women. In general, IPV occurs as frequently in Hispanic families as in non-Hispanic families after other factors have been controlled for, such as the effects of income, alcohol use, and age (Klevens, 2007). Considerable heterogeneity is apparent among Hispanic groups, however, with analysis of the 1992 National Alcohol and Family Violence Survey indicating higher rates of IPV among more acculturated Puerto Rican and Mexican American families than other Hispanic groups (Kantor, 1997). Several other studies have replicated findings of increased IPV with increased acculturation (Klevens, 2007). Similarly, some researchers state African American women may be as much as 35% more likely to experience IPV than white women (Williams, 2002), while several studies have found that after controlling for social class the effects of race are not significant (Kantor, 1997).

As noted previously, there were no apparent differences in IPV experiences between participants of different races/ethnicities in this sample. Notably, however, one mother of a youth whose CEDV Home Exposure Subscale (Edleson et al., 2007b) score was among the highest stated (while responding to demographic questions) that while she

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was Mexican-American, she did not feel cultural ties to Mexican culture and had never been to Mexico. In discussing findings regarding acculturation, Kantor (1997) noted that connection with Hispanic cultural values may be a protective factor for families.

Both African American and Hispanic women may be more reluctant to seek help for IPV than white women. Hispanic women stay with abusers longer before seeking help, and are more likely to return to abusive relationships than white women (Kantor, 1997; Klevens, 2007). Richie's gender entrapment theory (1996) describes African American women enduring IPV and protecting abusive African American men rather than taking steps to help themselves that may expose their partners to further race-based oppression. African American women may hesitate to call law enforcement because of historical abuse of African American men by police and the criminal justice system (See, Oliver, & Williams, 2002). Hispanic women may not seek help from law enforcement because of fears related to immigration status (Klevens, 2007). Although group differences in help-seeking were not apparent in this small sample, findings regarding youths' 911 interactions are discussed further below in the context of future research directions.

Protective Factors

Scholars have identified potential protective factors in African American and Hispanic families. Extended family networks and religiosity are more salient for both groups in comparison to white families (Klevens, 2007; McLoyd, Harper, & Copeland, 2001; See et al., 2002). See and colleagues cite these additional "adaptive strengths" in African Americans originally proposed by Hill: "(a) strong achievement orientation; (b)

strong work orientation; (c) flexible family roles; (d) strong kinship bonds; and (e) strong

religious orientation" (See et al., 2002, p. 77). McLoyd and colleagues (2001) also note

"smaller gaps in power between African American spouses" due to "African American

women's historically higher rate of labor force participation" in comparison to white

women (p. 101). Several of these factors were evident in this study's findings, with

flexible family roles prominent in this study for all participating families, as discussed

previously in relation to the Interconnected Family Boundaries theme.

This study's findings regarding perceptions of the future revealed high levels of

optimism. While research indicates that African American mothers and white mothers

exhibit similar parenting behavior following divorce, African American mothers have

been found to expect more competence, independence, and self-control from their

children (McLoyd et al., 2001). McLoyd and colleagues speculate that African American

mothers may maintain more optimism in spite of challenges in their relationships.

As noted in chapter two, critics have noted that research on the effects of child

and youth exposure to IPV often does not report information on descriptive demographic

variables, including participant race/ethnicity (Feerick & Prinz, 2003; Jacobus, 2005;

Wolfe et al., 2003). Scholars reviewing related literature on children and marital conflict

(not IPV) have noted that most research has been conducted with predominantly white

samples (Cox et al., 2001; McLoyd et al., 2001). The small number of studies on marital

conflict that consider ethnicity suggest that extended family support is a protective factor

for children in African American and Hispanic families, particularly because of how the

support helps the mother (McLoyd et al., 2001).

Research Implications

Specific future research directions are described in this section, after an initial overview of broad goals for future research in this area. The broad goals are based on Proctor's (Proctor, 2005) broad recommendations for social work research. First, the knowledge base on practices used with families experiencing IPV needs to be expanded. Information is needed on the range of emergency shelter services and protocols related to families, and on the types of safety planning practices with children and youth in shelters. More information is also needed on the range of services for adolescents exposed to IPV in other settings, including schools, CPS, hospitals, justice systems, and mental health organizations. It would be helpful to understand how practitioners in various settings respond to youth disclosures about IPV in their families. Second, variations among these practices need to be determined. Third, practitioners' perspectives on effective practices with adolescents exposed to IPV would be valuable. Finally, the outcomes of practices related to safety and psychological well-being must be evaluated.

This section discusses research implications in six broad areas. Specifically, it discusses implications related to risk and protective factors; co-occurring child abuse; resilience, relationships and coping; practice and program evaluation; measurement of IPV; and adolescents exposed to adult IPV.

Risk and Protective Factors

This study highlighted a number of risk factors that should be taken into consideration when studying the effects of IPV exposure on children and youth in samples of emergency family violence shelter residents. Factors other than exposure to

IPV may contribute to adjustment difficulties in this population, such as these factors that were present in more than half of this sample: maternal poverty, parental incarceration, maternal physical and mental health problems, residential instability, and parental substance abuse. Several of these variables have been examined in research with women experiencing IPV (Fowler, 2007; Helfrich, Fujiura, & Rutkowski-Kmitta, 2008) and they are also important in the study of youth adjustment. In general, there should be more of a bridge between adult IPV literature and literature on child/youth exposure to IPV.

In recent years there has been increasing research attention on co-occurring IPV and physical child abuse (Appel & Holden, 1998; Jacobus, 2005; Kitzmann et al., 2003; Sternberg et al., 2006; Wolfe et al., 2003). In this sample, several of the risk factors mentioned above were present in more families than physical child abuse. For example, only two youth in sample had mothers who had neither mental nor physical conditions that interfered with her daily activities. Future research needs to take an ecological approach on such issues to determine how IPV exposure influences adjustment. In addition, research on co-occurring maltreatment should examine other forms of maltreatment beyond physical abuse.

Youth named many potential protective factors in their lives that require further study using objective measures. For example, further study is needed on whether the relationships described by youth in family violence shelters are prosocial and helpful for their adjustment. Also, results revealed more supports within the youth and their families than within their communities. Future research could use a comparison group to determine if the families of youth in shelters are more isolated from community

protective factors than families with young adolescents who have not been in family violence emergency shelters. Finally, quantitative research with larger samples could study the relationship between specific protective factors and adjustment to assist with development and evaluation of interventions seeking to increase targeted protective factors to improve youth outcomes.

Co-occurring Child Abuse

Findings have implications for research on whether there is an additive negative effect on children's and adolescents' adjustment if they experience both IPV exposure and direct victimization through child abuse. Specifically, findings in this study underscore the need to account for how the child abuse perpetrator is related to the victim, and if possible to obtain historical information on identity of caregivers the youth has lived with. It was notable in this study that physical child abuse was much more salient than other types of maltreatment, but these results raise more questions than answers about co-occurring maltreatment, particularly about the youth relationship to the perpetrator.

Subjective salience of abuse. Narratives in this study revealed that six youth had been physically abused, but physical abuse was a salient life story theme only for three boys who had been abused by their fathers when they lived with their fathers without their mothers. It was not a salient life story theme for the three girls who had been physically abused, including the one who was abused by her father. All three of these girls had never lived alone with their fathers or apart from their mothers. However, in analysis of all youths' descriptions of their relationships with their fathers (under research

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question three), the subgroup of three youth who reported that they disliked or hated their fathers was comprised of two of these boys, joined by the girl whose physical abuse perpetrator was her father.

Resilience, Relationships and Coping

Boundaries

Further research on the adaptive and maladaptive aspects of high levels of family cohesion is needed to better understand this dynamic. Interconnected Family Boundaries were present in nearly all dyads in this sample. One of the shelter staff interviewed noted that the pressure youth sometimes feel to prevent their families from falling apart may be justified, i.e. the youth is the main person sustaining family functioning. It would be beneficial to understand when high levels of cohesion are adaptive, and how families adjust to new roles as they move out of crisis. Research in this area in needed to guide practitioners, particularly those in community agencies providing counseling services to families recovering from IPV.

Relationships

Youth in this study provided preliminary information on who helped them cope with IPV, and how they helped. These findings are discussed further under practice implications. Further research needs to explore help-seeking patterns of youth exposed to IPV. Greater knowledge of youths' help-seeking would assist practitioners with developing effective outreach strategies.

Fathers. Three of the four youth who were physically abused by their fathers comprised the subgroup of youth who said they hated their fathers. Their feelings were

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more clear-cut than those who were exposed to IPV but not physically abused. Perhaps physical abuse is a stronger predictor of conflictual father-youth relationships than IPV exposure. Further research on father-child relationships in this population is needed to help professionals such as custody evaluators and mental health counselors understand types of father-child relationship dynamics.

Barriers to Seeking Law Enforcement Help

Calling 911 for law enforcement assistance was one of the less frequent safety planning behaviors used by youth during IPV. Shelter safety plans typically encourage calling 911 because of the physical danger during IPV incidents. Narrative data from this study suggests some of the reasons youth might be reluctant to call 911: they have had a bad experience with police, they have been instructed not to call 911 by their mothers because of past CPS intervention, they have called 911 in the past and their mother has not been forthcoming with police about the IPV, and the IPV perpetrator told them not to call. (Two of these negative experiences were reported by white families, and two by African American families.) Further research is needed on barriers families perceive to calling 911 in order to better understand how to incorporate 911 information into safety plans for mothers and youth.

Safety Planning

The discrepant information provided by shelter staff and families in this study regarding safety planning practices in shelters indicates the need to learn from shelters when and how they are providing this information. Comparative data needs to be collected on the timing, mode and content of safety planning practices. Also, with the

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danger faced by youth physically intervening in IPV incidents, more research is needed to understand what factors prompt youth to intervene.

Differences Based on Race/Ethnicity and Gender

Race/ethnicity. As described previously, African American and Hispanic families may be more reluctant to seek help from police (Kantor, 1997; Klevens, 2007; Richie, 1996; See et al., 2002). In this study, participants representing four out of the 14 families (28.6 %) reported that the youth called 911 during IPV incidents, while ten youth (71.4%) had not called. Three of the four youth who called 911 were non-white. The group of ten who had not called 911 was 21.4% (n =3) white and 64.3% (n = 7) non-white. As with other results, there are thus no clear racial/ethnic differences in youths' help-seeking from police in this small sample. These findings suggest the need for further research on whether youths' help-seeking from law enforcement varies based on race ethnicity. After reviewing literature on children and marital conflict (i.e. not IPV), McLoyd and colleagues (2001) also identified the need for further research on minority families' views of institutions such as the justice system.

Gender. The findings in this study related to perceptions about adult males indicate that while some boys expressed complex feelings about their fathers, half of the girls (and no boys) in this sample projected negative feelings onto males (particularly adult males) in general. Both types of perceptions could have implications for youths' development in areas such as identity, sex-role socialization, and dating relationships.

Youth sex roles: staff perceptions compared with dyad interviews. Shelter personnel mentioned observations of stereo-typed sex-role behavior among youth,

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reporting perceptions that more girls fulfill "parentified" caregiving roles while boys play "protector" roles. Descriptions of youth in these roles definitely appeared in dyad interviews, although the sample was too small to determine if there were significantly more girls caregiving and more boys protecting. (Both of these were included in the Interconnected Family Boundaries theme.) More girls than boys verbally and physically intervened in IPV incidents in the sample, performing behaviors that could be considered fulfilling "protector" roles. Also, there were two more girls than boys who were the oldest sibling in their families and may thus have been more likely to be called on to fulfill caregiving roles. As additional research is conducted on safety planning and family roles, it would be helpful to compare boys' and girls' behavior to determine if there are gender differences in these areas. Those who take on "protector" roles may place themselves more at risk for physical injury. Knowledge of gender differences in family roles in this population would assist mental health counselors working with youth and families recovering from IPV, as their family roles may be adjusting to reduced crises. Also, findings about the prevalence of these roles may indicate whether counselors are overlooking youth performing roles that do not conform to their sex-role expectations.

More than a third of youth in the sample ($n = 5$, 35.7%) were girls from families with no male children, which may also influence family roles and messages from mothers. For example, the three mothers whose short-term hopes for their children included "no dating" were all mothers of daughters only (including the mother whose daughter had secretly been in a dating relationship for five months).

Settings

Findings underscore the value of efforts underway to design and evaluate

effective programs and interventions for this population. For example, the finding that

only three (21.4%) of the mothers in the study had never been involved with CPS as a

parent points to CPS as a strong potential intervention point for mothers experiencing

IPV and other risk factors. Potential service settings are discussed further in the Practice

Implications section. More research is needed on effective interventions in shelters, via

CPS, and elsewhere. In particular, this study identified schools as a place with many

potential protective factors for youth.

Schools. Which educational services are most helpful for adolescents residing in

shelters? Youth in the study had one of three school arrangements while residing in the

shelter. Some attended a charter school on-site at the shelter, some continued at the home

school where they were enrolled prior to shelter residence, and others enrolled in new

public schools when they entered the shelter. This sample was too small to compare

differences in youths' experiences based on school arrangements, but comments from

some individuals suggest each setting has advantages and disadvantages in the areas of

academics, extra-curricular involvement, and relationships with peers and supportive

adults. Decision-making regarding school arrangements appeared to be guided primarily

by safety and logistics. Further research on how different educational arrangements affect

youths' academic achievement, extra-curricular activities and relationships would add a

youth-centered dimension to decision-making for shelters and policy makers in school districts.

Measurement of IPV

Unlike most studies of children/youth and IPV, this study collected information on psychological partner abuse in addition to physical partner abuse, as consistent with the CDC definition of IPV (Saltzman et al.., 1999). Qualitative data allowed additional insights into factors such as IPV severity, coercive control, and the number and identities of IPV perpetrators. Future studies should measure these factors to obtain a holistic picture of IPV. Combining instruments that included psychological and physical abuse with interview data gave more context on IPV experiences. Existing instruments measuring adult IPV should be refined to be more compatible with prevailing definitions of IPV used by practitioners and the CDC.

The finding that five youth had been separated from their mothers and living with another caregiver until shelter entry has implications for researchers examining inter-reporter reliability regarding IPV exposure. Several reasons are often considered for differences in mother-youth reports regarding IPV within a family. One reason raised by this study for future researchers to consider is that the reporters may have had separate residences for long periods of time.

Adolescents Exposed to Adult IPV

All shelter staff interviewed for the study reported more young children in shelters than adolescents. Mothers of youth in the study had been in emergency shelters an average of 2.4 times before. Is the ratio of children to adolescents typical of most

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shelters? If so, the ratio raises a number of questions about the trajectories of children who enter shelters. Is it possible that the mothers of older youth returning to shelters are women who have had more difficulty living independently than some of the mothers of younger children (who do not return again later)? If so, why is that the case? Are women of adolescents in shelters more functionally impaired in some way? Are they in more entrenched cycles of poverty, IPV, health problems, or substance abuse? Or, are there as many mothers of adolescents in the shelters as there are mothers of younger children, but their adolescents are elsewhere? If so, where are they – with their fathers, foster care, extended family, a friend's family, or run away? How do mothers make placement decisions for their children when someone else is going to be a caregiver (or do other individuals or organizations make custody decisions)? Have the mothers lost custody? Several mothers in the sample had previously lost custody of children. Are caregiving placement decisions different for boys and girls? Are abusive partners more likely to seek custody of boys? (This was the case for three "reunited" boys and no girls in this sample, while the three youth who had never met their fathers were all girls.) Longitudinal research examining structures and pathways of families who leave shelters would address some of these questions, as well as survey information from all shelter residents about their parenthood status and history. Answers to these questions could guide assessment and indicate needs for specialized services, such as counseling or legal services for women who would like to seek custody of their children.

Social Work Practice Implications

Shelters provide a wide range of services for women and their accompanying children. Study results reinforced the need for services. This section on implications for social work practice first summarizes cultural considerations, then discusses youth needs and potential practices, followed by discussion of practice with mothers of young adolescents. The section then describes other potential intervention settings beyond shelters. These include substance abuse treatment programs, law enforcement, schools, and child protective services.

Cultural Considerations and Strengths Perspectives

Scholars and practitioners have noted that services for women experiencing IPV have evolved from a grassroots movement to become more institutional (Almeida, Dolan-Del Vecchio, & Parker, 2008), with the drawback that institutionalized services often do not "provide an understanding of the multi-layered analysis of gender, race, culture, and class" (p. 196). Building on potential cultural protective factors, See and colleagues (2002) describe several intervention models, particularly for abusive African American men, based on approaches that are afrocentric, faith-based, and/or strengths-focused (Gondolf & Williams, 2001; See et al., 2002). Klevins (2007) notes gaps in interventions specifically for Hispanic families experiencing IPV and calls for further development of culturally competent practice interventions.

This study's diverse sample of participants described and exhibited numerous strengths in the telling of their life stories. Practitioners should continue development of interventions that recognize and build on individual and cultural strengths.

Sense of Normalcy

Youth in this study viewed life stressors in terms of how they affected what they were supposed to be accomplishing in their lives, particularly in their relationships and at school. Those factors that they perceived as interfering most with their stability, such as frequent moves, were emphasized as most distressing. This was expressed in multiple ways ranging from talking about their desires for residential and school stability to expressing the need for undisturbed sleep at night. School was a key part of normalcy for them.

School enrollment. These findings lend support to efforts described in shelter personnel interviews to match and enroll youth with appropriate educational services as soon as possible upon shelter entry. One staff member mentioned delays of up to a week in completing enrollment due to obstruction from the school district. In the past she has ended such delays by reminding the district of their responsibilities under the McKinney-Vento Homeless Education Assistance Improvements Act of 2001 (Thompson & Kim, 2006). Practitioners need to be familiar with this legislation as they may encounter similar situations where they must take an advocacy role to help achieve normalcy for children and youth. The legislation was designed to address school enrollment barriers for homeless students who often lack required paperwork (e.g., immunization and previous school records).

Housing. Shelter services assisting families to find long-term stable housing will assist youths' sense of normalcy. Notably, the families of two (14.3%) youth in the

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sample had limited options available for housing because of assault histories; one mother had a previous assault charge and one youth had an assault charge. These were the two cases with maternal histories of crack cocaine abuse, and also cases that had among the highest ABI physical abuse subscale scores in the sample. Such multi-problem cases present additional challenges for practitioners seeking to link residents with an array of needed services, including housing.

Rules. Shelters should review rules to make sure they are age-appropriate for adolescents. All five youth who complained about close parental supervision in the shelter came from two of the study recruitment sites. Given the unpredictable and sometimes low youth census, developing special privileges for adolescents that are not dependent on the number of youth residents may increase their comfort in the shelters (e.g., additional computer time, curfews later than those for younger children, a supervised area where they can be without their mothers).

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Needs for Supportive Services and Mental Health Counseling

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This section on supportive services discusses six aspects. These are: loss, fear, and traumatic stressors; relationships with fathers; grandmothers; interconnected family boundaries; safety planning; and career-related activities.

Loss, Fear and Traumatic Stressors

Many youth expressed feelings of loss and fear related to their life experiences. All had been exposed to potential traumatic stressors and many had experienced multiple losses. Shelter counselors working with youth need to be aware of practices informed by trauma and loss perspectives. Part of this approach, although it may seem contradictory

on the surface, is that discussions of trauma should never be forced on the individual who experienced it (Crenshaw, 2008). In addition, counseling for grief or trauma when the youth is not experiencing symptoms is contraindicated by research indicating that such an approach may have a negative impact on psychological adjustment. These issues underscore the need for appropriate individualized assessment and availability of support services (as distinct from counseling services) (Crenshaw, 2008; Webb, 2003). Shelter personnel need to be ready to refer youth to appropriate counseling services in those instances when they are ready to discuss the topic or are affected by symptoms of grief or trauma (e.g., intrusive memories). These guidelines are particularly appropriate in the transient shelter setting, where families are not settled in a permanent home that could assist with a basic foundation of security. Psychoeducational interventions may lay the groundwork for individual counseling on loss and trauma. Ideally, shelter personnel would be able to link those youth who need mental health counseling to service providers they could continue to work with after leaving the shelter.

Assessment includes considering a number of factors regarding the youth's current symptomatology, history of loss or trauma, developmental stage, and ecological factors including risk and protective factors in the youth's life. Practitioners must be aware that adolescent responses to discussions of loss differ from those of children. Because of their cognitive advances, reminders of past losses "may trigger a period of profound grieving, because [the adolescent] can appreciate the magnitude of the loss in a manner more akin to that of an adult" (Crenshaw, 2008, p. 221). The Life Story methods used in this study illustrated that some youth drew connections between past experiences

and current perceptions and functioning. A similar chronological tool used for assessment would give practitioners insight into the current meaning of past events for the youth, and the magnitude of their influence without forcing youth into providing details they do not want to share.

Results from shelter personnel and dyad interviews indicated that in general the four recruitment sites followed practices recommended for supportive services for youth potentially affected by trauma and loss by combining psychoeducational materials with fun group activities, with readiness to refer youth with more serious mental health needs if indicated. Group topics emphasize increasing skills and potential protective factors rather than discussions of experiences and symptoms. At least one youth (see Sarah's comments in chapter nine) expressed a positive perception of this approach in contrast to past counseling where the therapist continually focused on emotional expression.

Relationships with Fathers

Youth in this study had a range of complex feelings about their fathers, with the biggest group expressing ambivalence. On the extremes, two youth said their closest relationships were with their fathers, and three youth said they hated their fathers. Practitioners must recognize the complex mix of feelings youth are likely to have about their fathers, and they should not focus on only positive or negative feelings. Most mothers in this sample expressed that it would be up to the youth to determine the nature of her or his contact with the father. Mothers expressed challenges regarding how to talk about this. In addition to helping others with communication skills, shelter

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counselors could help youth sort through their feelings about their fathers and envision what kind of relationship they desire as well as what kind of relationship is most realistic.

Grandmothers

According to this study's results, grandmothers were very important to youth. Depending on individual family situations, grandmothers may be an untapped resource or conversely someone who has been tapped for help beyond her capacity. Findings indicate that grandmothers should be mentioned during the assessment process to gain further information.

Interconnected Family Boundaries

Implications of this Life Story theme were discussed at length in previous sections. Practitioners must be aware of the dynamics of interconnected boundaries, and may explore the advantages and disadvantages of highly cohesive boundaries with individual families. It is important that practitioners do not pathologize dynamics that may have been adaptive for families during periods of crisis. Mental health counselors should conduct individual assessments regarding family roles with mothers and youth to learn the client's perspective on family dynamics. Concurrent family counseling would assist the family with establishing boundaries that are optimal for healthy functioning of individual members.

Safety Planning

As discussed under research implications, safety planning interventions are urgent given youths' efforts to intervene in IPV incidents (or threats and thoughts about intervening in the future). Staff interviews indicated that at least one shelter expanded the contents of

their safety planning practices with youth to include review of any situations they may perceive as dangerous, including future dating relationships. Contents of safety plans are currently guided by practice experience rather than research. Findings from this study (with only two youth stating that someone at the shelter had talked to them about safety planning and staff at all study sites saying they discussed safety planning with all youth) suggest that practitioners need to repeat and review the information using different methods (e.g., written materials, group activities, individual counseling).

Career-related Activities

Shelters seeking to create additional services for youth may consider career-related activities. Most youth in this study expressed a specific career goal. They varied in their level of knowledge and exposure to specifics of the fields they were interested in, but generally expressed enthusiasm in conversations about plans for adulthood. Career-related activities provide a possible method of strengthening this potential protective factor.

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Shelter Interventions with Mothers of Young Adolescents

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Implications for four areas of shelter interventions with mothers of young adolescents are discussed in this section. These are: basic needs, communication skills, parent education on services for young adolescents, and the perceived needs of sons versus daughters.

Basic Needs

Experiences of families in this sample pointed to the need for services to help mothers achieve long term financial self-sufficiency and stable housing. Incarceration

histories may introduce additional challenges for obtaining employment and housing, requiring policy-makers and practitioners to develop specialized services for mothers exposed to IPV with criminal records. The poor physical and mental health status of most mothers and some youth in the sample highlighted the need for accessible indigent health services. Substance abuse services were also needed by mothers in the sample. Families will benefit if shelter personnel assess their needs in these areas and link them to appropriate services.

Communication Skills

One of the shelter staff members interviewed talked about efforts to educate mothers whose "denial of domestic violence" hurts children and youth. However, in the cases of mothers who do not deny IPV, and in fact see IPV exposure as harming their children, what is the next step? Mothers in this study wanted to know how they should talk to youth about IPV, fathers, and dating relationships. Beyond educating mothers about the harmful effects of IPV on children and youth, practitioners must be prepared to help those mothers who have acknowledged harm with development of their communication skills.

Parent Education on Services for Young Adolescents

Some mothers in the sample expressed skepticism about the shelters' supportive services and programming for children and youth. Specifically, they made comments stating that services were not delivering the deeper level of support that youth needed and involved too much play. It may be beneficial for shelters to educate parents in two specific areas related to loss and trauma support for their children. First, it is important

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for them to know flags to watch for that may indicate their children need additional mental health counseling. Second, giving them basic information on benefits of group processes would increase their support of this important intervention modality.

Perceived Needs of Sons versus Daughters

Some mothers of boys expressed dilemmas related to recognizing the harm of IPV paired with wanting their sons to have adult male role models. Practitioners can help mothers struggling with this dilemma with education, counseling, and linkage with youth mentoring programs.

Parenting-related psycho-educational curricula in shelters should be reviewed to ensure coverage of adolescent issues. Parents would benefit, for example, from guided discussion of how to communicate with their adolescents regarding dating relationships. Three mothers advised their daughters never to date and to "stay away from boys," while many others expressed concerns about what the youths' adult intimate relationships would be like. Those mothers who advised daughters never to date may recognize this as an unrealistic message but may not know what type of message to replace it with. With young adolescents at the stage where dating relationships begin, it is critical to help mothers with educational materials and communications skills development that will help them set the stage for successful navigation of adolescent dating issues.

Intervention Settings beyond Emergency Shelters

Study results regarding multiple risks and potential protective factors suggested other potential intervention settings beyond shelters that are noted in this section. Families may interact with public assistance offices, youth recreation centers, job training

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programs, medical settings, community mental health agencies, justice system, substance

abuse treatment programs, law enforcement, CPS, and schools. Results suggested

practices implications for the latter four types of organizations.

Substance Abuse Treatment Programs

At least four of the families in this sample described parental crack cocaine abuse

as a central aspect of family life, and additional mothers reported past substance abuse.

None had voluntarily initiated treatment, although several had participated in treatment

programs after CPS referrals. In this small sample with high levels of CPS contact, CPS

appeared to be the catalyst for treatment. These results suggest findings for shelter

practitioners and substance abuse program personnel.

First, shelter personnel should be aware of residents' potential needs for substance

abuse treatment. They must also recognize that the family environments of children and

adolescents in the shelter possibly included drug use. Second, substance abuse program

personnel should be trained regarding the complex needs of trauma-exposed individuals,

including IPV survivors (Rogers et al., 2003; VanDeMark et al., 2005). There is a

common misconception of substance abuse as the cause of IPV (Almeida et al., 2008),

and those in the treatment and recovery community must understand that substance abuse

treatment alone is not sufficient intervention for IPV. Third, treatment programs may be

another avenue for services for vulnerable children and youth. VanDeMark and

colleagues (2005) note that provision of "strength- and skills-based services" to children

of women with trauma, mental illness and substance abuse histories who are entering

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treatment "offers an important opportunity to interrupt the intergenerational transmission of substance abuse, mental illness, and violence" (p. 456).

Law Enforcement

Families reported a range of experiences with law enforcement, including calling police and then misleading them about IPV when they arrived. Negative experiences included police not believing youth reports of abuse or not checking on youths' well-being when they investigated the reason for a 911 call. Law enforcement departments need to continue to invest resources in officer training and in disseminating information regarding model programs such as the New Haven Community Policing Program in conjunction with Yale Child Study Center and the Safe Start Initiative.[11]

Schools

In spite of their frequent school transitions, school was an important support for most youth in the study as a place to get away from troubles at home and to have positive relationships with peers and supportive adults. Some youth also excelled academically.

Although some youth mentioned school counselors, administrators and school social workers, they most often talked about teachers and coaches as supportive adults. They were most often helped by adults listening non-judgmentally. Training school personnel in the importance of nonjudgmental active listening for troubled students would benefit many youth. Teachers and coaches may be concerned about fulfilling counseling roles, so training could emphasize the importance of their role modeling and

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[11] http://opa.yale.edu/news/article.aspx?id=3281

attitude of acceptance towards youth, and the referral services available to them if youth introduce serious concerns requiring specialized intervention.

In addition, training school personnel on IPV dynamics and the needs of homeless children and youth would be ideal. Finally, some schools offer students electives or units on conflict resolution or interpersonal skills that could be expanded.

Child Protective Services

The high level of CPS involvement for families in the sample points to CPS as a strong potential intervention point for families experiencing IPV and at risk for homelessness. The finding validates efforts underway around the U.S. to continue to educate and train CPS personnel in effective interventions with families affected by IPV. Study results related to the severity and frequency of post-separation IPV and the salience of fear for mothers underscore the need for intervening CPS workers to provide a number of interventions beyond recommending that a mother leave her partner. Assistance with some of the other challenges described in this sample, such as financial self-sufficiency and physical and mental health conditions, would help mothers in efforts to separate from abusive partners.

It would be helpful for CPS workers to be trained in IPV dynamics in order to increase their awareness that their intervention suggestions are sometimes competing with homicidal threats from an abusive partner, and to have an understanding that mothers victimized by IPV may have valid concerns of retaliation towards their family members if they seek or accept intervention. Several participants had experienced ineffective legal interventions (for example, Desiree's father assaulted her mother in

public in spite of protection orders and a call to police). Nine (69.2%) of the mothers in this sample had feared for their lives at some point due to IPV, and the partners of eight (61.5%) had used their children to threaten them in the last six months. Qualitative data also revealed some mothers' fears for their elderly parents if they sought legal or law enforcement assistance. CPS assessments must consider IPV dynamics and gain thorough understanding of mothers' legitimate concerns and any potential barriers to self-sufficiency.

Conclusion

This study sought to provide a holistic, contextualized view of the experiences of young adolescents and their mothers residing in emergency family violence shelters. It is hoped that the study was able to meet Padgett's success standard for a qualitative study, to "stimulate thought, improve practices and policies, and incite further research" (Padgett, 2008, p. 183). A major goal of the study was to add an emic perspective to research literature in this area. Consideration of participants' voices will further the development of relevant and effective social work practices grounded in the lived experiences of families residing in shelters.

Although this study sought to emphasize strengths and resiliencies in participants' lives, achieving a holistic understanding of their life stories made it essential to recognize the multiple serious, complex challenges they have encountered. The Life Story approach allowed a full account of their experiences that included both positive and negative aspects.

APPENDICES

APPENDIX A
INSTITUTIONAL REVIEW BOARD APPROVAL LETTERS

OFFICE OF RESEARCH SUPPORT

THE UNIVERSITY OF TEXAS AT AUSTIN

P.O. Box 7426, Austin, Texas 78713 (512) 471-8871 -FAX (512 471-8873)
North Office Building A, Suite 5.200 (Mail code A3200)

FWA # 00002030

Date:**04/13/09**

PI(s):**Amy G Chanmugam** Department & Mail Code:**SOCIAL WORK RES, C**

Title: **2008-03-0106 Coping and Resilience in Young Adolescents**
Exposed to Adult Intimate Partner Violence

IRB APPROVAL – IRB Protocol # **2008-03-0106**

Dear: **Amy G Chanmugam**

In accordance with Federal Regulations for review of research protocols, the Institutional Review Board discussed the above referenced protocol at the convened meeting of the Board on**03/30/2009** and voted your study for the following period of time:

Your continuing review has been approved from 03/30/2009 - 03/29/2010 .*(expires 12am [midnight] of this date.)*

☒ Please use the attached approved informed consent
☐ You have been granted waiver of documentation of informed consent in lieu of verbal consent
☐ You have been granted waiver of informed consent

RESPONSIBILITIES OF PRINCIPAL INVESTIGATOR FOR ONGOING PROTOCOLS:

(1) Report **immediately** to the IRB any unanticipated problems.

(2) Proposed changes in approved research during the period for which IRB approval cannot be initiated without IRB review and approval, except when necessary to eliminate apparent immediate hazards to the participant. Changes in approved research initiated without IRB review and approval initiated to eliminate apparent immediate hazards to the participant must be promptly reported to the IRB, and reviewed under the unanticipated problems policy to determine whether the change was consistent with ensuring the participants continued welfare.

(3) Report any significant findings that become known in the course of the research that might affect the willingness of subjects to continue to take part.

(4) Insure that only persons formally approved by the IRB enroll subjects.

(5) Use **only** a currently approved consent form (remember approval periods are for 12 months or less).

(6) **Protect the confidentiality of all persons and personally identifiable data, and train your staff and collaborators on policies and procedures for ensuring the privacy and confidentiality of participants and information.**

(7) Submit for review and approval by the IRB all modifications to the protocol or consent form(s) prior to the implementation of the change.

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(8) Submit a **Continuing Review Report** for continuing review by the IRB. Federal regulations require **IRB review of on-going projects no less than once a year** (a Continuing Review Report form and a reminder letter will be sent to you 2 months before your expiration date). Please note however, that if you do not receive a reminder from this office about your upcoming continuing review, it is the primary responsibility of the PI not to exceed the expiration date in collection of any information. Finally, it is the responsibility of the PI to submit the Continuing Review Report before the expiration period.

(9) Notify the IRB when the study has been completed and complete the Final Report Form.

(10) Please help us help you by including the above protocol number on all future correspondence relating to this protocol.

Sincerely,

Jody L. Jensen, Ph.D.
Professor
Chair, Institutional Review Board

OFFICE OF RESEARCH SUPPORT

THE UNIVERSITY OF TEXAS AT AUSTIN

P.O. Box 7426, Austin, Texas 78713 (512) 471-8871 - FAX (512 471-8873)
North Office Building A, Suite 5.200 (Mail code A3200)

FWA # 00002030

Date: **05/08/08**

PI(s): **Amy G Chanmugam**   Department & Mail Code:**SOCIAL WORK RES, CTR**   **D3510**

Dear: **Amy G Chanmugam**

IRB APPROVAL – IRB Protocol #**2008-03-0106**

Title:**Coping and Resilience in Young Adolescents Exposed to
Adult Intimate Partner Violence**

In accordance with Federal Regulations for review of research protocols, the Institutional Review Board has reviewed your response to the explicit conditions and found it satisfactory. The Institutional Review Board approves your study for the following period of time:

Your study has been approved from 04/28/20 -   04/26/2009

___X___ **Please use the attached approved informed consent**

_____**You have been granted Waiver of Documentation of Consent**
According to 45 CFR 46.117 and/or 21 CFR 56.109(c)(1), an IRB may waive the requirement for the investigator to obtain a signed consent form for some or all subjects if it finds either:

____ The research presents no more than minimal risk,
                                   AND
____ The research involves procedures that do not require written consent when performed outside of a research setting 45 CFR 46.117, 21 CFR 56.109(c)(1).
                                   <OR>
____ The principal risks are those associated with a breach of confidentiality concerning the subject's participation in the research,
                                   AND
____ The consent document is the only record linking the subject with the research,
                                   AND
____ This study is not FDA regulated (45 CFR 46.117),
                                   AND
____ Each participant will be asked whether the participant wishes documentation linking the participant with the research, and the participants wishes will govern.

_____ **You have been granted Waiver of Informed Consent**
According to 45 CFR 46.116(d), an IRB may waive or alter some or all of the requirements for Informed consent if:
____ The research presents no more than minimal risk to subjects;
____ The waiver will not adversely affect the rights and welfare of subjects;

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___ The research could not practicably be carried out without the waiver; and
___ Whenever appropriate, the subjects will be provided with additional pertinent information they have
participated in the study.
___ This study is not FDA regulated (45 CFR 46.117)

RESPONSIBILITIES OF PRINCIPAL INVESTIGATOR FOR ONGOING PROTOCOLS:

(1) Report **immediately** to the IRB any unanticipated problems.

(2) Proposed changes in approved research during the period for which IRB approval cannot be   initiated
without IRB review and approval, except when necessary to eliminate apparent immediate hazards to the
participant. Changes in approved research initiated without IRB review and approval initiated to eliminate
apparent immediate hazards to the participant must be promptly reported to the IRB, and reviewed under the
unanticipated problems policy to determine whether the change was consistent with ensuring the participants
continued welfare.

(3) Report any significant findings that become known in the course of the research that might affect the
willingness of subjects to continue to take part.

(4) Insure that only persons formally approved by the IRB enroll subjects.

(5) Use **only** a currently approved consent form (remember approval periods are for 12 months or less).

(6) **Protect the confidentiality of all persons and personally identifiable data, and train your staff and
collaborators on policies and procedures for ensuring the privacy and confidentiality of participants
and information.**

(7) Submit for review and approval by the IRB all modifications to the protocol or consent form(s) prior to the
implementation of the change.

(8) Submit a **Continuing Review Report** for continuing review by the IRB. Federal regulations require **IRB
review of on-going projects no less than once a year** (a Continuing Review Report form and a reminder
letter will be sent to you 2 months before your expiration date). Please note however, that if you do not receive
a reminder from this office about your upcoming continuing review, it is the primary responsibility of the PI
not to exceed the expiration date in collection of any information. Finally, it is the responsibility of the PI to
submit the Continuing Review Report before the expiration period.

(9) Notify the IRB when the study has been completed and complete the Final Report Form.

(10) Please help us help you by including the above protocol number on all future correspondence relating to
this protocol.

Thank you for your help in this matter.

Sincerely,

Jody Jensen, Ph.D., IRB Chair
University of Texas at Austin

Protocol #2008-03-0106   **Approval dates: 04/28/20 - 04/26/2009**

Moms and Youth* (ages 12-14):
Are you interested in participating in an interview study?

The interview is about Your Life Story:
people, places, and experiences that have been important to you & your thoughts about them. Some interview questions focus on difficult experiences and how you have managed them.

<u>Time required</u>: 1 hour interview with mom & 1 hour interview with youth

<u>Stipend</u>: $20 gift card (Target, Walmart or HEB) for each family (both interviews required) plus $5 coupon for each youth (Sonic or McDonald's)

<u>Where</u>: each interview will be conducted in a private room at the shelter

<u>How to participate</u>: sign-up for an appointment at the reception desk. Copies of the consent form you will be asked to sign are available there. The consent form has more details about the study. Please don't sign up until after you've met with your advocate at least once.

<u>Confidentiality</u>: Your responses to interview questions are private and confidential.

*Youth may only participate if their mother has signed a permission form. Moms and youth do separate interviews but both need to be done on the same day. Both need to participate voluntarily.

Sponsored by the UT School of Social Work
Researcher: Amy Chanmugam, MSSW, LCSW 239-[xxxx]
Please call Amy if you have any questions.

Participant number: _____ 　　　　　　Date: _____

Interview Guide for Shelter Staff

I. INTRODUCTION/SCRIPT

Thank you for agreeing to talk with me about the services your shelter provides to families. I will begin by asking you some questions about services for *all* mothers and children in your shelter, and then end with some specific questions focusing on young adolescents.

II. FAMILY SERVICES IN GENERAL

What is your job title?

How long have you worked in this shelter?

Is the experience of staying in your shelter different for mothers than for women without children? If so, how? (Probe: are there different shelter policies for families?)

What types of services does your shelter provide for mothers?

What types of services does your shelter provide for all children and adolescents?

Do you talk to women staying in the shelter about safety planning? (When: intake, group, etc?)

Is safety planning different for mothers than for women without children?

What ages of children and adolescents do you typically see in your shelter?

Where do children and adolescents staying at your shelter typically go to school?

III. FOCUS ON YOUNG ADOLESCENTS

Next, I have some questions that focus on young adolescents in the middle school age range – about 12 to 14 years old.

What is a typical day like for young adolescents staying in your shelter?

What challenges do young adolescents in your shelter face? (Probe: social/peer, school, family)

Do young adolescents have needs that are different from others in the shelter (younger children and mothers)? *If yes:* What are they?

What ways have you seen young adolescents coping with, or managing, some of the challenges they face?

How does your shelter address the needs of young adolescents?

Does anyone in your shelter talk to young adolescents about safety planning? (When – intake, group, etc?) If yes, what does that conversation entail? What might the safety plan of a young adolescent include?

Are there certain documents specific to mothers or children, like contract/agreement that mothers and/or youth sign re parenting/youth behavior in shelter?

What do you think helps young adolescents cope with IPV in a positive way?

Is there anything else you would like to share with me about young adolescents, families, your services, or IPV in general?

Interview Guide for Mothers

I. INTRODUCTION
This interview will first ask you some general questions about you and your family, like how many children you have and how long you've been in the shelter, just so I can know a little background before we get started. Then we'll spend most of our time together talking about your life story and your family's story. Towards the end, I have some questions about _____, your son/daughter I will be interviewing later today.

I am especially interested in hearing about things you and your children have done that have helped you manage stressful life experiences. There are no right or wrong answers to any of my questions. I'm interested in hearing about your experiences and your perspective.

I brought a tape recorder to help me remember our conversation. Is it OK with you if I tape record our conversation?
[Can explain that the tape will be destroyed at the end of the study. If it's not OK to tape, explain that notes will be taken.]

II. COMPLETE PARTICIPANT INFORMATION SHEET (Separate form)

III. CHILDHOOD AND ADOLESCENCE
Imagine that you could tell your life story in a movie in five scenes, or a book in five chapters: chapter one would be your childhood years, chapter two would be your teen years, then chapter three would be when you formed your own family up until you came to the shelter, chapter four is your life right now, and chapter five is the future. Let's take a few minutes to talk about the first two chapters (childhood and teen years), and then we'll focus on your life in adulthood. I'll start with some questions about your childhood.

Tell me some of your important childhood memories.

Tell me a little bit about chapter two, your teen years.

What were your hopes and dreams for your life when you were a teenager?

IV. FAMILY FORMATION THROUGH THE PRESENT
Family life cycle question: Tell me the story of your family, highlighting the most important things that happened from the time that you first knew you were becoming a parent up until the last year or so.

V. PAST YEAR
Tell me what your life has been like this last year, before you came to _____ *[shelter name]*.
[Probe – special events, important people, living and work environment before shelter.]

What types of things did you and your children do together? (Probe specifically regarding young adolescent participating in study.)

What types of things did you and _____ (partner) do together?

What is the most important thing you do for your children?

What is the most important thing your children do for you?

What is the best thing about parenting?

What is the hardest thing about parenting?

How do you deal with that? (Probe: any person, place, resource who helps?)

What types of things did your children and their Dad do together?

What is the most important thing their Dad does for them?

What is the most important thing they do for their Dad?

What do you like about your family?

What do you not like about your family?

Is there anyone in your family or outside your family you've talked to about challenges in your family? (Probe: Who? What did s/he say?)

How do people in your family show that they love each other?

VI. INSERT ABUSIVE BEHAVIOR INVENTORY HERE

When you were growing up, did any of the things listed on the questionnaire happen to anyone else you knew? (Probe: Who?)

When was the first time in _____ (adolescent participant's) life that anything like that happened in your family? (Probe: age)

Have you talked to your children about abuse you've experienced? [Probe: How did your child first find out about the abuse? About IPV?]

Tell me the story about how you came to the shelter. (Probe: Tell me what happened just before you decided to come to the shelter with your children. When and how did you decide to come to the shelter? Were your children involved in your decision, or in planning or preparing to leave home? What did you say to them about leaving? Did they help you or each other get ready? Did you help them get ready?)

VII. SAFETY PLANNING/ACTIONS

Have there been times when _____ (adolescent participant) worried about your safety or the safety of someone else in the family, even her/his own safety, because of something going on between you and _____ (partner)?

I have some questions about things _____ (adolescent participant) might have done during those times.

What types of things did she/he usually do during those times? [Probe for distraction, avoiding etc. as well as action]

I have a list of six things I want to ask you about that a young teenager *might* do if there is something going on between their Mom and the Mom's partner that made them worried about safety. Your daughter/son might not have done *any* of these at all, s/he might have done *some* of these or *all* of these – remember that there are no right or wrong answers to these questions, and everybody's life and experiences are different.

*Did _____ (adolescent participant) ever <u>leave your home</u> because of something happening between you and _____ (partner)?

       YES   NO   Don't know

    If yes: Where did s/he go?

*Did _____ (adolescent participant) ever <u>go somewhere else *inside* your home</u> because of something happening between you and _____ (partner)?

       YES   NO   Don't know

    If yes: Where did s/he go? (Probe for description: hiding, turning up the music, etc.)

*Has _____ (adolescent participant) ever <u>called 911</u> because of something happening between you and _____ (partner)?

       YES   NO   Don't know

    If yes: What happened after s/he called?

*Has _____ (adolescent participant) ever <u>tried to get help from someone outside your family</u> (besides the police) because of something happening between you and _____ (partner)?

       YES   NO   Don't know

    If yes: Who was it? (Probe for whether formal or informal helper, and adolescent's role in help-seeking.)

    If yes: How did s/he try to get their help?

If yes: What happened after s/he tried to get help?

*Did _____ (adolescent participant) ever <u>work together with someone else in your family to stay safe</u> when something was happening between you and _____ (partner)?

       YES   NO   Don't know

If yes: Who was it? (Probe for story and adolescent's role.)

If yes: How did s/he and _____ work together to stay safe?

*Did you <u>ever ask or tell</u> _____(adolescent participant) to do anything because of something happening between you and _____ (her partner)?

       YES   NO   Don't know

If yes: What did you ask him/her to do?

*Has _____ (adolescent participant)never gotten physically involved in something happening between you and your partner?
      If yes: What happened?

Of those things we just talked about, which ones, if any, do you think helped the most?

Do your children react differently to these things happening between you and your partner? (ie sibling differences)

*Has anybody ever talked to _____ (adolescent participant) about what to do when there is something going on between you and _____ (partner) that made her/him worried for your safety, or her/his own safety, or someone else in your family? Who talked to _____(adolescent participant)? (*Probe: "Safety planning")*

What did they say for her/him to do?

*Have you ever talked to _____ (adolescent participant) about what to do when things feel unsafe at home? What did you say? *Probe: "Safety planning"*

In general, what do you think helps _____(Youth) get through hard times or experiences?

In general, what do you think helps you get through hard times or experiences?

VIII. PRESENT
So far we've talked about things in your life that happened in the past. Now let's talk about your life right now.

Are you in touch with _____ (partner)?

If different person: Are you in touch with your children's Dad? (Probe: How often?)

What do you like about being in the shelter?

What do you not like about being in the shelter?

Is your parenting different now than it was before you came to the shelter?

When you think about your life story, what is one of your all-time favorite memories, something that has happened in your life that you like to remember?

What is one of your all-time worst memories?

IX. FUTURE
What would you like your life to be like when you leave the shelter? (Probe for family contact/structure, residence, work, friends)

What do you want to happen in your family?

What do you expect of _____ (adolescent participant)? (probe: behavior, school, future)

What would you like your children's relationship with their father to be like a year from now?

Do you think it will be like that? Why/why not?

What do you think _____'s (young adolescent participant's) life will be like when s/he's an adult? (Probe: relationships, where s/he you live, what will you do each day –work, college, etc.)

If you could give advice to people who want to know what they could do to help families with partner abuse or violence, what would you tell them?

X. SDQ Caretaker Form – Last step of interview

I've asked you a lot about yourself and your life. Is there anything you want to ask me?

Participant number: _____ Date: _____

Participant Information Sheet

Please provide the following general information about you and your family.

1. Approximately how many days have you been in the shelter? _____

2. Have you stayed in a shelter before?

      YES   NO

    2a. If yes: How many times have you stayed in a shelter before this time? _____

3. How old are you? _____

4. What is your race or ethnicity:

    Please ☑ all that apply:

    ____ Black/African American
    ____ White/Caucasian (non-Hispanic)
    ____ Hispanic/Latino (specify _____)
    ____ American Indian/Native American (specify _____)
    ____ Asian/Pacific Islander (specify _____)
    ____ Other:_____

5. Are you currently….

    ____ Employed full time?
    ____ Employed part-time?
    ____ A homemaker?
    ____ Unemployed and looking for work?
    ____ A student?
    ____ Something else?

6. Current Marital Status:

    ____ Single, Never married
    ____ Single, Living with Partner in Committed Relationship (How long? _____)
    ____ Married (How long? _____)
    ____ Divorced
    ____ Separated

_____Widowed

7. Some of my questions in this interview will refer to your (ex) partner. How would you like me to refer to your (ex) partner? _____

8. What is the highest level of education you have completed?

_____ No schooling
_____ 1st-8th grade
_____ Some high school
_____ High school graduate or equivalent (GED)
_____ Some college
_____ 4-year college degree
_____ Postgraduate degree

9. About how many times have you moved in the last 5 years? _____

10. Before you came to the shelter, how many people lived in your household, including yourself? _____

11. Including income from all sources, such as work, child support, TANF, etc., how much income did you personally receive in 2007 before taxes? (Stop me when I get to the category that applies.)
Was it:
_____ Less than $5,000
_____ $5,001 to $10,000
_____ $10,001 to $15,000
_____ $15,001 to $20,000
_____ $20,001 to $25,000
_____ $25,001 to $35,000
_____ $35,001 to $50,000
_____ $50,001 to $80,000
_____ $80,001 to $100,000 or
_____ Over $100,000

12. In general, would you say your health is…

_____ Excellent? _____ Very good? _____ Good? _____ Fair? _____ Poor?

13. Do you have a chronic disease or health condition, including a mental health condition like depression, that interferes with your daily activities?

YES   NO

*13a. IF YES, Could you tell me what this chronic health condition is?

_____

14. Does your adolescent child who I will interview later today have a chronic disease or health condition, including a mental health condition, that interferes with her/his daily activities?

   YES   NO

   *14 a. IF YES, Could you tell me what this chronic health condition is?

   _____

   14b. IF YES to either, what type of treatment or services, if any, are you (or your child) receiving for this condition?

15. Please describe the children you are currently parenting or have parented:

	Sex	Age	Grade	Where is this child living right now (shelter, with relative, etc)?	Child's relationship to your most recent partner?
1					
2					
3					
4					
5					

*Which child(ren) will be participating in this study? (Note with *)*

16. What is the race/ethnicity of your child who is participating? Please ☑ all that apply:
   ____ Black/African American
   ____ White/Caucasian (non-Hispanic)
   ____ Hispanic/Latino (specify _____)
   ____ American Indian/Native American (specify _____)
   ____ Asian/Pacific Islander (specify _____)
   ____ Other:_____

16a. Has anyone important to your child ever been incarcerated in jail or prison? (If yes, who?)

17. Have you or your child(ren) ever been involved with CPS (Child Protective
    Services)?

       YES   NO

18. If yes, could you tell me the extent of your involvement with CPS?

THANK YOU FOR PROVIDING THIS INFORMATION!

Participant number: _____   Date: _____

Interview Guide for Young Adolescents

INTRODUCTION/SAMPLE SCRIPT
I've been talking with teens staying in shelters in Texas to hear about their lives – like about their experiences with school, friends, and their families. I'm interested in hearing your life story. I probably won't be able to hear *all* of it in just one hour, but I hope you'll tell me some of the most important things that have happened to you or that you've done, and some of your thoughts and ideas about your life.

Like if Hollywood made a movie about your life story, or if you wrote a book about your life story, what would happen and who would be in it? What would be most important to include, so that someone could understand your life story?

I will ask you some things about your life in the past, your life right now, and about your ideas about your life in the future.

A lot of people staying in shelters have been through hard times, and of course many of them have also had a mix of good and bad times. One of the main reasons I am talking with teens about their lives is to get some ideas for adults about how they could help them when they are going through hard times. There are no right or wrong answers to any of my questions – they're all about <u>you</u> and what you think. You are the expert about your life story.

We have about an hour to spend together. I brought a clock to help us keep track of time. We'll spend the first 30-40 minutes, until about _____, working together to make a timeline of your life and your life story. After that, I have a list of questions I want to make sure I ask you. If there's any question I have that you don't want to answer, just tell me and we'll skip that one, and we can stop our conversation at any time. Just let me know.

Do you have any questions for *me* about what I've said so far?
[Pause & respond to questions.]

Anytime you have a question for me about anything, just let me know.

Great. I brought paper, markers and tape for us to work together to make the timeline of your life. Let's use a page for every year of your life.

How old are you?

What grade are you in?

[Begin taping pieces of paper together, one page for each year of participant's life.]

I. LIFE STORY UP THROUGH PAST YEAR

PROMPT TO REPEAT THROUGHOUT: WHAT ELSE OR WHO ELSE WOULD BE IMPORTANT TO INCLUDE IN A MOVIE OF YOUR LIFE STORY?

Okay, so this end is when you were born, and this end is right now. *[Label each sheet.]*

Have you heard any stories about when you were born?

Who was in your family when you were born? *[Collaborate with participant to mark events on timeline; Get descriptive information on who was involved in teen's life at that time, where s/he lived then, etc.]*

Who did you live with?

Looking at your timeline, I bet you started kindergarten around here *[indicate 6th paper].* Is that right? Let's put in all the times you started a new school…

Let's put in all the times there were changes in who was in your family, like if a brother or sister was born, or if your parents got divorced, or you moved….

What other important things have happened to you that you would like to put on your timeline?

What was your family like when you were in elementary school? [Probe for structure, residential, emotional climate.] How did everybody get along?

Tell me about leaving elementary school and starting middle school.
[Probe first for description of school and transition experiences – memory of first day of middle school, then other life circumstances at the time: neighborhood/living situation; significant family and friends.]

Let's put some school memories on your timeline.
What's a good memory you have about something that happened in school once?
What's a bad memory about something that happened at school?
Altogether, how many schools have you been to?

Let's put a memory about you and your friends on your timeline.
What's a good memory you have with friends?
What's a bad memory you have with friends?

Let's put a story about your family on the timeline.
What's a good memory you have about something in your family?
What's a bad memory you have about your family?

II. PAST YEAR
Tell me what your life has been like this last year, before you came to _____ *[shelter name].*
[Probe – special events, important people, living and school environment before shelter.]

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What is the most important thing your Mom does for you?

What is the most important thing you do for your Mom?

What types of things do you and your brothers/sisters *(as applicable)* do together?

What types of things did you and your Dad do together?

What is the most important thing your Dad does for you?

What is the most important thing you do for your Dad?

What do you like about your family?

What do you not like about your family?

Tell me the story about how you came to the shelter. (Probes: Tell me what happened just before your mother decided to bring you to the shelter. When and how did you find out you were coming to the shelter? Was it a surprise? Were you involved in planning or preparing to leave home? What did your Mom say to you? Did you help your Mom or siblings get ready? Did your Mom help you get ready? Been to shelter before?)

When you think about your life story, what is one of your all-time favorite memories, something that has happened in your life that you like to remember?

What is one of your all-time worst memories?

We are _____ ("halfway," or "more than," etc) done with our interview, and before I move to the specific list of questions I wanted to ask you, look carefully at this timeline and see if we have left out anything or anybody really important to you. We'll talk about the future of your life story at the end of our time together.

Are there any important people or memories have we left off of your life story time line? [Allow time for review.]

Is there anyone in your family or outside your family you've talked to about things that go on inside your family? Who? What did s/he say?

Who has helped you deal with concerns about your family? (*Probe:* How? Talk? Action? Outcome?)

III. Insert 10 items from Home Exposure Scale here

IV. Safety Planning/Actions

Have there ever been times when you were worried about your safety or someone else in your family's safety, because of something going on between your mom and her partner?

What types of things do you usually do during those times? What usually happens when you ___?

I have a list of six things I want to ask you about that someone *might* do if there is something going on between their Mom and the Mom's partner that made them worried about safety. You might not have done *any* of these at all, you might have done *some* of these or *all* of these – remember that there are no right or wrong answers to these questions, and everybody's life and experiences are different.

*Have you ever <u>left your home</u> because of something happening between your Mom and _____ (her partner) that made you worried about safety?

       YES   NO   Don't know

   If yes: Where did you go?

*Have you ever <u>gone somewhere else *inside* your home</u> because of something happening between your Mom and _____ (her partner) that made you worried about safety?

       YES   NO   Don't know

   If yes: Where did you go? (Probe for description: hiding, turning up the music, etc.)

*Have you ever <u>called 911</u> because of something happening between your Mom and (her _____ partner) that made you worry about safety?
       YES   NO   Don't know

   If yes: About how many times have you called 911? _____

   If yes: What happened after you called?

*Have you ever <u>tried to get help from someone outside your family</u> (besides the police), because of something happening between your Mom and _____ (her partner) that made you worry about safety?

       YES   NO   Don't know

   If yes: Who was it? (Probe for whether formal or informal helper, and teen's role in help-seeking.)

   If yes: How did you try to get their help?

   If yes: What happened after you tried to get help?

*Have you ever <u>worked together with someone else in your family to stay safe</u> when something was happening between your Mom and _____ (her partner) that made you worried about safety?

       YES   NO   Don't know

If yes: Who was it? (Probe for story and teen's role.)

If yes: How did you work together to stay safe?

*Has your <u>Mom ever asked you</u> or told you to do anything because of something happening between her and _____ (her partner)?

      YES   NO   Don't know

If yes: What did she ask you to do?

*Have you ever gotten physically involved in something happening between your Mom and her partner?

      YES   NO   Don't know

If yes: What happened?

Is there anything you've ever wanted to do but you couldn't or didn't for some reason? [What was it? What stopped you from doing that? *Probe for distraction, ignoring in addition to action.*]

Did you and your brothers/sisters react the same way when these things were happening? *Probe for differences, similarities.*

Of all the things that someone could do to stay safe, which ones do you think help the most?

When was the first time in your life that anything like that happened in your family? (Probe: age)

Has anybody ever talked to you about what to do when there was something going on between your Mom and _____ [Mom's partner] that made you worried for her safety, or your safety, or someone else in your family? Who talked to you?
Probe "Safety plan"

What did they say for you to do?

Has your Mom ever talked to you about what to do when things feel unsafe at home? What did she say?

In general, what do you think helps you get through hard times of experiences?

In general, what do you think helps your mom get through hard times or experiences?

V. PRESENT
So far we've talked about things in your life that happened in the past. Now let's talk about your life right now.

Who is here with you in the shelter?

Have you stayed in a place like this before? (Or left home to stay somewhere else for awhile?)

Where are you going to school right now?

How do you like school?

How are your grades?

Are you in touch with friends? (Probe: Do your friends know you are staying in the shelter?)

Have you made any new friends since you came here?

Has there been anyone you liked as a boyfriend/girlfriend who liked you back?

Are you in touch with your Dad? (Probe: How often? Supervised?)

What do you like about being in the shelter?

What do you not like about being in the shelter?

CSE Questions

Thinking about all the people we've talked about, and maybe some we haven't talked about yet, who do you feel like you can count on when you need help or advice? (Probe for key supportive adults or peers and how they are supportive – talk, action, etc.)

Where [or with whom] do you feel *most* accepted and *most* like you can "be yourself?"

VI. FUTURE
What would you like your life to be like when you leave the shelter? (Probe for family contact/structure, residence, school, peers.)

What does your Mom expect of you? (probe: behavior, school, future)

What does your Dad expect of you? (probe: behavior, school, future)

What would you like your relationship with your Dad to be like a year from now?
Do you think it will be like that? Why/why not?

What do you think your life will be like when you are an adult?

INSERT SDQ

I've asked you a lot about yourself and your life. Is there anything you want to ask me?

Participant #:_____   Date:_____

Strengths and Difficulties Questionnaire

Youth

Instructions: For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of how things have been for you **over the last six months.**

Strengths and Difficulties Questionnaire	Not True	Somewhat True	Certainly True
1. I try to be nice to other people. I care about their feelings	O	O	O
2. I am restless, I cannot stay still for long	O	O	O
3. I get a lot of headaches, stomach-aches, or sickness	O	O	O
4. I usually share with others, for example CDs, games, food	O	O	O
5. I get very angry and often lose my temper	O	O	O
6. I would rather be alone than with people of my age	O	O	O
7. I usually do as I am told	O	O	O
8. I worry a lot	O	O	O
9. I am helpful if someone is hurt, upset or feeling ill	O	O	O
10. I am constantly fidgeting or squirming	O	O	O
11. I have one good friend or more	O	O	O
12. I fight a lot. I can make other people do what I want	O	O	O
13. I am often unhappy, depressed or tearful	O	O	O
14. Other people my age generally like me	O	O	O
15. I am easily distracted, I find it difficult to concentrate	O	O	O
16. I am nervous in new situations. I easily lose confidence	O	O	O
17. I am kind to younger children	O	O	O
18. I am often accused of lying or cheating	O	O	O
19. Other children or young people pick on me or bully me	O	O	O
20. I often volunteer to help others (parents, teachers, children)	O	O	O
21. I think before I do things	O	O	O
22. I take things that are not mine from home, school or elsewhere	O	O	O
23. I get along better with adults than with people my own age	O	O	O
24. I have many fears, I am easily scared	O	O	O
25. I finish the work I'm doing. My attention is good	O	O	O

Please turn over – there are a few more questions on the other side

	No	A Little	A Lot
Does your family complain about you having problems with overactivity or poor concentration?	O	O	O
Do your teachers complain about you having problems with overactivity or poor concentration?	O	O	O
Does your family complain about you being awkward or troublesome?	O	O	O
Do your teachers complain about you being awkward or troublesome?	O	O	O

	Impact Statement	No	Yes – Minor Difficulties	Yes – Definite Difficulties	Yes – Severe Difficulties
26	Overall, do you think that you have difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?	O	O	O	O

If you have answered "Yes" to Question 26, please answer the following questions about these difficulties:

		Less Than a Month	1-5 Months	6-12 Months	Over a Year
27	How long have these difficulties been present?	O	O	O	O

		Not at All	A Little	A Medium Amount	A Great Deal
28	Do the difficulties upset or distress you?	O	O	O	O
Do the difficulties interfere with your everyday life in the following areas?					
29	HOME LIFE	O	O	O	O
30	FRIENDSHIPS	O	O	O	O
31	CLASSROOM LEARNING	O	O	O	O
32	LEISURE ACTIVITIES	O	O	O	O
33	Do the difficulties make it harder for those around you (family, friends, teachers, etc.)?	O	O	O	O

Do you have any other comments or concerns?

_____

_____

_____

Thank you very much for your help.

Date:_____   Participant number:_____

Abusive Behavior Inventory, p. 1
(Shepard & Campbell, 1992)

Here is a list of behaviors that many women report have been used by their partners or former partners. We would like you to estimate how often these behaviors occurred during the past six months. Your answers are strictly confidential.

CIRCLE a number for each of the items listed below to show your closest estimate of how often it happened in your relationship with your partner or former partner during the past 6 months.

1 = Never   2 = Rarely   3 = Occasionally   4 = Frequently   5 = Very frequently

		Never	Rarely	Occasionally	Frequently	Very Frequently
1	Called you a name and/or criticized you	1	2	3	4	5
2	Tried to keep you from doing something you wanted to do (example: going out with friends, going to meetings)	1	2	3	4	5
3	Gave you angry stares or looks	1	2	3	4	5
4	Prevented you from having money for your own use	1	2	3	4	5
5	Ended a discussion with you and made the decision himself	1	2	3	4	5
6	Threatened to hit or throw something at you	1	2	3	4	5
7	Pushed, grabbed, or shoved you	1	2	3	4	5
8	Put down your family and friends	1	2	3	4	5
9	Accused you of paying too much attention to someone or something else	1	2	3	4	5

Abusive Behavior Inventory, p. 2
(Shepard & Campbell, 1992)

		Never	Rarely	Occasionally	Frequently	Very Frequently
10	Put you on an allowance	1	2	3	4	5
11	Used your children to threaten you (example: told you that you would lose custody, said he would leave town with the children)	1	2	3	4	5
12	Became very upset with you because dinner, housework, or laundry was not ready when he wanted it or done the way he thought it should be	1	2	3	4	5
13	Said things to scare you (examples: told you something "bad" would happen, threatened to commit suicide)	1	2	3	4	5
14	Slapped, hit, or punched you	1	2	3	4	5
15	Made you do something humiliating or degrading (example: begging for forgiveness, having to ask his permission to use the car or do something)	1	2	3	4	5
16	Checked up on you (examples: listened to your phone calls, checked the mileage on your car, called you repeatedly at work)	1	2	3	4	5
17	Drove recklessly when you were in the car	1	2	3	4	5
18	Pressured you to have sex in a way that you didn't like or want	1	2	3	4	5

Abusive Behavior Inventory, p. 3
(Shepard & Campbell, 1992)

		Never	Rarely	Occasionally	Frequently	Very Frequently
19	Refused to do housework or childcare	1	2	3	4	5
20	Threatened you with a knife, gun, or other weapon	1	2	3	4	5
21	(Deleted – skip this row)	1	2	3	4	5
22	Told you that you were a bad parent	1	2	3	4	5
23	Stopped you or tried to stop you from going to work or school	1	2	3	4	5
24	Threw, hit, kicked, or smashed something	1	2	3	4	5
25	Kicked you	1	2	3	4	5
26	Physically forced you to have sex	1	2	3	4	5
27	Threw you around	1	2	3	4	5
28	Physically attacked the sexual parts of your body	1	2	3	4	5
29	Choked or strangled you	1	2	3	4	5
30	Used a knife, gun, or other weapon against you	1	2	3	4	5

CEDV Home Exposure Subscale (Edleson et al., 2007)

<u>Part One</u>
There are two parts to each question.

⇒ First answer the question about how
   often something happened by circling
   your answer.

⇒ Then check off all the ways you knew about
   what happened.

⇒ If you answer "Never" in the first part, skip
   the second part and go on to the next question.

Example:
How often have there been fights at your school?

Never   Sometimes   Often   Almost
                                          Always

Circle never,
then go to the
next question.

How did you know about it?

= I saw the outcome (like someone
   was hurt, something was broken,
   or the police came).
☑ = I heard about it afterwards.
= I heard it while it was happening.
☑ = I saw it from far away while it
   was happening.
= I saw it and was near while it was
   happening.

1. How often do adults in your family disagree
   with one another?

Never   Sometimes   Often   Almost
                                          Always

Circle never,
then go to the
next question.

How did you know about it?

= I saw the outcome (like someone
   was hurt, something was
   broken, or the police came).
= I heard about it afterwards.
= I heard it while it was happening.
= I saw it from far away while it
   was happening.
= I saw it and was near while it was
   happening.

2. Has your mom's partner ever hurt
   your mom's feelings by:
   - calling her names
   - swearing
   - yelling
   - threatening her
   - screaming at her
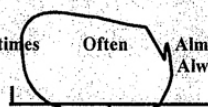   - other _____

Never

Circle never,
then go to the
next question.

Sometimes   Often   Almost
                              Always

How did you know about it?

= I saw the outcome (like someone
  was hurt, something was
  broken, or the police came).
= I heard about it afterwards.
= I heard it while it was happening.
= I saw it from far away while it
  was happening.
= I saw it and was near while it was
  happening.

3. How often has your mom's partner
   stopped your mom from doing
   something she wanted to do or made
   it difficult for her to do something she
   wanted to do? Such as
   - leave the house
   - go to the doctor
   - use the telephone
   - visit her friends or relatives
   - other _____

Never

Circle never,
then go to the
next question.

Sometimes   Often   Almost
                              Always

How did you know about it?

= I saw the outcome (like someone
  was hurt, something was
  broken, or the police came).
= I heard about it afterwards.
= I heard it while it was happening.
= I saw it from far away while it
  was happening.
= I saw it and was near while it was
  happening.

4. How often has your mom's partner
   stopped
   your mom from eating or sleeping, or
   made
   it hard for her to eat or sleep?

Never

Circle never,
then go to the
next question.

Sometimes   Often   Almost
                              Always

How did you know about it?

= I saw the outcome (like someone
  was hurt, something was
  broken, or the police came).
= I heard about it afterwards.
= I heard it while it was happening.
= I saw it from far away while it
  was happening.
= I saw it and was near while it was
  happening.

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5. How often have your mom and her partner argued about you? [*It is not your fault if your mom and her partner argue about you.*]

Never   Sometimes   Often   Almost Always

Circle never, then go to the next question.

How did you know about it?

= I saw the outcome (like someone was hurt, something was broken, or the police came).
= I heard about it afterwards.
= I heard it while it was happening.
= I saw it from far away while it was happening.
= I saw it and was near while it was happening.

6. How often has your mom's partner hurt, or tried to hurt, a pet in your home on purpose?

Never   Sometimes   Often   Almost Always

Circle never, then go to the next question.

How did you know about it?

= I saw the outcome (like someone was hurt, something was broken, or the police came).
= I heard about it afterwards.
= I heard it while it was happening.
= I saw it from far away while it was happening.
= I saw it and was near while it was happening.

7. How often has your mom's partner broken or destroyed something on purpose, such as:
   • punching a wall
   • ripping a phone cord out of the wall
   • smashing a picture
   • other_____

Never   Sometimes   Often   Almost Always

Circle never, then go to the next question.

How did you know about it?

= I saw the outcome (like someone was hurt, something was broken, or the police came).
= I heard about it afterwards.
= I heard it while it was happening.
= I saw it from far away while it was happening.
= I saw it and was near while it was happening.

8. How often has your mom's partner done something to hurt her body, such as:
- hitting her
- punching her
- kicking her
- choking her
- shoving her
- pulling her hair
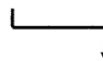- other _____

Never

Sometimes Often Almost Always

Circle never, then go to the next question.

How did you know about it?

= I saw the outcome (like someone was hurt, something was broken, or the police came).
= I heard about it afterwards.
= I heard it while it was happening.
= I saw it from far away while it was happening.
= I saw it and was near while it was happening.

8. How often has your mom's partner *threatened* to use a knife, gun, or other object to hurt your mom?
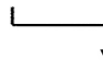
Never

Sometimes Often Almost Always

Circle never, then go to the next question.

How did you know about it?

= I saw the outcome (like someone was hurt, something was broken, or the police came).
= I heard about it afterwards.
= I heard it while it was happening.
= I saw it from far away while it was happening.
= I saw it and was near while it was happening.

10. How often has your mom's partner *actually* hurt your mom with a knife, gun, or other object?

Never

Sometimes Often Almost Always
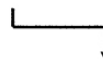
Circle never, then go to the next question.

How did you know about it?

= I saw the outcome (like someone was hurt, something was broken, or the police came).
= I heard about it afterwards.
= I heard it while it was happening.
= I saw it from far away while it was happening.
= I saw it and was near while it was happening.

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