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Domestic Violence and Demographic Variables as Predictors of Resiliency Among Young Adults

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Walden University

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Abstract

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Ed.D., Education and Theological Studies Graduate Theological Foundation, 2000

M.A., Franciscan University of Steubenville, Ohio, 1998

Dissertation Submitted in Partial Fulfillment

Of the Requirements for the Degree of

Doctor of Philosophy

Clinical Concentration

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Abstract

An increased understanding of resilience may determine how human psychological development can result in positive outcomes despite adversarial situations. However, current studies have not provided a relevant predictive model that can adequately predict resilience, particularly among young adults exposed to domestic violence. Based on Bronfenbrenner's ecological systems theory, the purpose of this quantitative noncomparative study was to examine whether domestic violence, age, gender, ethnicity, individual emotional and physical abilities, types of domestic violence exposure, and frequency of domestic violence exposure could adequately predict resilience among young adults. Quantitative data were collected from 118 young adults in the Midsouth region of the United States. The data were collected via a questionnaire and analyzed using a stepwise multiple linear regression. The results of the analysis were significant, indicating that the frequency of domestic violence exposure was a significant negative predictor of resiliency. These results suggested a need for further examination of environmental protective factors, according to Bronfenbrenner's ecological model, that may affect resilience development. By discovering factors that predict resilience, whether positive or negative, stakeholders can target interventions and develop policies that can eradicate the harmful social and psychological influences of domestic violence on children.

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Dedication

This project is dedicated to Susan Herndon here in the United States and to my beloved mother in Nigeria. They both have been the source of my inspiration and strength to accomplish this goal.

Acknowledgment

I have come to the self-realization that none of this academic work would be possible if I had lost my trust in my relationship with God. My dreams to actualize this task would have been impossible without the strength God has given me.

God, in my personal opinion, has used the following individuals to achieve this academic goal, and therefore, I would like to thank my doctoral chair, Dr. McBride, for keeping me calm and together over the past year on this journey. Without his guidance and support, this journey would not have been possible. On the same note, Dr. Barton will not be forgotten in her capacity to serve as my second committee member. Without the knowledge and guidance Drs. McBride and Barton have provided, the proclaimed success would not have been possible.

I will not forget my family members whom today I consider my cheerleaders for their encouragement during hard times as I climbed this academic mountain. Thank you for your love, support, and words of encouragement, which kept me motivated throughout the process. I want my family to know that I could not have completed this journey without them.

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Chapter 1: Introduction to the Study

Introduction

Domestic violence is a detrimental, widespread phenomenon that impairs family bonding relationships with children. This impairment can often result in emotional pain that inevitably leads to physical abuse and poor developmental processes (Foshie et al., 2016; Margolin & Gordis, 2000). Domestic violence affects a large portion of the adolescent population in America, yet it is problematically difficult to determine the exact extent of its devastating effects. Exemplifying this issue, the U.S. Department of Justice Bureau of Justice Statistics (DJBJS; 2000) proposed that domestic violence can be perpetrated among current or former spouses, parents, or nonmarital partners in the home where children live, but failed to mention how domestic violence influences the behavior of adolescents who have witnessed the overwhelming violent events. On the other hand, the U.S. Department of Justice (2000; Jan, Adeline, Angela, Danielle, & Deborah, 2015) and the National Crime Victimization Survey (1999) reported that domestic violence affects not only the direct victims but also witnesses to the event.

Because of these issues with measuring the influences of domestic violence, estimates of the instances of domestic violence are difficult to determine. Specifically, the precise incidence of domestic violence in American adolescents' responses is nebulous (Compton, 2010). There are several reasons for the lack of clarity in the data: (a) not all incidences of domestic violence affecting adolescents are reported; (b) even on surveys that purport to investigate this national epidemic crisis, there are no social scientists whose sole duty is to gather information on this topic; and (c) scholars disagree on the

definition of domestic violence and its effects on adolescents' resilience (Foshee et al., 2016).

Nevertheless, research indicates that the impact of domestic violence on adolescents' emotional response is one of the prevalent social diseases in America. Despite issues which may exclude many victims of domestic violence from being acknowledged, Compton (2010), Giles (1998), and Carlson (2003) revealed an estimated 900,000 victims of violence with at least 160,000 fatal bodily injuries and hospitalization among women and adolescents. Moreover, the results of this study indicated that domestic violence is not limited to one socio-cultural or socio-economic background, although it may vary along several lines, including race, gender, and age (see Bureau of Justice Statistics, 2000; Jan et al., 2015). FBI homicide data also confirmed that domestic violence has a significant effect on adolescents (Compton, 2010). Moreover, the effects and outcomes of exposure to domestic violence can translate to individuals' experiences as young adults (Widom & Wilson, 2015). Therefore, it is clear that domestic violence is an issue of epidemic proportions that may affect young adults' resilience. These effects are evidenced firsthand in many foster homes and treatment facilities (Carney, Buttell, & Dutton, 2007; Compton, 2010).

Background

After many years of research on domestic violence, it appears that this social travesty is increasing within American society (Beverly et al., 2015; Creswell, 2008). Furthermore, poor definitions, poor research surveys, and poor methodologies in research about domestic violence have opened doors for criticism (Brookmeyer, Fanti, & Henrich,

2006; Karol, Jeffrey, & Cory, 2015). Frustratingly, current data cannot even accurately estimate domestic violence victims. For these reasons, Allen and Allen (2006) and Joyce, Barros, Cafferky, and Johannes (2015) suggested that an estimated 3.3 million children will be exposed to parental violence. English, Edleson, and Herrick (2007) and Vasquez-Salgado, Greenfield, and Burgos-Cienfuegos (2015) suggested that most research provides generalized findings based on old data and outdated views of domestic violence rather than identifying specific issues affecting present day American families. Because of the neglect in this area, child maltreatment, child abuse, neglect, sexual abuse, physical abuse, and other forms of violence between family members continue to proliferate (Allen & Allen, 2006; Monique, 2015). Moreover, this violence can be passed on between generations (Widom & Wilson, 2015).

Thus, there existed a significant challenge to the accuracy of data that predicted young adults' resilience. The proliferation of domestic violence and the culture which allows it to perpetuate have not only affected law makers' and practitioners' views, but have also misled the public opinion about domestic violence and its victims (Karol et al., 2015). Further study was necessary to eliminate this continuing problem (Karol et al., 2015). Specifically, there was a gap in the literature regarding the factors that can predict resilience among young adults who were exposed to domestic violence.

Research showed that negative outcomes as a result of risk factors, such as domestic violence, included self-harming tendencies, anger and frustrations, fighting, alcohol and drug abuse, juvenile delinquency issues, suicide, depression, and spending time in juvenile detention/treatment facilities (Beam, Gil-Rivas, Greenberger, & Chen,

2012; Plancherel & Bolognini, 2012; Storksen, Roysamb, Moum, & Tambs, 2010). Once the individuals are removed from detrimental home situations, however, their resilience may increase (Kassis, Artz, Moldenhauer, Geczy, & Rossiter, 2015). Potential factors that may predict resilience development included age (Ali, Naylor, Croot, & O'Cathain, 2015; Garthe, Sullivan, & Kliewer, 2014; Jan et al., 2015); gender (Black et al., 2015; Dietz et al., 2014); ethnicity (Danquah, Wasserman, Meininger, & Bergstrom, 2010; Flores, Cicchetti, & Rogosch, 2014; Holland & Gill, 2010; McKnown-Johnson & Rhodes 2013; Zautra, Hall, & Murry, 2010); individual emotional and physical abilities (Monique, 2015); types of exposures (Dawn & Lynda, 2015); frequency of domestic violence exposure (Johnson & Easterling, 2015); and when the exposures occurrences likely stopped by either removal from the social environment or by intervention agencies or groups that intervened to assist the individual from further emotional and physical harm from such violent environment (Fossie et al., 2016). Research regarding the influence of domestic violence on resilience was conflicted, suggesting it might either improve resilience (Anderson, Renner, & Danis, 2012) or lessen it (Kassis, Artz, & Moldenhauer, 2013). Further research was required to understand whether and how the variables in conjunction predict resilience among adolescents after being removed from the domestic violence situation.

Problem Statement

Domestic Violence

Domestic violence affects many adolescents regardless of ethnicity, age, gender, race, or socio-economic background (Hamberger, 1994; Monique, 2015). Recent reports

on the cause of family violence suggest that poor home management, economic situation, unemployment, parental education, and relationship status contribute to domestic violence (Bradley & Corwyn, 2002; Graham-Bermann, 1994). The effects may continue into young adulthood, as Carlson (2000) and Widom and Wilson (2015) proposed that the domestic violence cycle potentially perpetuates itself among prior victims. Specifically, Storksen et al. (2005) found that as child develops within a domestic violence situation, he or she will begin to see the abusive relationship between his/her parents and may demonstrate emotional withdrawal. Storksen et al. reported that this developmental problem may lead the child, and later the young adult, to engage in self-harming behaviors, such as anger and frustration.

In the long term, domestic violence, particularly affects those exposed to domestic violence within the adolescent stage of development. Adolescents who are exposed to domestic violence are reported to have emotional and development deficits (Allen & Allen, 2006; Carlson, 2003; Johnson & Easterling, 2015). According to Kupersmidt (1998) and Olszewski-Kubilius, Young Lee, and Thomson (2014), the adolescent stage has been characterized as the time for developing self-awareness and independence, especially from age 10-17 years. Regardless of variable age differences, negative interaction and poor bonding relationships between parents and the child aged 10-17 promotes poor cognition and mediated trauma, thereby hindering the ability to set goals toward self-actualization (Maureen, Dawn, & Lynda, 2015; McElliskem, 2006). Therefore, when domestic violence occurs, the child could get stuck without improvements in maturation that may translate to their young adulthood. Moreover, when

the same child experiences threats, emotional instability, maltreatment, and neglect, he/she may begin to use those aforementioned traumatic experiences to perpetrate aggression, not typically correlated with the child's age, gender, or ethnicity (Carlson, 2000; Johnson & Easterling, 2015). In sum, domestic violence experiences affect children's growth, delay age progression and maturation, create speech impairment, and lead to poor resilience (Bliststein, 2005). These effects may have a long term effect, which requires additional investigation of factors that might influence resilience among young adults.

In prior research, age, gender, and culture have been preliminarily examined for their effect on the extent of damage done by domestic violence. Grotberg (2010) posited that in spite of age, culture, and gender differences, generally adolescents who are exposed to domestic violence exhibit poor emotions, learning disabilities, self-harming, low self-esteem, and aggression. They can also exhibit symptoms of chronic depression and posttraumatic stress disorder (PTSD), leading to mental health disorders (Berk 2000; Lanza & Taylor, 2010). However, individuals' responses to external adversities may differ slightly from each other given the individual's age, culture, and gender (Fergus & Zimmerman, 2005). These factors may influence why some young adults exposed to domestic violence are more resilient than others (Fergus & Zimmerman, 2005). Kliewer and Murrelle (2007) and Jan et al. (2015) proposed that adolescents' cultural response to domestic violence occurs in different emotional adjustments given their upbringing. Therefore, domestic violence in general is a negative phenomenon on personal growth regardless of gender, culture, and age (Berk 2000; Jan et al., 2015; Lanza & Taylor, 2010;

Whipps, 2009); however, environmental factors can determine the extent of these developments.

Resilience

Within the field of psychology, resilience is presented as an individual's ability to cope with social, environmental stress in spite of adversity (Lanza & Taylor, 2010; Ungar, 2004a). Resilience research has gained much attention among scholars despite differing opinions that resilience can be based on individual's temperament and family upbringing (Margolin & Gordis, 2000; Olszewski-Kubilius et al., 2014). Within the treatment facility setting, studies have shown that adolescents have the ability to cope with external predicaments that can be incorporated in therapy (Ali et al., 2015; Masten, 2009). Masten (2001) proposed that "programs will be most effective when they tap into these basic but powerful systems" (p. 235), yet current models of resilience continue to be contested in the literature (Ungar, Ghazinour, & Richter, 2013).

Adolescence is considered the most vulnerable stage for the development of resilience (Margolin & Gordis, 2000). Fergus and Zimmerman (2005) reported that adolescents' resilience development is achieved when the treatment plan is focused on strength-based treatment, wherein the therapist investigates areas of focus for particular individuals. This strength-based criterion should also consider the individual's age, gender, and culture to achieve a positive therapeutic outcome as these can be reinforced through positive interactions and rapport with the practitioner or therapist (Fergus & Zimmerman, 2005). A predictive model for resilience would help to inform such intervention for individuals previously exposed to domestic violence.

Domestic Violence Treatment and Resilience

Unfortunately, the strength-based focus of research has not yet reached treatment for victims of domestic violence. This is a problem in both protective supervision and among the general population. According to the Child Welfare System (2011), a large number of American minors under protective supervision are domestic violence victims, yet many studies do not attempt to determine whether and how resilience is developed for these victims, and if demographic variables might influence the development of protective factors and resilience. In other populations, researchers have determined that exposure to domestic violence increased resilience (Anderson et al., 2012). In addition, demographic factors that may influence resilience development included age (Ali et al., 2015; Garthe et al., 2014; Jan et al., 2015); gender (Black et al., 2015; Dietz et al., 2014); and ethnicity (Danquah et al., 2010; Flores et al., 2014; Holland & Gill, 2010; McKnown-Johnson & Rhodes 2013; Zautra et al., 2010). It is not known whether and how the variables in conjunction predict resilience among young adults after being removed from the domestic violence situation.

The discussion of factors influencing resilience among young adults exposed to domestic violence is essential because Family and Youth Protective Services, Youth Probation Departments, and the Juvenile Courts have traditionally responded to adolescent victims by providing crisis intervention programs (Flores et al., 2014). However, lack of current research data describing the factors that predict the development of resilience among young adults who were victims of domestic violence results in little or no information to generate appropriate treatment programs that will

help victims set personal goals for the future. Based on these issues, a significant gap existed in the literature concerning the variables that influence the development of resilience among young adults.

Purpose of the Study

The purpose of this quantitative study was to examine whether domestic violence, age, gender, ethnicity, individual emotional and physical abilities, types of domestic violence exposure, and frequency of domestic violence exposure can adequately predict resilience among young adults in the Midsouth region of the United States. Resilience, the criterion variable, was defined as the individual's ability to bounce back and set personal goals for future functioning. In this study, I applied Bronfrenbrenner's ecological systems theory to examine domestic violence predictor variables experienced in the mesosystem (home) in the population. The criterion and predictor variables in this study were: (a) resilience (criterion variable), (b) domestic violence, (c) age, (d), gender, (e) ethnicity, (f) individual emotional and physical abilities, (g) types of domestic violence exposure, and (h) frequency of domestic violence exposure based on individual's exposure experiences.

I aimed to create an initial, exploratory, predictive model for resilience among young adults based on variables including exposure to domestic violence, age, gender, ethnicity, individual emotional and physical abilities, types of domestic violence exposure, and frequency of domestic violence exposure. The results provided from this study were expected to enhance understanding of the demographic factors that influence adolescents' behavioral responses and be used to devise appropriate treatment plans that

will help adolescents recover from poor home environment experiences (see Garthe et al., 2014). While not a focused purpose of this study, the results may potentially provide a rationale for improved treatment methodologies among young adults.

<div align="center">**Research Question and Hypotheses**</div>

I developed the following research question to guides this study:

Do domestic violence, age, gender, ethnicity, individual emotional and physical abilities, types of domestic violence exposure, and frequency of domestic violence exposure, when in linear combination, significantly predicts resilience as measured by the Resilience Scale among young adults in the Midsouth region of the United States?

> H_0: Domestic violence, age, gender, ethnicity, individual emotional and physical abilities, types of domestic violence exposure, and frequency of domestic violence exposure, when in linear combination, do not significantly predict resilience as measured by the Resilience Scale among young adults in the Midsouth region of the United States.
>
> H_1: Domestic violence, age, gender, ethnicity, individual emotional and physical abilities, types of domestic violence exposure, and frequency of domestic violence exposure, when in linear combination, significantly predicts resilience as measured by the Resilience Scale among young adults in the Midsouth region of the United States.

Theoretical Framework

The theoretical framework for this study was the socioecological theory advanced by Bronfrenbrenner (see Bradley & Corwyn, 2002; Gunlicks-Stoessel, Mufson, Jekal, & Turner, 2010), which looks at an individual's development within the context of the system of relationships that form behaviors within an individual's environment. Key concepts of this theory include microsystem, mesosystem, and exosystem (Bradley & Corwin, 2002). To study a person's developmental process, not only the immediate environment (mesosystem) but also the larger environmental interactions (exosystem) are investigated (Gunlicks-Stoessel et al., 2010).

Bronfenbrenner's theory posits that complex *layers* of a social environment affect developmental responses and behaviors (Bliststein, 2005; Bornstein, Hahn, & Haynes, 2010). This assertion infers that the interaction between factors in the person's biological stages (microsystem), the immediate family/community environment (mesosystem), and the societal landscape can trigger certain developmental issues (exosystem). In this study, I expected that the social environment mesosystem (IV), characterized by (a) exposure to violence and (b) the individual's age, gender, and ethnicity, would influence resilience (domestic violence). For example, studies utilizing Bronfenbrenner's model, including Archer and Brown (1988); Bornstein et al. (2010); Garthe et al., (2014); Carlson (2000, 2003); and Middlebrooks and Audage (2008) reported that (a) witnessing poor parental modeling; (b) witnessing family altercations such as physical fights, arguments and name-calling between family members; and (c) parents choosing a lover over the children in the home can become onset for low self-esteem, emotional neglect, maltreatment,

physical abuse, emotional abuse, and aggression. Thus, I used the following key variables: exposure to domestic violence, age, gender, ethnicity, individual emotional and physical abilities, types of domestic violence exposure, and frequency of domestic violence exposure to determine young adults' ability to predict resilience in this study.

Nature of the Study

In this study, I used a quantitative methodology based on postpositive worldviews that suggest objective and measurable outcomes, which are required to advance knowledge (Creswell, 2009; Dietz et al., 2014) and test hypotheses. A step-wise multiple linear regression design was employed. A multiple linear regression is appropriate for analysis of joint and separate influences of two or more predictor variables on the criterion variable, generating a linear equation (Dietz et al., 2014). The linear model produces a standardized regression coefficient, indicating the relative importance of the corresponding predictor variables to determine the predicted value of the criterion variable (Dietz et al., 2014). Multiple linear regression was appropriate because I sought to predict a quantitative outcome variable (resilience) or criterion variable based on several potentially predictive independent or predictor variables. The step-wise method for inserting the variables into the equation was used in order to create a reduced predictive model that uses only the significant variables.

I drew the sample of young adults included in this study from mentees in the Big Brother Big Sister (BBBS) community organization in the Midsouth region of the United States. The BBBS organization connects children and young adults with mentors from around the county to help them become motivated to self-actualize (BBBS, 2017). This

program accepts children and young adults aged 10 to 26 years from the general population, although this study only included young adults who were between the ages of 18 and 25. Selecting eligible participants from BBBS helped ensure variability in the criterion variable, resilience, and resulted in a more accurate predictive equation.

The variables that I investigated as potential predictors of resilience included exposure to domestic violence, age, gender, ethnicity, individual emotional and physical abilities, types of domestic violence exposure, and frequency of domestic violence exposure. Resilience was measured by the Resilience Scale, developed by Wagnild and Young (1993). Exposure to domestic violence, individual emotional and physical abilities, types of domestic violence exposure, and frequency of domestic violence exposure were measured using the Children's Exposure to Domestic Violence (CEDV) instrument (Edleson et al., 2007; Margolin & Gordis, 2000; Tilton-Weaver, 2014). The variables of age, gender, and ethnicity were assessed using a demographic questionnaire.

In this study, I used the term *other* in association with the variable of culture, the participants' self-identified culture groups. Some participants may not have considered themselves members of any of the ethnic groups listed on the questionnaire. Another may have also been selected by respondents who viewed themselves as mixed race.

Definitions

The main operational definitions required for this study include: adolescence, domestic violence, adolescents' aggression, resilience, age, culture, gender, and ethnicity. The definitions of these terms are as follows:

Age: Part of the duration of an organism or a thing between the beginnings of a being at any given time aiming at maturation (Bogat, Levendosky, & von Eye, 2005; Hankin & Mermelstein, 2010).

Aggression: A behavior derived from accumulated violent observations that defile resilience, leading to frustration as a method of responding to threats (Jacobson & Mufson, 2010; Whipps, 2009). According to Lippold, Greenberg, and Collins (2013), aggression is an obstructive behavior "displayed by self-expressive drive to mastery" (p. 156).

Domestic violence: A pattern of behavior by a family member to intimidate, harm, or dominate their victims (Dutton, 1994; Henrichs, Bogaerts, Sijtsema, & Van Mierlo, 2015).

Ethnicity: The individual's identity and awareness of belonging to a particular cultural group (Dietz et al., 2014). This distinction enables an individual to maintain identity and the characteristics of that group (Black et al., 2015; Buka, Stichik, Birdthishtle, & Earls, 2001).

Gender: Beyond biological differences, gender develops self-identity depending on designations of male/female and influences an individual's ability to respond to the environmental issues based on society's expectations (Black et al., 2015; Bradley & Corwyn, 2002).

Resilience: The strength-based approach or the ability to bounce back and take control of an individual's destiny (Jaffee, Caspi, Moffitt, Polo-Tomas, & Taylor, 2007).

Assumptions

I assumed that resilience is a normal function of human experience, wherein humans adapt particular strategies to cope with "serious threats to adaptation or development" (see Greenberg, and Collins, 2013; Masten, 2001, p. 228). Therefore, I assumed that developing a predictive model for resilience was potentially useful for treatment of young adults who have been exposed to adverse situations to determine the extent of development in resilience that is required for particular young adults. I also assumed that appropriate screening of young adults' experiences in home violence was necessary to obtain information on the individual's strength and weakness (Bradley & Corwyn, 2002; Henrichs et al., 2015). To ascertain the family dynamics, I proposed that an analysis would reveal the young adults' involvement in domestic violence and in the process facilitates placement (see Delfos, 2003; Kernberg, Ritvo, & Keable, 2012). Lastly, I assumed if the local agencies and administrators understand the impacts of an individual's home experiences of the individual's story, this consideration would minimize behavioral reenactment and eliminate future recidivism because of resilience development. These assumptions were verified by surveying young adults in BBBS in the southwest region of Texas.

Scope, Limitations, and Delimitations

Scope

I designed this study to explore whether or not selected predictor variables can adequately predict resiliency among young adults. Specifically, I focused on developing a predictive model to explore the predictive relationship between young adults' resilience

and several potential predictive variables: (a) domestic violence; (b) age; (c) gender and ethnicity; (d) individual emotional and physical abilities (Monique, 2015); (e) types of exposures (Dawn & Lynda, 2015); and (f) frequency of domestic violence exposure (Johnson & Easterling, 2015). In this study, I constructed a *variable-focused* model of resilience, rather than the *person-focused* model (Black et al., 2015; Masten, 2001). The outcome of this process established a predictive model for resilience which may be useful for increasing the efficacy of treatment based on the individual's history of domestic violence, age, gender, and ethnicity.

Limitations and Delimitations

The main limitation of this study was the small sample size of young adults drawn from within a limited geographic region. The population and resulting sample resides in the Midsouth region of the United States and does not represent the population impacted by domestic violence in other regions of the country. Consequently, the results obtained from this study may not be used to generalize the U.S. population and only to the Midsouth region. Additionally, the study population consisted of Hispanic, African American, and Caucasian young adults. Also included in the study are some participants who may not have wanted to identify themselves as members of a particular race or are neutral in terms of their racial identity. Therefore, it was appropriate to include other as an option on the questionnaire. Despite these limitations, I expected that the results could benefit organizations in other regions of the United States who are also working with young adults affected by domestic violence.

Significance

Significance for Researchers

The significance of this study was based in potentially developing a predictive model for resiliency by examining exposure to domestic violence, age, gender, ethnicity, individual emotional and physical abilities, types of domestic violence exposure, and frequency of domestic violence exposure among young adults. Previous studies of resilience have produced contradictory results of resilience prediction, and no resilience studies have focused specifically on young adults exposed to domestic violence after they have been removed from the domestic violence situation (Kassis et al., 2013; Masten, 2001; Van Wyk, 2011). This study may represent a turn to an asset-based domestic violence research, wherein researchers emphasize potential assets that young adults exposed to domestic violence develop. This change in domestic violence research would be consistent with the asset-based approach in resilience research (Damant et al., 2010; DeForge, Belcher, O'Rourke & Lindsey, 2005; D'Imperio et al., 2000; Resnick, Bearman, Blum, & Bauman, 1997; Rutter, 1985).

Significance for Practice

Developing a predictive resilience model can have beneficial effects for treatment of individuals affected by domestic violence (Hopf, 2010). It is imperative to provide education on the issues affecting young adults' coping skills and resilience formation. The awareness I attempted to develop in this study will make way for social justice advocates in the best interest of adolescents who have been victims of domestic violence. The development of awareness will also promote plans for appropriate psychological

evaluation based on young adults' perception of values and worldviews for their behaviors before placed in state or private treatment facilities. These suggestions are significant for therapists and direct care-workers who desire, awareness of young adults' ordeals in order to acquire therapeutic tools for individual resilience formation (Delfos, 2003; Mowder, Cummings, & McKinney, 2010).

Significance for Social Change

The first step toward social change as a result of this study is the potential contribution this research may provide in illuminating factors that potentially predict resiliency among young adults. This new knowledge may assist treatment providers in determining the potential negative effects of domestic violence and provide a first step in understanding how to treat adolescents exposed to domestic violence. The project also was a part of integrating domestic violence awareness within the treatment community. The outcome could help intake departments, therapists, direct-care workers, and facility administrators make appropriate assessments of each individual who is a victim of domestic violence and the impacts this home situation has created on young adults' resilience response.

When therapists and direct care workers do not understand the individual's experiences and worldviews, young adults are likely to be judged based on the presented behaviors (Daro, 1988). Such harsh judgment, not only delays the implementation of treatment plans, but also triggers anger, self-defense, aggression, and loss of hope for resilience (Prince-Embury & Steer, 2010). Therefore, to create social change, community leaders, including practitioners such as therapists, Child Protective Services, and

treatment facilities, need to collaborate and organize treatment plans based on the individual needs which consider age, culture, ethnicity, and gender (Daro, 1988; Prince-Embury & Steer, 2010). This process would help therapists and stakeholders understand the individuals' emotions and psychological needs of the individual family member temperaments (Delfos, 2010). When these key issues are in place, a collaborative effort between the community leaders and policy makers will become consistent to advocate for social change in the best interest of these young adults in the community (Gelles, 1997; Wardle, 1999).

Summary

In this chapter, I proposed that domestic violence is a multifaceted issue that cannot be easily resolved due to the field's misconception of ideas and lack of forensic exploration of the cause due to outdated literature. I also stated that poor home environments and demographic factors may influence resilience development. Therefore, I undertook a study that would attempt to create a predictive model for resilience development as experienced by a sample of young adults. In order to understand the phenomenon, I examined Bronfrenbrenner's ecological systems theory, which explains the relationship between domestic violence experienced in the mesosystem (home) and its effect on young adults' emotional development (Bureau, 2009; Edleson et al., 2007; Edleson, Shin & Armendariz, 2008; Kleinman, Adams, Kashdan, & Riskind, 2013). If a predictive model is developed, it could have broad significance among policy makers, therapists, and stakeholders in the region as inevitable tasks, to implement guidance that will effect changes in placement procedures that aim to eliminate poor resilience. In

Chapter 2, I will provide a literature review and more detailed information on the social

and psychological constructs underlying this study.

Chapter 2: Literature Review

Introduction

The purpose of this quantitative study was to examine whether domestic violence, age, gender, ethnicity, individual emotional and physical abilities, types of domestic violence exposure, and frequency of domestic violence exposure can adequately predict resilience among young adults in the Midsouth region of the United States. In this chapter, I will examine the influence of an individual's age, gender, and ethnicity on domestic violence among young adults in the Midsouth region of the United States. Through the literature review, I clarify the gap that necessitated this research.

The databases I used in this study included: ERIC, EBSCOhost, PsychINFO, Mental Measurement Yearbook database, and Academic Search Premier. I accessed these databases through the online library of Walden University. Other literature I used in this study included published books and scholarly journal articles to explore the impact of domestic violence on adolescents' resilience responses. In this study, I examined some key topics relevant to this topic: (a) the theoretical framework of Bronfenbrenner's theory and nature vs. nurture; (b) an overview of domestic violence, adolescents, and the social environment; (c) domestic violence impacts on adolescents; (d) resilience overview; (e) adolescents' resilience adaptation; and (f) factors that promote resilience.

Theoretical Framework: Bronfenbrenner's Theory

Bronfenbrenner's (2009) theory investigated the development of a person who develops behavioral responses to relationships and context within a social environment. Bronfenbrenner proposed that *complex layers* within social environment can affect age

and gender developmental processes as well as behavioral responses despite an individual's ethnicity (see Berk, 2000; Lanza & Taylor, 2010). Researchers indicated that the environment not only contributes to a child's behavior, but also affects the bioecology that aids in successful child development (Children's Health Fund, 2011; Ekstrom & Young, 2009). In the theory of the bioecological system, Bronfenbrenner posited that interaction between immediate families, the environment, and human biology are landscapes for human development (Ekstrom & Young, 2009). Thus, child development should not be limited to biological trends alone, but should also include the immediate environment and the child's interaction within the larger system that forms the individual's attitude and behaviors (Addison, 2008; Edwall, 2012). The layers of interaction that form a child's behavioral responses, according to Bronfenbrenner (2009) included the microsystem, the mesosystem, the exosystem, and the chronosystem.

Microsystem

For Bronfenbrenner, a microsystem is one of the layers that creates a person's structured interaction with the immediate environment and conditions the individual's behaviors (Berk, 2000; Hjemdal, Vogel, Solem, Hagen, & Stiles, 2011). As the individual develops interaction within the system, complex alliances are formed with the multiple presences of outside groups, such as peers, extended-family, neighborhood, church, school, or the childcare environments (Bronfenbrenner, 2009). These outside stimuli result in dual means of interaction (Bronfenbrenner, 2009). Bronfenbrenner examined these two types of interaction and classified them as (a) *from the child* and (b) *toward the child* systems of interaction (Berk, 2007). The from the child scenario exists when a

child's behavior, not meeting family, cultural expectations, causes friction in the home

(Edwall, 2012). For example, a child may use certain words or responses that are

inappropriate to the values. On the other hand, a toward the child scenario is when the

child's behaviors initiate parents' consequences of such behaviors (Berk, 2007; Edwall,

2012; Walker, Kerns, Lyon, Bruns, & Cosgrove, 2010). The consequences lead the child

to question their cultural difference to peers, a frustration that may result in negative

responses towards others. This bidirectional influence, according to Bronfenbrenner

(2009), shows how the environment interaction can quickly condition a child's response

toward others with whom he/she comes in contact.

Mesosystem

The mesosystem is the trust-building structured interaction, connecting the child

and outer groups (Berk, 2000). Teachers, schools, churches, and neighborhoods condition

a child to build trust and develop resilience, and the absence of this structured system can

cause a delay in the development of these behaviors (Ungar, 2011). Ungar's (2011) study

also revealed that environmental connections affect adolescents and may condition

adolescents to the external stimuli, responses because they are aware of the repeated

accounts of specific violence surrounding their social environment to which the exposure

to those violence exposures could trigger violence responses. Development theorists

assert that as adolescents become used to making their own decisions, community

mentors and parental relationships teach the skills needed to master life challenges

against adversity (Bornstein et al., 2010; Solberg, Carlstrom, Howard, & Jones, 2007).

Bronfenbrenner confirmed adolescents' connections between positive mentors and

parental bonding relationships, promote motivation toward resilience adaptation (Hurt, Malmud, Brodsky, & Giannetta, 2001).

Arundale (2004), Hurt et al. (2001), and Wan-Yi (2010) confirmed that higher rates of co-occurrence between interfamilial and community violence exposure does eventually exist in most of the adolescent's environment, following Bronfenbrenner's theory; however, positive mentors and parents' bonding relationships can generate positive interactions that replace negative experiences and support adolescents' self-actualization. Rossman, Hughes, and Rosenberg (2000) and Garthe et al. (2014) clarified that poor environmental connections not only expose adolescents' to develop high risks behavior, but also compromise the individual's resilience efforts generated by lack of trust for establishing relationships with others. Therefore, poor environmental experiences, whether within the family or community, have equal negative effects on adolescents' moral life development (Patterson, 2002; Wan-Yi, 2010). In summary, adolescents' positive interaction with adults in the family or within the social environment motivates adolescents to establish trust, positive thinking, and empowerment to negate resentment for aggression.

Exosystem

The exosystem is the layer of interaction involved in a child's failure to function directly or participate actively in the daily decision-making process (Patterson, 2002; Wan-Yi, 2010). The child's isolation creates resentment, anger, and despair, all of which make the child act out without giving second thoughts for his/her actions (Patterson, 2002). When a child is left out or forced to comply with family dictating the child's

emotional cultivation, he/she may not assume responsibilities appropriately (Berk, 2000; Goodrum, Jones, Kincaid, Cuellar, & Parent, 2012). Additionally, leaving a child out of important decision-making processes may result in negative behaviors (Berk, 2000). For example, a community-based or family issue where a child is denied a voice can become grounds to feel out of control of his or her environment, which could trigger low self-esteem, disconnection, impaired thinking, and poor goal setting.

On the other hand, according to Kaufman et al. (2000) when a child is included in the family discussion of decisions, the child feels empowered to establish relationships with the environment instead of living in isolation—which sends negative messages that the environment is unsafe. Consequently, the child's thinking ability is suppressed and repressed, resulting in impulsivity, hyperactivity, and aggression (Kaufman et al., 2000). The child's id-ego and superego-ego build defense mechanisms against the social system (Johnson et al., 2002).

Chronosystem

Bronfenbrenner's chronosystem refers to interaction changes that occur within a child's social system (Larson & McQuiston, 2011). Bronfenbrenner explained that the child's environment encompasses the dimension of time and experiences for responses and suggests that environmental development crisis inevitably and frequently occurs (Garthe et al., 2014; Henderson, 1995). For example, parents fighting, separation, and divorce are emotional conflicts that could impair a child's developmental process to exhibit anger, frustration, blame, low self- esteem, and poor resilience into adulthood functioning (De Los Reyes, Thomas, Goodman, & Kundey, 2013; Pinel, 2003). However,

as the child becomes older, he/she will begin to process how the environmental changes may influence his/her future functioning (Carlson, 2003; Gunlicks-Stoessel et al., 2010) and correlated aggressors.

In summary, Bronfenbrenner's theory presents the five systems of interaction to explain the challenges in a child's development and its potential impacts on emotional functioning that could become a nursing ground for domestic violence. Therefore, I used the Bronfenbrenner's theory as the theoretical framework that provides explanatory value for this study. Another important influence of Bronfenbrenner's theory was drawn from the combination of the simultaneous influences of biological factors (nature) and environmental factors (nurture).

Nature vs. Nurture

In the field of psychology, the concept of *nature vs. nurture* is one of the terms used extensively in child maturation dimensions (Dietz et al., 2014; Zuckerbrot, Cheung, Jenson, & Stein, 2007;). Bronfenbrenner's (2009) theory indicated that environmental effect and genetics are the component parts from which a child could derive a sustaining system for development, and both genetics and environment can trigger an individual's emotional responses (Berk, 2000, 2007; Goodrum et al., 2012). While the chronosystem examines the role of environment and the dimension of time relating to a child's experiences in the social system (Feldman, 2003; Gunlicks-Stoessel et al., 2010), genetic researchers contend that biology and the social environment impact human emotional development. According to Jacobson and Mufson (2010), and Ridley (2003), a child's

biological and social environment play significant roles in the child's ongoing emotional development.

Bronfenbrenner argued that in spite of human biology, the interaction between a child and the social environments can become complex (Berk, 2000, 2007; Sorbello, Eccleston, Ward & Jones, 2012), thereby resulting in varied responses. Given the nature of poor environmental nurturing, Bronfenbrenner proposed that when a child grows up in a violent environment, delinquency is inevitable. Other researchers indicated that as a result of a violent environment, poor behavioral choices and other psychopathological dilemma will begin to unfold (Plomin & Spinath, 2004; Williams & Steinberg, 2011).

In summary, the social environment and human biology can trigger certain behavioral responses, particularly when those experiences are particularly traumatic, as is the case in domestic violence scenarios. Certainly, parents or adult role modeling are instruments for redirection that would affect future functioning in spite of vulnerability, helplessness, and hopelessness of experiences. However, this modeling may not be available for those children who are exposed to domestic violence, such as the participants I examined in this study.

Overview of Domestic Violence

Domestic violence has many different names: family violence, intimate partner abuse, wife beating, battering, child abuse, or family member abuse (Kumar, Steer, & Gulab, 2010; Rodriguez, Bauer, McLoughlin, & Grumbach, 1999; Straus & Smith, 1999). According to the American Psychiatric Association (APA; 2008), violent acts toward other family members can result in physical, emotional, and psychological

consequences, especially in adolescent children living in the home. Although current and former intimate partners perpetrate many incidences of domestic violence, there is no "typical" victim—it is prevalent in all socioeconomic families, regardless of gender and with no specific cultural limitation (Bureau, 2009; Prince-Embury, 2010; Rodriguez et al., 1999). In many reported domestic violence incidences, adolescents, children, and female partners are more likely to experience bodily injuries, self-harming, and other psychological and emotional hurt (Carlson, 2000; Rodriguez et al., 1999). Over time, cognitive impairment among abused adolescents has increased, evidenced in multiple studies on early childhood trauma and in the intrafamiliar violent exposures (Bureau, 2009; Margolin & Gordis, 2000; Straus, Gelles, & Steinmetz, 1980; Tilton-Weaver, 2014).

The experiences of domestic violence and abuse differ for different couples, but there are some similarities in the experience, according to the research. In abusive situations, domestic abuse often occurs between partners after arguments become hostile (APA, 2008; Lippold, Reenberg, & Collins, 2013). In these instances, physical abuse is as a result of poor impulse control includes punching, slapping, pushing, choking, or bodily injury on the victim that could lead to physical and emotional pain (Tilton-Weaver, 2014). Alternatively, some abusers only engage in verbal assaults. Thompson, Saltzman, and Johnson (2003) reported that verbal assault causes more mental and emotional damages as opposed to physical assault, which causes physical harm. Although verbal attacks may not leave physical marks, they may result in feelings of inadequacy, low self-esteem, and later, aggression for self-defense (Thompson et al., 2003). It is also

noteworthy that when a partner abuses a parent, the child is emotionally affected (Boydell & Ferguson, 2012; Thompson et al., 2003). The consequence may be that the child will use the learned behavior to develop social responses and other psychopathology against the associated environment. These secondary effects are troubling due to the prevalence of domestic violence; I will review these effects in the next section.

Domestic Violence Statistics

Researchers estimated that approximately 14 million American adolescents are affected by domestic violence annually, and over 3.3 million of adolescents have witnessed violence in their homes each year (APA, 2008; Bureau, 2010; Thompson et al., 2003). These numbers were derived from national surveys, which were not designed to measure individual adolescent's age, ethnicity, and gender for resilience. Kaufman et al. (2000), Thrash, Cassidy, Maruskin, and Elliot (2010) and Thompson et al. (2003) reported that 33.2% of Canadian and 40.2% of U.S. adolescents have witnessed multiple domestic violence events in their own homes; unfortunately, the estimate again did not report types of exposure. The oversights and gaps in the domestic violence statistics have limited the field's understanding of domestic violence's impact. Perhaps resulting from this lack of awareness, the U.S. Census Bureau's recent poll estimated that domestic violence has increased from 10% to 30% over the past 50 years from 1951 through 2010 (Allen & Allen, 2000; U.S. Census Bureau, 2010).

It is interesting to note that the effect of adolescents' exposure to domestic violence not only affects the lives and responsorial behaviors of adolescents who are abused, but also impacts the negative development upon which they express emotions in

their future functioning. According to Graham-Bermann and Edleson (2001), it is estimated that approximately 10 million adolescents are more likely to be exposed and or witnessing domestic violent acts each year. Prior studies documented the negative long-term effects of adolescent exposure to domestic violence which is carried on to adulthood development, thereby causing certain emotional deficits in terms of making personal decisions in preparation for transition to adulthood life (Fodor, 2010; O'Shea, Spence, & Donovan, 2013). Although prior research has also stated that not all adolescents exposed to domestic violence have the tendency to become aggressive or non resilient, however, the study mentioned some of the deficits that might occur whether the individual is resilient or not. These effects include but not limited to self-blame, shame, low self-esteem, anxiety, depression, and PTSD. Giving these effects as maturity continues, it is also very important to know that adolescents may also exhibit significant anger emotions as well as behavioral, cognitive, and social problems (Evans, Davies, & DiLillo, 2008; Fowler & Chanmugam, 2007). In addition to these symptoms and characteristics in behavioral responses, it is also reported that adolescents living in homes where domestic violence is frequently observed have a greater risk of becoming abuse themselves in part because the observed behavior often and always dictates the individual information processing, cognition, and the physical abilities associated with internal locus of control to respond to the external stimuli.

Contextual Emphasis in the Associations Between Domestic Violence and Early Adulthood Mental Health

The current consensus among researchers is that individual's responses to domestic violence exposure may differ from each other (Fergusson et al., 2005). It has also been reported that exposure to domestic violence associated with increased rate of significant symptoms of fear, self-blame, speech deficits, anger emotions, anxiety, and depression for the witness victims (Gao et al., 2010; Lindhorst & Beadnell, 2011; Straus & Mickey, 2012). However, the frequency and severity of the exposure is also significant as its negative consequences may as well depend upon the extent to which the victimized parent expresses the aftermath effects of the event such as symptoms of depression and anxiety and also whether or not the parent has coping skills and or supported by other family members or even the children in the home (Howell, 2011; Renner & Boel-Studt, 2013). Holmes (2011) used secondary data analysis from the National Survey of Child and Adolescent Well-Being (NSCAW) to determine that domestic violence witnessed between parents associated significantly especially with poor mental health outcomes. Holmes further suggested that major depressive episodes, heavy alcohol use, and other substance abusive related behaviors may affect the coping skills of children and adolescents aggressive behavior in the long term (Blackwell et al., 2015; Lang, Blackwell, Harmer, Davison, & Holmes, 2012; Marshalll, Tilton-Weaver, & Stattin, 2013). Moreover, coping activities on the part of parents in domestic violence situations such as smoking, partying, and children abandonment can also associate with children and adolescents externalizing and internalizing problems that can be carried on to adulthood even after controlling for numerous covariates (Ashford, van Lier,

Timmermans, Cuijpers, & Koot, 2008; Graham-Bermann & Edleson, 2001; MacMillan & Wathen, 2014; Tjaden & Thoennes, 2014).

Although a significant direct association exists between parent's exposure to domestic violence and the impacts it creates in children and adolescents' emotional responses and behavioral distress (Yoo & Huang, 2012), it is also worthy to note that the effect of domestic violence on children and adolescents may emerge in poor physical abilities associated with helplessness and hopelessness mediated by parental poor coping skills/distress (Renner & Boel-Studt, 2013), substance abuse (Skeer, McCormick, Normand, Buka, & Gilman, 2009; Skeer et al., 2011), family dynamics and structures, and low income (Turner, Finkelhor, Hamby, & Shattuck, 2013). All of these factors may contribute to the type of resiliency children and adolescent may display as maturity progresses. However, no study existed that conjoined the confluence of variables, including exposure to domestic violence, age, gender, ethnicity, individual emotional and physical abilities, types of domestic violence exposure, and frequency of domestic violence exposure, that might contribute to or detract from resilience.

There is yet to be disclosed in previous studies the form of analysis by incorporating scientific sound data to promulgate evidenced based detail findings in regards to this social phenomenon (Howell, 2011). This is because most studies used cross-sectional rather than longitudinal formation of research, which makes it very difficult to adequately control the range of potential emphasis in relating to the public their outcome assessment to help treatment facilities who work with this population to draft the appropriate treatment plan based on the individual young adults experiences

growing up in the violent homes. As a result, there are needs among scholars to plunge

into research in this area with prepared motivation to help the communities, society, law

makers, and treatment facilities to determine young adults' behavioral issues and also to

ascertain whether within this population if gender differences impacts way they respond

to domestic violence also become aware of the percentile rate among those who may

perceive themselves as resilient (Halford, Farrugia, Lizzio, & Wilson, 2010; MacMillan

& Wathen, 2014).

According to Feder and MacMillan (2012), Halford et al. (2010), MacMillan and

Wathen (2014) and Tjaden and Thoennes (2000), the comorbid rate of adolescents home

violence exposure is between 45 and 70% giving the percentile rate of the survey

collected from a national database in 2009. These bodies of studies have reported

substantial negative impacts that this type of exposure contributes to individual responses

to domestic violence in adolescents in preparation to transition to adulthood. In spite of

this body of literature, several gaps in these research literatures require significant

attention to address the cultural implications that influence how the individuals may

respond to this social phenomenon.

Second, the studies conducted in this area concentrated on adolescents still living

with their mothers in battered women's shelters (Gilbert, El-Bassel, Chang, Wu, & Roy,

2012). Researchers have also failed to obtain information from adolescent who have been

considered as runaway children and are left to fetch on their own exposing them to re-

victimization. Thus, I sought to gather information to analyze young adults in response to

their domestic violence experiences and the impact of these experiences in their

responses to the external stimuli and their quest to emotional transition to adulthood. I believe this formation in the present study will clarify the ongoing effects of domestic violence on adolescent transition to adulthood. It is the intention of this study to identify the effects of domestic violence on adolescents with respect to the relationship with resilience. Lastly, the present study examines whether exposure to domestic violence, community violence exposure and substance abuse have differential effects on how young adults perceive themselves as resilient in their transition to adulthood.

According to Carlson (2004), over 4 million adolescents living in violent homes have experienced physical and emotional abuse, leaving children with emotional scars that more often resulted in aggressive behaviors than resilience. In the late 90s, studies mentioned the impacts of environmental exposure on adolescents' violence (Polivka, Lovell, & Smith, 1998). It was confirmed by the 1999 National Child Abuse and Neglect Data Systems (1999) that approximately 826,000 children (12 out of every 1,000) are victims of family and community violence. These environmental influences may lead to problematic adolescent behaviors due to low resilience or the lack thereof (Lee, Hankin & Mermelstein, 2010; Patterson, 2002). The relation between these factors stems from the Bronfenbrenner's theory of the microsystem, which revealed that poor behaviors are consequences of harsh environments, as they lead to poor decision-making to compensate for hurtful feelings and anger against the authority figures. The section below examines the influence of domestic violence on adolescents.

Domestic Violence's Impact on Young Adults

According to Bronfrenbrenner's ecological system, human behavior centers on environmental impacts that generate responses (Underwood, Tallbott, Mosholder & von Dresen, 2008). Multiple studies of youth within residential facility schools found that behavioral responses combined with family violence histories preclude physical, emotional, and sexual abuse (Underwood et al., 2008) and other psychiatric issues (O'Donohue & Ferguson, 2006). However, Fodor (2010), O'Shea, Spence, and Donovan (2013), and Thompson et al. (2003) noted environmental upbringing may link to different emotional responses. Domestic violence may have cognitive, emotional, behavioral, and social effects on young adults.

Cognitive Effects

Young adults exposed to violence are potentially prone to experience life-trauma followed by vulnerability, helplessness, extreme hopelessness, and self-worthlessness (Clauzade, 2009; Sorbello, Eccleston, Ward, & Jones, 2012). Consequently, poor cognition has been reported as a predominant issue among adolescents exposed to domestic violence with little or no self-control. According to Pervin and John (2001) and Ridley (2003), parent-to-child violence was associated with chronic abuse, maltreatment, cognitive deficits such as low IQ, poor oratory skills, poor nutrition, attention, poor memory, poor visual-motor integration skills and resilience deficit. A number of studies reported that adolescents' poor cognitive skills linked to truancy, poor academic, peer pressure, aggression, and low self-esteem associated with poor home upbringing (Hurt et al., 2001; Kliewer & Murrelle, 2007; Williams & Steinberg, 2011; Zimmerman &

Arunkumar, 1994). Studies have also noted that a lacking upbringing links to attention regulation deficits, poor language skills, lack of self-control, hyperactive disorder, poor information process, and aggression. In sum, poor home upbringing and violence exposure can deter adolescents' resilience and their abilities to organize, recall, and encode information process and the ability of expression (Fodor, 2010; Lazarus, 2000; Miller et al., 1999). Additionally, exposure to violence can lead to emotional effects.

Emotional Effects

Emotional effects of domestic violence are characterized as a negative exposure that almost always carries consequences, particularly when such experiences become frequent in the home (Job, Bernecker, & Dweck, 2012; Kliewer & Murrelle, 2007). Overstreet and Braun (2000) confirmed that intrafamilial violence often leads to anger, agitation, withdrawal, isolation, depression, poor problem solving, self-harming and negative self-concepts. Researchers reported that witnessing and proximity to violence, as well as being a victim, could increase anxiety and depressive symptoms that would change adolescents' worldview about their social environment (Grigorenko & Sternberg, 2003; Johnson et al., 2002; Löckenhoff, Reed, & Maresca, 2012). Thus, whether this violence is related to immediate family or to community types of violence, adolescents' resilience development can be compromised. This effect results in other psychological consequences, such as PTSD, poor concentration, sleep disorder, sudden startling, anger, tantrum, delinquency, poor task accomplishment, low self-esteem, uninspired, and intrusive raising thoughts (Alvord & Grados, 2005; Flowers, Hastings, & Kelley, 2000; Guillaumin, 2002; Pang, 2010a).

Young adults with emotional disorders have often been stigmatized (Boydell &

Ferguson, 2012; Grotberg, 1999) because of their involvement in high risk behaviors and

poor lifestyle. These behaviors, however, should lead researchers and clinicians to

question not the person, but the person's development process (Alvord & Grados, 2005).

The answer to this question may lie within the unresolved family issues to which

responses are exhibited (Carlson, 2000; Zautra, Hall, & Murray, 2010). Moreover, these

emotional influences can lead to behavioral and social consequences.

Behavioral and Social Effects

It is evident that early childhood development and exposure to violence can

initiate social and behavioral deficits (Zautra et al., 2010). For example, when parental

tactics to teach a child, family values, self-control, and responsibility become ineffective,

it could result in self-defense mechanisms (Calrson, 2000). Negative self-defense

mechanisms not only interfere with the child's efforts to attain personal goals, but also

hinder information processing to regulate emotions and to understanding of human life,

values, properties, and the society's expectations (Feldman, 2003; Lock, 2000). The

emotional deficits, irritation and anger characteristic of the adolescent stage can

progressively develop into false identity and low resilience (Kaufman et al., 2000; Linley,

2003).

One study that confirmed the behavioral influence of domestic violence was

conducted in a large number of (140) adolescent participants comprised of experimental

and control groups to which a number of psychological tools were administered,

including the Millon Clinical Multiaxial Inventory (MCMI; Dutton, 1994; Dutton &

Starzomski, 1994), the Minnesota Multiphasic Personality Inventory (MMPI; Dutton, van

Ginkle, & Starzomski,1995), Borderline Personality Organization (Straus & Gelles,

1990), and the Conflict Tactics Scale (Saunders, 1996) to identify triggering factors for

poor behaviors. From a treatment perspective, the experimental outcome revealed that

adolescent borderline personality organization was found in 11 to 15 percent of the

participants due to home violence (Dutton & Golant, 1995; Nastasi & Bernstein, 1994).

In summary, studies on adolescents' emotional behaviors have long-term

traumatic consequences triggered by poor environment and intra-familial violence for

poor impulse control (Feldman 2003; Johnson et al., 2002; Lippold, Greenberg, &

Collins, 2013). These influences have long term effects for individuals exposed to

domestic violence in their homes, and may alter the way that individuals behave,

according to Bronfenbrenner's theory. The confluence of these effects are often felt when

a child who has been exposed to domestic violence is placed within a foster home or

treatment facility. Moreover, these effects will continue to influence the individuals'

behaviors as a young adult (Lipton et al., 2013).

Because abuse reports have been exposed in many states' residential treatment

centers (Cancio & Johnson, 2007; Kernberg et al., 2012; Phillips, Leathers, & Erkanli,

2009), JCAHO has established minimal requirements and expectations for Residential

Treatment Centers (RTC; Cancio & Johnson, 2007; McGuffin, 1991). In 1999, following

policies developed in the 1960s, 1970s, and 1992 for foster home and treatment facilities

to meet adolescents' psychological and emotional needs, the U.S. Surgeon General, in

collaboration with JCAHO, required each RTC to provide admission policy that will

grant positive impact for resilience formation (Black et al., 2015; Chen & Ma, 2007) The Surgeon General and the JCAHO set limitations on admission policies that disallow unqualified residential treatments centers for operation. This decision was based on Werner's 1982 research on adolescents' resilience on the Hawaiian island of Kauai, which continues to set the standard for many professional organizations today. The following examines Werner's adolescent resilience overview adopted by the Surgeon General and the JCAHO.

Prior to the 1980 act, dependent minors lived in many different foster homes and in different neighborhoods because of aggression and acting out behaviors because of exposure to domestic violence which led to poor academic achievements (Black et al., 2015; Pelton, 2008). In 1993, Californian foster parents reported that most children attended an average of 9 different schools by age 18 and demonstrated significant poor academic achievement, truancy, poor self-esteem, anger, and shame (Kaufman et al., 2000; Kernberg et al., 2012). The children's educational discontinuity as reviewed by Kaufman suggests that there are multiple negative emotional consequences to a child's removal from one home/facility to another. Kaufman also expressed that inadequate adolescents' academic record transfer and loss of credits may contribute to poor school performance and lack of resilience for success.

For these reasons, 70% of minors in foster homes/facilities have significant domestic violence, abuse histories and other behaviors that led to mental health problems promulgated by the observed domestic violence and poor home environment (Finlay, Darlington & Nicastro, 2001; Mowder et al., 2010). Cancio and Johnson (2007) noted

that appropriate psychological academic evaluation as proscribed by the individuals with disabilities act (IDEA) can improve the individual's academic success, rather than leaving the child to dwell in the vicarious impacts of domestic violence. While we continue to see the lack of this accommodation in some chartered schools in the Southern region of the United States, only 15% graduate from high school, which is below the American taxpayers' expectations (Cancio & Johnson, 2007; Kleinman et al., 2013).

In recent years, domestic violence has been reported as a major contributor to the over 6% annual increase in child dependency in the United States (Lloyd & Emery, 1994; Mowder et al., 2010). According to Greene, Coles, and Johnson (1994), the 1985 and 1996 reports suggested that over 2.9 million adolescents' dependency increased. In 2005, a report was submitted to the house committee who were assigned to investigate the truth of this claim. It was found that both foster homes and treatment facilities population have decreased 37% between 1994 and 2000 in both academics and admissions (Chambers, 2008; Kumar et al., 2010). Based on analysis of the timeline of these reported estimates, American society is not necessarily declining in child dependency cases and treatment facility and foster homes are not necessarily declining.

According to Yehuda's (2004) report, it was observed that there are many treatment facilities and foster home care services being built in Bexar County (Texas), California/Los Angeles, Orange County, Colorado, Michigan State, and New York. The U.S. Advisory Board on Child Abuse and Neglect (USABCAN, 2010) argued that the decline in minor placement or the decreasing number of foster homes and treatment facilities is misleading, leading society to pay minimal attention to the cause of

adolescents' removal from home, emotional stress, and psychological needs as a result of domestic abuse. Moreover, this decrease may influence the policymakers' views of the importance of this social phenomenon (Howell, 2008; Lanza & Taylor, 2010).

In summary, as of 2008, research shows that about 650 nongovernmental residential programs have been built nationwide with certain program methodologies to deliver treatment plans that would address adolescents' psychological and emotions needs in their quest for resilience (Karol et al., 2015; Martin & Pear, 2007). These statistics indicate that, in terms of decline in adolescents' dependency and placement, nothing has changed (Monique, 2015; Phillips et al., 2009). To gain a more accurate measurement, the field must reconsider the approach from which these studies were conducted, examines the methods, and verify whether researchers focused mainly on government facilities rather than including non-profit or privately owned operated facilities and the policies that affect private and non-profit program agencies.

Policy Impacts on Facility Programs and Methodologies

After the policy review in the 1980s, foster homes/facilities, quality program methodologies have varied greatly given the federal status of limitation for adolescents' behavioral modification intervention reinforcements (Cancio & Johnson, 2007; Martin & Pear, 2007; Monique, 2015). For example, the southern region of the United States is one of the regions in the United States that house 133 out risk adolescents, male and female residents that other private and foster homes would not accept because of the limitation of operation and licensures. The Southern region of the U.S. facility is licensed to use approved protocol to administer psycho-emotional treatment to individuals exposed to

domestic violence and abuse. Thus, the behavioral modification process is based on the regulatory act that compels the facility to use certain methodologies to affect therapy procedures. These methodologies include the use of point accumulation by each resident at the end of each clinical hour activity to reward good behaviors, while restrictions including point deductions, status reversal, treatment extension, and physical restraint are employed by the facility policy to confront and modify behaviors (Henrichs et al., 2015; McGuffin, 1991; Phillips et al., 2009).

These methods may not be used in other facilities because of individual facility state regulations. However, critics have considered this method of operation unequivocal to behavior modification as it does not implement criteria for resilience. Again, instances of abuse have been reported in most residential treatment facilities and foster homes, which prompted the JCAHO to investigate these reported incidences (Kernberg et al., 2012; Underwood et al., 2008). In most cases, JCAHO finds that the use of consequences as therapeutic models for behavior modification is successful as long as the methods are supervised by licensed therapists, medical personnel, and quality complaint administrators to prevent flashbacks to the individual's past abuse violent experiences (Cancio & Johnson, 2007; Chen & Ma, 2007; Monique, 2015). These behavioral modification programs may facilitate the development of resilience among adolescents who have been exposed to domestic violence.

Resilience Historic Overview

Resilience Defined

Resilience is an individual's ability to bounce back regardless of the individual's environmental circumstances (Daining, 2005; Hopf, 2010; Jaffe, 1998). Resilience also refers to the ability to seek or acquire personal and cultural resources that create a meaningful interaction with others. Most academics agree that resilience refers to an individual's skill at continuing normal developments despite environmental adversities (Deal, 2000, 2002; Siemieniuk, Krentz, Gish, Jessica, & Gill, 2010). Many researchers concluded that exposure to trauma can create an instinct to certain responses for survival (Dietz et al., 2014; Ungar et al., 2008). In much of the literature, it has been demonstrated that resilience emerges when individual efforts are threatened (Gish, Jessica, & Gill, 2010; Masten, Best, & Garmezy, 1990).

The Emergence of Resilience in Treatment Facilities

Prior to resilience research, some studies devoted extensive work to adolescents' behaviors as opposed to focusing on protective factors to explain catastrophic life event responses to stages of adulthood transitions. These researchers failed to explain how the individual's traits and temperament led to poor resilience (Cicchetti & Rogosch, 1997; Fredrickson, Tugade, Waugh, & Larkin, 2003; Garmezy & Streitman, 1974). From Rutter's, Bronfrenbrenner's and Werner's findings, the term "resilience" has developed into a major theoretical research framework of topics that investigates the environment in terms of its adverse effects on human adversaries (Werner & Smith, 2001; Yoon et al. 2015). Arguments have surfaced, however, disputing Rutter's, Bronfrenbrenner's, and

Werner's findings that children living with schizophrenic parents show low resilience compared to adolescents living with healthy parents because of the parents' poor abilities to ,care for these adolescents' basic needs (Luthar, 1999; Thrash, Cassidy, Maruskin, & Elliot, 2010). Despite this controversy, some adolescents have reported adjustment to adversity and success in setting personal goals for future achievements (Davies, Winter, & Cicchetti, 2006).

In sum, Werner and Rutter's network of research has provided awareness about adolescents' behaviors. This awareness educates practitioners about the individual's drive toward self-fulfilling (Benard, 1991; Damant et al. 2010; Werner & Smith, 1992). The studies also pay greater attention to cultural and an individual value, which indicates that resilience, can be understood as a social construct associated with an individual's worldview or the ability to navigate social norms successfully or compress negative emotions as the individual begins to become aware of the social environment (Garmezy, 1991; Masten & Powell, 2003; Mowder et al., 2010; Williams & Steinberg, 2011).

Resilience among Young Adults

Scholars have credited Garmezy (1973) and Ungar et al. (2008) as first to study adolescents' resilience, although their study methods were based on epidemiology that focused on reasons some adolescents' are more resilient than others, which also relate to how much resilient those individuals may carry along to adulthood functioning. Garmezy proposed that some protective factors, such as rewards, praise, recognition, goal setting, and self-esteem, are criteria for resilience development. Conversely, poor environment

and low self-esteem could lead to self-indulgence and poor behavior imitations (Black et al., 2015; Henrichs et al., 2015; Nastasi & Bernstein, 1998).

Unlike Garmezy, Werner, an American developmental psychologist, investigated the impact of social environment on adolescents' resilience and their ability to maintain such traits in adulthood life. In Hawaii where this research was conducted, Werner found that, depending on the individual's temperament; at-risk adolescents can make good choices (Werner, 2004) that adolescents may be bound to fail in their quest to achieve adulthood functioning requirements in the society. This finding was based on the longitudinal study of 698 participants in the Hawaiian island of Kauai, where reproductive factors for resilience included not only domestic violence, but also premature birth, unstable household, parental substance abuse, exposure to intimate partner violence (IPV), and mental health (Black et al., 2015; Masten & Powell, 2003; Yoon et al. 2015). In continuation, Werner revealed that some adolescents exposed to high environment risks may have no delinquent behaviors or mental/physical health problems compared to those exposed to fewer risk factors as transition to adulthood continues to occur (Prince-Embury & Steer, 2010; Werner, 1982). Werner and her colleagues identified a number of *protective factors* that helped the studied population thrive, which include strong bonding relationships, aunts, babysitters, teachers, religion, adult role models, and community group organizations for the individual's development in the absence of biological parents (Prince-Embury & Steer, 2010; Werner, 1982). Similarly, Masten and Powell (2003) found that one third of all high-risk adolescents exhibited resilience and developed into caring, competent and confident young adults,

despite poor developmental experiences. Additionally, Rutter (1980) found that although high-risk adolescents were more likely to develop behavioral issues that tend to militate against their transitioning preparation to adulthood than were the general population; however the majority of those adolescents have shown resiliency and have developed into competent, healthy productive adults. Rutter also found that even though most adolescents were living in disadvantaged homes, they spent more time with positive peers and were able to develop strong personalities, positive thinking, and goal setting behaviors that motivate problem solving skills and efficacy towards self-actualization.

Coburn and Nelson (1989), Geary (1988), and Werner and Smith (1987) confirmed that the presence of role modeling adults, good health, teachers, goal-setting and aspiration to excel in life can play important roles in adolescents' protective factors for adulthood transitioning. Thus, the outcomes suggested that good physical health, positive thinking and communication with role model adults can foster adolescents' abilities to handle different life challenges and make commitments for a long term goal and success. These findings complemented Werner's observation that adult role modeling can foster neurological development that increases the immune system against diseases and better choice-making processes for smooth transitions (Mowder et al., 2010; Sorbello et al., 2012). Additionally, heredity and family bonding imprint meaningful interaction towards building quality and healthy relationships consistent for resilience development from childhood to adolescence; therefore paving ways upon which adulthood transition could be made possible without counter-interact with other associated negative militating

community factors **(**Bonem et al. 2008; Burgos-Cienfuegos, 2015; Rutter 1980, 1984, 1985; Williams & Steinberg, 2011).

In sum, resilience formation is closely associated with adolescents' self-awareness, self-appraisal, and the perception of the social environment for the development of emotional stability towards successful young adults. Adolescents' protective factors have become the focus of many studies because of the exploration of asset-based evidence that reinforces resilient intervention plan in the quest to empower adolescents for successful adulthood transitions (Damant et al., 2010; DeForge et al., 2005; D'Imperio et al., 2000; Resnick et al., 1997; Rutter, 1985). Interventions in treatment facilities and previously developed resilience among these adolescents that are preparing to transition to adulthood may potentially help to mitigate the harmful effects that upbringing may cause in achieving this tendency. The following section discusses the development of resilience in treatment facility environments.

Resilience in Treatment Facility Environments

The literature indicated that the accumulation of adolescent' daily risk factors can lead to mental health problems (Burgos-Cienfuegos, 2015). Similarly, studies have emphasized that adolescents' risk factors are related to the increase rates of self-harming tendencies, anger and frustrations, fighting, alcohol and drug abuse, juvenile delinquency issues, suicide, depression, and spending time in the juvenile detention/treatment facilities (Beam, Gil-Rivas, Greenberger, & Chen, 2012; Plancherel & Bolognini, 2012; Storksen, Roysamb, Moum, & Tambs, 2010). Alternatively, these risk factors among adolescents may lead to the development of resilience as young adults (Karol et al.,

2015). Interventions in treatment facilities may assist in the development of these positive behaviors.

Dutton and Starzomski (1994) conducted a study that involved 78 self-referred and court-referred male and female adolescents undergoing treatment for aggression, low self-esteem, and depression in a treatment facility setting. The results showed that over 65% of the entire sampled population had clinically significant self-blame from domestic violence, while 35% reported borderline personality disorder due to poor environment upbringing. These findings confirmed the studies of Hamberger (1994) and Starzomski and Nussbaum (2000), which stated that borderline personality disorder is found in adolescents who lacked parental bonding and adult role models. Additionally, the poor lifestyle developed by adolescents in a poor home environment can accumulate to low self-esteem (Goodrum et al., 2012; Kesner, Julian & McKenry, 1997). Thus, the individuals who enter treatment facilities frequently suffer from behavioral issues due to their previous circumstances.

However, researchers have demonstrated that adolescents who spend more time with adults can develop self-control, good feelings, and self-expression, leading to an improved worldview (Fantuzzo et al 1997), Lepore & Greenberg 2002). Studies have also shown that expressive writing increases adolescent' verbal skills to express what happened to them in their individual homes, improve self-esteem, social network, values, goal achievements, characteristics, and respect (Garthe et al., 2014; Lepore & Greenberg, 2002). Hamberger and Hastings (1991) examined these characteristics among adolescents admitted in a treatment facility and confirmed that adolescents that spend more time with

adults are motivated to stay on tasks. Hamberger and Hastings revealed that 75% of

adolescents who lacked adult role models develop psychopathology associated with

antisocial behaviors and borderline personality disorders while the other 25%

problematically ignore negativity and have problems opening up in therapy. These

findings were further supported by later researchers (Goodrum et al., 2012; Schwartz et

al., 2014).

Adolescents and Young Adults Exposure to Domestic Violence

The ongoing effect of domestic violence exposure on adolescents is yet to be

understood in the context of what we should know or how significance the impact of

domestic violence may affect a child. A child who has been exposed to domestic violence

often may exhibit changes in behaviors and some changes in the dynamics of maturation,

especially around the puberty period (Schwartz et al., 2014), that may carry on following

the transition to adulthood. Since adolescents' mental health or health in general may

disrupt the developmental process, failure to recognize the challenge could lead to

resilience decline, therefore causing some emotional deficits limiting a complete

transition from adolescents to young adulthood. However, concentrating on young adult

mental health and behavior outcomes in a simple paradigm provides a better prediction

and the understanding about adult life trajectories than outcome assessment as observed

in adolescents, which allows adolescents to perceive themselves as more matured than

others. Fergusson, Boden, and Horwood (2008) proposed in their large-scale population-

based prospective studies using diagnostic measures to address the question whether

adolescents exposed to domestic violence predicts young adult behavioral response outcome. Prior to this study, no previous researchers examined this relationship.

Consequences of Domestic Violence Exposure

Amato and Sobolewski (2001); Lieberman, Chu, Van Horn, and Harris (2011); and Nayak, Lown, Bond, and Greenfield (2012) have suggested that in spite of other studies in this area, growing up in a home characterized by domestic violence and its concomitant experiences, such as child-case hearing at the court, custody battle, and divorce, may also contribute to greater psychological distress with decreased self-esteem, loss of hope, life-role, and independence, resilience formation, and other emotional well-being in young adulthood. The outcome was largely reported in cross sectional designed studies. Other evidence suggested that domestic violence effects on adolescents can manifest in aggression, stagnant growth, substance abuse, low self-esteem, runaway, self-harming, demoralize potentials, emotional withdrawal, attention problems, poor school achievements, poor decision making, procrastination tendencies, low resilience, and psychiatric symptoms (Beam et al., 2012; Plancherel & Bolognini, 2012). Consequently, these negative transparencies may be carried into adulthood and affect the young adults' broader external stimuli responses (Lieberman, Chu, Van Horn, & Harris, 2011).

Cisler et al.'s (2012) longitudinal study of the effects of domestic violence on adolescents was found to be one of the many reasons they are admitted to treatment facilities as transition to adulthood could become a lifetime struggle. In 2012, longitudinal studies were conducted on adolescents who made a successful transition to

adulthood. A national survey among adolescents ages 12–17 ($N = 3,614$ at Wave 1) to investigate whether exposure to domestic violence at Wave 1 was associated with PTSD, depression, excessive alcohol use, and delinquency (Cisler et al., 2012). The longitudinal study also examined Wave 2 and 3 a year later respectively. The finding was that exposure to domestic violence at Wave 1 associated with adolescents' depression, delinquent acts and binge drinking at Wave 3 (Cisler et al., 2012). The same research group also conducted another study using the another data set in their investigation and found that there is associations between adolescents' who have experienced traumatic events such as: verbal abuse, physical abuse, emotional abuse, sexual assault, witnessing parental conflicts or community violence at Wave 1; while substance behaviors was consistent among the participants group at Wave 2 after 15 months of the study. By aggregating all types of victimization adolescents may have been through all together to report their findings, it appears that adolescents' victims have difficulties transitioning to adult life after exposure to domestic violence. Consequently, the findings generally stated that after examined the entire studies conducted in this area; there are few research that have used a longitudinal design to investigate the outcome of domestic violence on adolescents.

None of the reported studies utilize the longitudinal design to examine fully the factors that influence resilience development after domestic violence exposure. Therefore, it is necessary to gain more data regarding the experiences of the young adults after exposure to gain an idea of the factors that influence their resilience development. In addition, while these studies examined the effect of domestic violence on adolescents by

utilizing self-report or mother report scales oftentimes found in Child Behavior Check-list (CBCL) as evidenced in Howell (2011) and Lamers-Winkelman, Willemen, and Visser (2012), this design limited the core value of information what we should know apropos to this present study which sought to utilize structured clinical surveys to assess the variables that may influence resilience development.

Exploring Gender Differences and the Exposure of Domestic Violence

The impact of domestic violence may differ by gender. It is worthy to note that many studies have controlled the significance of gender to report their findings. Consequently, very few studies have examined gender differences directly and have reported different outcome that appeared different from other studies. Even when some studies that included gender differences failed to report their findings on what was measured (gender differences) or the significance thereof **(**Kitzmann et al., 2003; Lamers-Winkelman et al., 2012; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003). All these gaps create misconceptions leading to underreporting what we should know about the impact of domestic violence exposed children, adolescent as the population makes their transition to young adults' life. Two recent studies examined gender differences in the context of adolescent exposure to domestic violence. Skeer et al.'s (2011) study was based on longitudinal data from the Project on Human Development in Chicago Neighborhoods (PHDCN) that included 1,421 young adults aged 18–22 (in Wave 3 of this study) and adolescents who were 10–17 years when domestic violence in the family was assessed (Wave 1) using substance abuse and dependence as the main dependent variable. According to Skeer et al., males living in families where domestic violence is

frequent was found not significant to become at-risk for either substance use or other symptoms, such as anxiety, aggression, or depression. In the same study, it was reported that unlike their male counterpart females, living in domestic violent homes was associated with conduct disorder, explosive anger, verbal aggression, fighting, substance use and emotional dependence (Skeer et al., 2011). On the other hand, Begle et al. (2011) conducted a U.S. national study following this study with a representative sample of 3,614 adolescents aged 12–17 years of age and 3,536 young adults to investigate the significance of gender differences outcomes following witnessing domestic violence in the home. It was found that males are more likely to be affected than females (Begle et al., 2011), and as a result males are more likely to be admitted to treatment facilities than their female gender. The differences of opinion in these studies depict that there is a need to explore gender differences in young adults' outcomes of domestic violence as children and this present study is designed to provide detailed scientific findings to add to the body of knowledge about the influence of domestic violence exposure and demographic variables on resilience.

Environmental Factors' Influence on Adolescents' Resilience Development

The following section identifies environmental and demographic influences that may promote resilience in adolescents and young adults. For example, male and female African American adolescents' values may be different from Hispanics' and Caucasians' in terms of a treatment plan based on age, environment, and cultural norms considering also the environmental issues that may present. Lloyd and Emery (1994) and Dutton and Starzomski (1993) proposed that adolescents' culture and gender are pivotal to

understanding resilience development, especially as they make another transitional step toward adulthood, thus, connecting the individual's age, gender, and culture when making treatment plans may be essential for understanding and predicting adolescents' emotional responses to make some self-appraisal in preparation to adulthood functioning. Starzomski (1993) noted that an adequate treatment plan based on age, gender, and cultural identity can inspire motivation toward change in lifestyle that influences resilience. As evidenced in Abbot and Hall (2006); Allen and Allen (2006); Brown (1997); Rohr (1990); Straus and Smith (1999); Tolman and Bennett (1990); and Waltz, Babcock, Jacobson, and Gottman (2006), adolescents' age, gender, culture, events, life styles, community connectedness, and family bonding relationships are all supportive dynamic factors that promote resilience and self-betterment to become stabilized and rational young adults in the society. The following examines the aforementioned resilient factors.

Some researchers have found that people that are exposed to a variety of environmental risk factors have significant mental health issues (Black et al., 2015; Delfos, 2010). Researchers have also demonstrated that adolescents exposed to these environmental forces have risk factors, including poor self-thought processes, decreased interest in education achievements, low self-esteem and empathy (Holland, Benson, Orloswki, Fredison, & Defenburg, 2015), followed by other environmental risk factors such as bullying in the playground or during lunch time that results in conflicts with peers. These underage exposures can become the internal locus of control issues they go through due to poor intervention process performed or low support trends from either

parents' caregivers or teachers and may carry the same unresolved feelings to adulthood living (Black et al., 2015; Goodrum et al., 2012). The developed disordered thinking in childhood and adolescence will continue on to a young adults' mental and physical well-being.

Researchers have found that the above mentioned risk factors are significantly related to poor behavioral response in the adolescents' attempts to build defensive mechanisms that often times hidden leading to significant mental health problems (Black et al., 2015; Karol et al., 2015). Alternatively, these factors can work to promote resilience. Included below are reviews of literature examining how life event, family, community, and facility or school factors can influence resilience.

Life Event Factors

Based on Rutter's (1987, 1990) and other similar studies, it is clear that unexpected life events can pose psychological and emotional threats to how people respond to circumstances (Brookmeyer et al., 2006; Carroll, 2006; Edwall, 2012; Irby, 2001; Spaccarelli, Sandler, & Roosa, 1994; Wolfe et al., 2003). Following these numbers of studies, the National Self-Report Database noted that adolescents' poor life experiences impact behaviors compared to those not exposed to those experiences (Patricia & Nancy, 2000). Other similar studies proposed that an individual's environment and experiences can also become factors to either accept poor environmental dictates or become resilient. Bliststein (2005); McElliskem (2006); Huang, Tajima, and Whitney (2003); Van Breda (2001); and Children's Health Fund (2011) supported that adolescents ages 15-17 are more affected by the environmental dictates

than those aged 10-14. According to this study, the 15-17 year old adolescents exhibit

high-risk behaviors with little adjustment compared to 10-14 years old; however,

Bornstein et al. (2010), Carlson (2000), and Elliott (1994) reported that regardless of age,

high-risk choices can be observed in every age generated by the individual's experiences,

encouraged by negative influence to conform in one's personal life.

Family Factors

Chapter 1 of this study introduced that family values and dynamics can determine

a child's propensity towards aggressiveness or resilience. Thus, family dynamism in this

study is understood as those values agreed upon as a limited set of responses and

behavior expected of the whole in events that display characteristics and attitudes of the

entire membership. These values include relationships, emotion management,

communication, discipline and respect to the outer groups (Brookmeyer et al., 2005; De

Los Reyes et al., 2013; Kennedy & Minami, 1993; Myers et al., 1993). The relationship

ordained by family members teaches social responsibilities and expectations that not only

unify members through common beliefs, but also provide evidence of what makes them

different from others. In a family where this relationship is lacking, it demoralizes a child

and produce chaos that projects, individualized responses, isolation, lack of discipline and

social accountability (Carroll, 2006; Garthe et al., 2014; Gerard & Buehler, 1999;

Waldon et al., 2001).

A child growing in this family eventually exhibits poor matriculation in his/her

social environment. This modeling behavior occurs not only within the conventional

nuclear families, but also within extended families that are not interested in promoting

adolescent's mental health (Ungar, 2004). Flores et al. (2014) noted that recent studies have beginning to investigate the effects of domestic violence, community violence, divorce, child maltreatment and abuse to predict resilience processes. According to Flores et al., resilience depends on how individual child is raised and supported given the protective factors from the immediate family and extended family.

Rodgers and Rose (2002) also found that poor parental skills oftentimes resulted in adolescents' negative responses to external issues and poor cognition. Furthermore, family dynamics are linked to adolescents' attitude, defense mechanisms (Czarnetzki, 2003; Demo & Acock, 1996; Dishion & McMahon, 1998; Emery & Forehand, 1994), and certain regressive behaviors like eating and sleeping disorders, somatic complaints, emotional disorders, poor concentration, generalized anxiety and other psychopathology. Therefore, family dynamics paint a truer picture of a child's development than diagnosis of negative behavioral responses (Callie, 2003; Garthe et al., 2014).

Community Factors

Community relationships are necessary for development of resilience because negative influences can occur when there is a breakdown in family communication dynamics; as has been demonstrated, every child or adolescent needs adult support to develop resilient protective factors (Dondero, 1997; Wolkow & Ferguson, 2001). Rodgers and Rose (1994) clarified that these relationships are particularly lacking in families with single working parents. Without the presence of coaching adults or nuclear family, these minors are prone to negative environmental trauma. Thus, for instance, in a community where drugs and alcohol are the community culture, adolescents growing up

in that community can be quickly influenced to engage in similar behavior (Dietz et al., 2014; Zimmerson et al., 2002). Conversely, a number of studies found that the presence of coaching adults through sports involvement, community activities and volunteerism enhanced self-esteem, intelligence, problem solving, task orientation, achievements, respect for others, and goal actualization (De Los Reyes et al., 2013; Garthe et al., 2014; Grossman & Tierney, 1998; O'Donohue & Ferguson, 2006).

However, some have argued that the cause of poor behaviors is a combination of poor family dynamics and community violence. Olchowski, Foster, and Webster-Stratton (2007) found that there was no relationship between community factors in adolescents' manifestation of poor behaviors, depression, anxiety, and stress symptoms. Although certain emotional symptoms may exist regardless of community's morals, an individual may apply immediate family values to make choices and set personal goals (Jacobson & Mufson, 2010; Underwood et al., 2008). All the same, community mentorship and support have proved effective in the adolescents' decision making process. To this end, Stoiber and Good (1998) agreed that adolescents can derive resilience from community adult role modeling and mentorship to deter aggression as evidenced in Bronfrenbrenner's ecological systems (Thomas, Goodman, & Kundey, 2013).

Facility or School Factors

Another factor that may lead to the facility or school influencing resilience is the intervention available at a facility. Whether a child is enrolled in the public school or in an RTC, the environment can become the center for building behavior/emotional development (Olchowski et al., 2007). Although most RTCs are classified as therapeutic

boarding schools or emotional growth boarding schools (Bohensky & Maru, 2011; Gallant *& Lafreniere, 2003*), the system implements behavior modifications that provide structured routines with specialized supervision programs that facilitate therapy and educational formation to improve self-control (Callie, 2003; Howard & Johnson, 2000b). The system also provides a safe environment that helps adolescents develop a sense of purpose, goal achievement, sense of community, responsibility and emotional connectedness that impact moral values for social skills, college preparatory, problem-solving, social competence, and self-respect. Although resilience may not occur in the classroom alone, peer interaction during recreation has proven to increase sharing individual experiences, encouragement, self- discipline and efficacy for resilience building (Gableet al., 2004; Thomas et al., 2013). In sum, facility school system provides adolescents modeling behavior through staff members and positive peer interaction that encourage personal values and strength for goal attainment.

Grotberg (2010) noted that the most reliable predictors of resilience are not demographic, but rather the individual's internal locus of control. In spite of demographic differences, high-risk individuals that are unable to manifest resiliency may perceived their social environment as random and uncontrollable (Lanza & Taylor, 2010). Cultivating the sense of control over the environment among troubled adolescents may therefore increase resilience (Grotberg, 2010). However, the perception that an adolescent has over their self-efficacy in this area may be determined by demographic variables, although this aspect of the literature has not been examined. The following

section reviews what literature has been published regarding demographic factors and their influence on development of resilience.

Demographic Factors' Influence on Young Adults' Resilience Development

As yet, many studies on domestic violence experiences have only focused on risk behaviors and environmental factors regarding the development of resilience, rather than emphasizing demographic factors (Bondü & Krahé, 2014; Kelly, 2000; Tedeschi & Kilmer, 2005). Carlson (2004) suggested that in spite of adolescents' low resilience to external adversaries, not all adolescents from violent homes exhibit poor behavioral responses. These differential responses may be tied to demographic factors. Some demographic factors that researchers have determined may influence the development of resilience include age, gender, and ethnicity. Age, gender, and ethnicity variables may provide the asset-base to determine individual's experiences with resilience formation (Edleson et al., 2007; Edleson et al., 2008; Osthoff 2002).

Age and Resilience

Age is the duration of an organism or a thing between the beginnings of a being at any given time aiming at maturation (Bogat, Levendosky & von Eye, 2005). According to Löckenhoff, Reed, and Maresca (2012) and Olchowski et al. (2007), an individual's age is significant in research to determine how each individual may view child abuse/domestic violence. Studies related to the influence of age on the development of resilience have been fairly consistent in showing that the later an individual is exposed to a risk factor, or the earlier an intervention is made, the more likely it is that the individual will develop resilience (Ali et al., 2015; Garthe et al., 2014; Jan et al., 2015).

For example, Ali et al. (2015) determined that children who were exposed to domestic violence early have lesser chance to acquire resilience compared to those who were totally removed from the violent environment early on in their lives. On the other hand, Garthe et al. (2014) determined through logistical regression analysis of 132 children living in a foster care family who had once been exposed to domestic violence that resilience could be maximized when early interventions were made (Garthe et al., 2014). Garthe et al. concluded that children that were removed from violent environment early met criteria for resilience when compared to a population of children who were left in a violent environment unattended

Another retrospective study conducted by Jan et al. (2015) focused on 122 adult male and females who were exposed to community violence, family violence and abuse as children. Jan et al. used logistical regression analysis to analyze the data, and found that children exposed to aggression in their early age were almost twice as likely to engage in aggression and poor behaviors and were less likely to evidence resilience. Jan et al. further determined that because these children had no supportive system, and lived in a harsh environment without early removal, they developed ego-resiliency and ego-control and defensive mechanism as the best emotional attachment options to meet their daily survival needs. However, research on the influence of age on the development of resilience remains sparse, and requires further validation. Another demographic variable that may have a relation to the development of resilience is gender.

Gender and Resilience

Many studies have reported that gender has significant effects on a child's coping skills (Bornstein et al., 2010). For instance, Dadds, Atkinson, Turner, Blums, and Lendich (1999) used neurological development to propose that adolescent males may respond differently compare to female counterparts of the same culture. Regarding males' coping mechanisms, Dietz et al. (2014) reported that adolescent males and females function differently when it comes to environmental difficulties, including their temperament and instinct acquired through family or nuclear family cultural values and tradition dynamics. Specifically, Dietz et al. found that adolescent males tend to make more use of adaptive coping skills than were females. According to the study, when males become overwhelmed, their awareness of the problem becomes evident in their mind and they are ready for a fight (emotionally and physically), thus they tend to cope by externalizing their ego-control and become focused and directive in their actions (Dietz et al., 2014). At same time, adolescent males can become distracted at the pressure of the militating event and can become self-instructors by taking initiatives to calm themselves down and develop a sense of wholeness and dominance with a strategic avenue to extricate themselves from the presented problem (Dietz et al., 2014). Jacobson and Mufson (2010) conducted a similar study with 120 male adolescents to investigate gender differences in community violence responses. The regression method apropos to this study found that adolescent males have more aggressive instinct for self defense and are more likely to fight only when it is beneficial to their masculine ego-dominance (Jacobson & Mufson, 2010).

Adolescent females have different ways to cope with their environmental militating forces, including seeking immediate help for support and using community social resources as sustaining system to achieve redemption (Black et al., 2015). While adolescent male chose to use physical recreational activities and aggressive reactions such as sport and fighting to cope with environmental adversities, adolescent females tend to seek more support from the community and friends than males (Black et al., 2015). Although these differences in coping mechanisms have been demonstrated, review of the literature revealed no studies that examined the influence of gender on the development of resilience. Thus, gender was included as a variable in the proposed study.

Ethnicity and Resilience

The most commonly studied demographic variable that may influence resilience is ethnicity. Although Kegler et al. (2011) reported that in spite of cultural norms no single culture is superior to other culture; studies have confirmed that African American and Hispanic youths have improved strategies for developing resilience than do Caucasian youth (Holland & Gill, 2010; McKnown-Johnson, & Rhodes 2013; Zautra et al., 2010). For instance, African-American adolescents are reported to have a driven instinct for resilience through enhancing interpersonal skills and self-confidence toward goal attainment with the presence of community member adult role models in connection with community norm (Zautra et al., 2010).

Alternatively, cultural and ethnic factors may exacerbate or influence the role of gender in resilience development, depending on the agency assigned to women among the specific group with which the adolescent identifies (Compton, 2010).

Grotberg (2010) examined the role of ethnicity in adolescent resilience in other countries, using the International Resilience Research Project to investigate what made some adolescents resilient despite harsh ethnic expectations. The analyses included 1,200 families from 22 countries in 27 sites with children 12-17 years of age to report their findings. The study identified that there are some cultural/ethnic differences in development apropos to adolescent resilience formation. Twenty-two different countries were investigated, and the results indicated that ethnicity plays a significant role in an individual's response to social issues. However, these findings were questioned by some scholars, who argued that the studies' insufficient data between ethnic groups and similarities pose problems for their conclusion (Daining, 2011). Additional studies also examined the impacts of ethnicity, age, life style, life events, and biological make-up as factors for resilience formation (Mowder et al., 2010; Zimmerman & Arunkumar, 1994).

Gender Issues and Young Adults' Resiliency

Prior studies reported that gender issue on resilience has significant effect on adolescents coping strategies (Daining, 2011; Grotberg, 2010). Coping strategies in this context can be categorized into two identifiable types such as: maladaptive and adaptive strategies (Bornstein et al., 2010). Male young adults tend to exercise their masculinity to address their emotional issues and are more likely to make more use of adaptive coping strategies that focus on the immediate problem solving than their female counter parts. On the same note, male strategies are externalized and more often exercise a direct action that includes but not limited to distractive and positive self-instruction momentum to manipulate their internal locus of control (Holland & Gill, 2010; McKnown-Johnson &

Rhodes 2013; Zautra et al., 2010). Recent studies also show that males are easily to rush into resolving issues than taking the time to think about their actions. On the other hand they act before they think which in most cases ends up in legal consequences unlike their female gender. On the same study, the authors reported that there is evidence that proves that girls cope with daily stressors more than their male counterparts by seeking social support, meeting coaches with whom they can confined on to express their concerns and are more likely than males to utilize social resources within their reach to cope with issues (Frydenberg & Lewis, 1993). The conclusion of the differences between genders submitted that young adult males unlike their female counterparts are more likely to use physical recreation such as sports, yelling, punching whole on the wall, high breathing techniques to cope with adversity (Frydenberg & Lewis, 1993).

In spite being under stress, young adult females have been found to use resilience factors such as using emotional techniques such as crying, befriending other strong peers to seek emotional support more often than boys (Daining, 2011; Grotberg, 2010). More also, in another study surveys were administered to 1,109 male and 1163 young adults females ($N = 2492$) in 2004 to assess self-perception of resilience and associated protective factors. Female young adults are found to be more likely to report self-expression, empathy, personal issues, help-seeking, and goals oriented for future and aspirations. However, this study did not report cultural implication that may present in their conclusion. The studies mentioned above focused on young adults, however few studies have examined age and gender differences in resilience in treatment facilities in the United States.

In the current study, the effects of gender, ethnicity, and age on young adults' resilience were examined and reported. The gender differences in individual young adults' characteristics and protective factors deserve further investigation, in view of their potential implications considering also cultural differences for mental health prevention and adaptation to problem solving skills (Danquah et al., 2010; Flores et al., 2014; Mowder et al., 2010).

Resilience and Age Among Young Adults

Age is the duration of an organism between the beginning of a being and a given time (Bogat, Levendosky, & von Eye, 2005). Social psychologists have considered age a process of development to which individuals respond differently. For instance, Dadds et al. (1999) used neurological development to propose that young adult males respond differently compare female counterparts of the same culture (Alvord & Grados, 2005) based on age, attitude, maturity and body language. As each gender matures through biopsychosocial neuroendocrine responses associated with different ages, young adult's thought process, behaviors and lifestyle continue to struggle to form and to conform to cultural norms and society's expectations, that could become struggles for transitional process to adulthood (Rutter, Pickles, Murray, & Eaves, 2001). Females tend to show significant maturity than males; however, upon victimization, females may begin to regress in thought process in spite of age (Danquah et al., 2010; Flores et al., 2014).

In male young adults on the other hand, in spite of age male may use aggression to display show defiant attitude. Male young adults always and often respond to life

struggles and threats with caution but at the same time try to communicate that they are

matured enough to take care of themselves while they still lack sense of self-identity.

Often time both male and female young adults may utilize their age as methods to push

people away and therefore refusing help from a role model coach. This response

however, is indication of their life experiences that allowed them to grow over time

suggesting they know it all (Carlson, 2003; Kelly, 2000; Vitopoulos, Peterson-Badali &

Skilling, 2012). In sum, age significantly influences behavior and can be used to address

resiliency formation in therapeutic setting. As yet, though, many studies on young adults'

domestic violence experiences have only focused on risk behaviors, rather than

emphasizing age demographics considering also cultural implication (Kelly, 2000;

Tedeschi & Kilmer, 2005).

   The influence of culture on resilience in general. One element that may explain

the influence that ethnicity could have on resilience is cultural differences in raising

children (Danquah et al., 2010; Flores et al., 2014). Although little has been said about

cultural implications on young adults' resilience, Kliewer and Murrelle (2007) and

Starzomski and Nussbaum (2000) noted that regardless of ethnic differences,

adolescents' risk reduction can be fostered by utilizing community norms common to

adolescents for risk minimization (Masten, 2009). Resilience and cultural differences

have been advocated within the field of social work, counseling, and psychology to

understand the individual client's internal locus of control (Jaffe, 1998). Similarly,

Danquah et al. (2010) used predictive regression analysis and determined that several

factors influenced the development of resilience at different ages, including family

dynamics, development functions, number of people in the family, personal resources, and relationship to each family member as predicting factor for resiliency in the child.

Damant et al. (2010), Daining (2011), and Grotberg (2010) confirmed that different cultures have different ways of responding to adversity. For instance, Daining et al. (2011) insisted that Hispanic adolescents have a higher sense of self-control in adversity compare to other cultures. This trait suggests that Hispanic adolescents who in contact with their community norms have higher self-worth and resilience. Furthermore, Kliewer and Murrelle (2007) found that African American and Hispanic teens living in a supportive community developed a strong bound and sense of cultural pride to associate within the community. Ungar, Shorey, Cornelius, and Bell (2008) reviewed a number of studies examining the influence of race, cultural values and individual tradition in predicting resiliency among African Americans, Hispanic and Caucasians. Ungar et al. concluded that racial identity buffered against the influence of stress and led African American, Hispanic and Caucasians youth to competently address adversity within their environments.

Phinney (1996) indicated that limitations in most studies, especially those that may not have appropriate knowledge of the society and culture, adversely affected the definition of the cultural differences between socio-cultural groups. Thus, generalizing different cultural variables into one component (a unit of analysis) is misleading compared to specific discussions about whether a particular cultural/ethnic group perceives itself as an individualistic community or as a collective community. Phinney (1996) argued that adequate ethnic knowledge between cultural groups may provide a

detailed determination whether one culture is more independent— that is, culturally separated from family affiliations or more prone to self-acquisition than generosity, or perceives self-fulfillment as more important than interpersonal harmony (Daining, 2011; Grotberg, 2010). In most countries where researchers disregard the differences between ethnic groups, assumptions about universality can become a problem as a unit of analysis rather than the differences along which individuals and groups and how they vary from each other (Grotberg, 1995; Phinney, 1996). Thus, the present study attempted to avoid universalizing assumptions about culture, despite using ethnicity as a demographic variable in the potential model.

<div align="center">Domestic Violence and Resilience</div>

Previous researchers primarily suggested that domestic violence has negative cognitive, emotional, and behavioral and social effects for individuals (Job et al., 2012; Löckenhoff et al., 2012; Sorbello et al., 2012; Williams & Steinberg, 2011). Regarding resilience, researchers have turned their focus to asset-based evidence, which suggests that prior experiences may have provided young adults with protective factors that allowed them to maintain resilience despite adversity (Damant et al., 2010; DeForge et al., 2005; D'Imperio et al., 2000; Resnick et al., 1997; Rutter, 1985). However, review of the research revealed no discussion of a predictive model of resilience among young adults. The experiences with domestic violence may have influenced the resilience development of young adults (Anderson et al., 2012; Kassis et al., 2013), and demographic factors may similarly influence the results.

Some research suggested that domestic violence might promote resilience, acting as a protective factor against further negative influences. Anderson et al. (2012) conducted a mixed methods study of 37 women who had previously been in a domestic violence relationship. Anderson et al. assessed whether psychological, sexual, and physical abuse influenced posttraumatic stress disorder and resilience. Results of Pearson correlations suggested that earlier exposure to abuse correlated with increased posttraumatic stress symptoms, and higher education levels correlated with decreased posttraumatic stress. On a range of 0—100, participants in the sample had a high average resilience score (74.97), and higher scores in resilience correlated with lesser posttraumatic stress symptoms. Thus, Anderson et al.'s results suggested that a strengths-based view of domestic violence victims might emphasize resilience as a correlation with domestic violence exposure.

Alternatively, exposure to domestic violence might reduce resilience. Among a sample of middle-school students from Austria, Germany, Slovenia, and Spain ($N =$ 5,149), Kassis et al. (2013) determined through multiple linear regression that negative experiences, such as domestic violence, poor parenting, and alcohol and drug abuse, reduced resilience to domestic violence. Related to the present study, Kassis et al. found that structural variables, including gender and socioeconomic status, did not influence resilience development. However, Kassis et al.'s findings contradicted a significant body of literature regarding demographics' influence on resilience, including age (Ali et al., 2015; Garthe et al., 2014; Jan et al., 2015); gender (Black et al., 2015; Dietz et al., 2014); and ethnicity (Danquah et al., 2010; Flores et al., 2014; Holland & Gill, 2010;

McKnown-Johnson & Rhodes, 2013; Zautra et al., 2010). In fact, in a follow up analysis

on the same data, Kassis et al. (2015) determined that reliable gender differences existed

in protective and risk factors between the genders. Additionally, Kassis et al. determined

that modifying the home environment could influence resilience status within the sample.

Together, the findings of these studies suggested that additional research should be

conducted on demographics, domestic violence, and resilience.

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

In summary, studies have found that a variety of factors contribute to

development of low or high resilience (Callie, 2003; Gableet al., 2004; Garmezy, 1994).

Understanding resilience within adolescent mental health treatment facilities is important,

as risk factors among adolescents increase rates of self-harming tendencies, anger and

frustrations, fighting, alcohol and drug abuse, juvenile delinquency issues, suicide,

depression, and spending time in juvenile detention/treatment facilities (Beam et al.,

2012; Plancherel & Bolognini, 2012; Storksen et al., 2010). Identifying factors that could

predict resilience within this population could help practitioners to develop targeted

treatments for addressing the influence of protective factors, or addressing factors which

negatively predicted resilience. As yet, the research was limited with regards to predictive

models for resilience among young adults. The lacking investigation of the predictive

value of demographic variables and domestic violence on resilience constituted a

significant gap in the literature.

Demographic factors that might influence resilience development included age

(Ali et al., 2015; Garthe et al., 2014; Jan et al., 2015); gender (Black et al., 2015; Dietz et

al., 2014); and ethnicity (Danquah et al., 2010; Flores et al., 2014; Holland & Gill, 2010; McKnown-Johnson et al., 2013; Zautra et al., 2010). Extensive research revealed one study that contradicted the suggested influence of demographic influences on resilience (Kassis et al., 2013), but the researchers had focused on adolescents who remained in the domestic violence situation, and explored only gender, socioeconomic status, and migration status. Still, the research was lacking in developing the predictive value of these demographic variables in resilience development, particularly with regards to age and gender. These predictive factors are worthy of consideration in future study to explore resilience. Additionally, factors within the mesosystem related to domestic violence, such as exposure to domestic violence, individual emotional and physical abilities, types of domestic violence exposure, and frequency of domestic violence exposure might also influence resilience development.

The research regarding the influence of domestic violence on resilience was conflicted. In a sample of women exposed to domestic violence, Anderson et al. (2012) demonstrated that resilience within domestic violence survivors was high. Conversely, Kassis et al. (2013) determined that negative family experiences, including domestic violence, negatively predicted resilience within a population of adolescents who remained in the domestic violence situation. In the proposed study, a sample of young adults was studied. These young adults were pulled from the BBBS organization. Given the contested nature of resilience among domestic violence victims, it is essential to further understand the predictive value of domestic violence for resilience within this particular population.

Based on the gaps in the literature, it was unclear whether age, gender, ethnicity, exposure to domestic violence, individual emotional and physical abilities, types of domestic violence exposure, and frequency of domestic violence exposure predicted resilience among young adults. The purpose of this quantitative study was to examine whether domestic violence, age, gender, ethnicity, individual emotional and physical abilities, types of domestic violence exposure, and frequency of domestic violence exposure can adequately predict resilience among young adults in the Midsouth region of the United States. In Chapter 3 of this study, I will explore the methodology used to pursue this purpose.

Chapter 3: Research Method

Introduction

The purpose of this quantitative study was to explore whether the predictor variables of domestic violence, age, gender, ethnicity, individual emotional abilities, individual physical abilities, types of domestic violence exposure, and frequency of domestic violence exposure can adequately predict resilience among young adults in the Midsouth region of the United States. I measured the predictor variable, domestic violence, using the CEDV scale; I measured the criterion variable, resilience, with the Resilience Scale. I investigated the following research question: Do domestic violence, age, gender, ethnicity, individual emotional and physical abilities, types of domestic violence exposure, and frequency of domestic violence exposure, when in linear combination, significantly predicts resilience as measured by the Resilience Scale among young adults in the Midsouth region of the United States?

In this chapter, I address three main topics, which include (a) the research design and rationale, (b) the methodology, (c) and the threats to validity. In the research design and rationale section, I identify the variables, identify how the design is connected to the research question, explain the time and resource constraints, and show how the design aligns with existing knowledge in the discipline. The methodology section includes the population (including the sample size), recruitment procedures, participation, data collection, and the instrumentation and operationalization of constructs. In the validity section, I address the applicable internal, external, and statistical conclusion threats in the

study. I also address the ethical concerns. Finally, this chapter concludes with a concise summary, which is a reiteration of the major components of this chapter.

Research Design and Rationale

I grounded this study in a postpositivist worldview; I employed a quantitative approach to address the research question. This study qualified for the postpositivist approach because I tested an extant theory by examining the relationships between variables (Creswell, 2009; Pang, 2010a, 2010b). I used psychometrically sound instruments that yielded numbered data suitable for statistical analysis to measure the variables and constructs in this study. I determined the aforementioned criteria fit a quantitative paradigm as defined by Creswell (2009). Furthermore, quantitative inquiry is nomothetic becuase quantitative researchers apply and infer their findings in an abstract and global manner (Boydell & Ferguson, 2012; Smith, Flowers, & Larkin, 2009). In this study, I collected and analyzed data from a group of individuals and generalized the findings to a much broader population (the midsouthern United States). I analyzed the effect the independent variables (age, gender, ethnicity, individual emotional and physical abilities, types of domestic violence exposure, and frequency of domestic violence exposure) had on the dependent variable (resilience).

The qualitative approach was not appropriate for this study. Qualitative studies are idiographic in nature becuase researchers use this approach to gain individual perspectives of specific phenomena (Creswell, 2009; Pang, 2010a, 2010b). Furthermore, researchers do not collect qualitative data using psychometrically sound instruments; variables are not components of this inquiry methodology (Creswell, 2009). The

quantitative approach was appropriate for the purpose of this study, in which I aimed to understand the nomothetic relationships between variables. To examine the relationships between the independent and dependent variables, I employed step-wise multiple linear regression.

Methodology

Population

The population of interest were young adults, between the ages of 18 and 25. This study took place in the BBBS community organization in southwest Texas. Specifically, the participants in this study were mentees participating in BBBS. The BBBS organization provides mentoring services to children and young adults to help them succeed (Herrera, Grossman, Kauh, & McMaken, 2011). This program accepts children and young adults ages 10–26 from the general population (Herrera, et al), although this study only included young adults who were between 18–25.

Sampling and Sampling Procedures

I chose convenience sampling as the sampling method for this study. Convenience sampling is appropriate when it is not feasible to collect a random sample from the entire population of interest (Creswell, 2009). Because not all members of the population had an equal chance of selection for the study, the study sample was a convenience sample. In this study, I used a sample of 118 participants, who were all young adults between the ages of 18–25. Participants in this study included men and women who were ethnically diverse (i.e., African American, Hispanic, and Caucasian). Also, participants had to affirm they could read at a fifth grade reading level.

To determine an appropriate sample size for the study, I conducted a power analysis using G*Power software (see Faul, Erdfelder, Buchner, & Lang, 2014). I conducted an a priori power analysis for a multliple linear regression with 10 predictor variables; I used a medium effect size (f^2 = .15), an alpha level of .05, and a power level of .80. The results indicated a minumum sample size of 118 participants to achieve empirical validity. Increasing the sample size to 172 (assuming a medium effect size and alpha level of .05) increased the power level to .95. Power refers to the probability of correctly rejecting the null hypothesis (Creswell, 2009). In most disciplines, a generally accepted power level is .80 and as the sample size increases, power also increases (Creswell, 2009). Therefore, I sought between 118 and 172 participants for this study (see Figure 1).
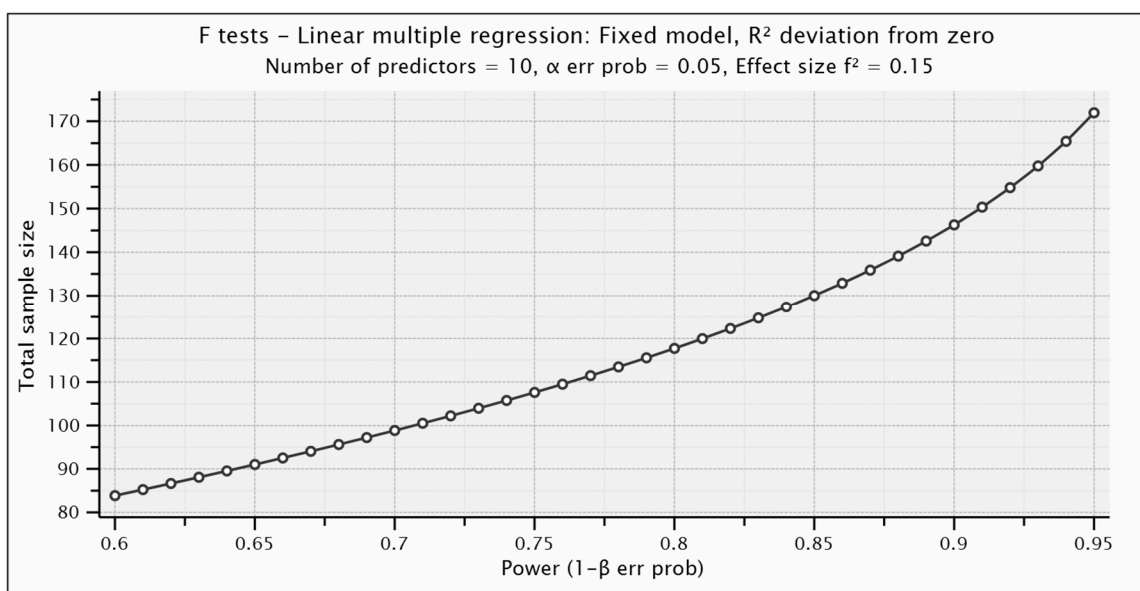
Figure 1. Power analysis for linear regression with six predictors, an alpha level of .05, and medium effect size, as a function of sample size.

Recruiting Participants and Data Collection

To begin, I secured Walden Institutional Review Board (IRB) approval to conduct the study using the standards and procedures set forth by Walden University. The initial research step entailed contacting the director at the BBBS community center study site via phone calls and face-to-face meetings. The purpose of this initial contact was to (a) introduce the study; (b) discuss the possibility of recruiting persons within the organization to participate in the study; and (c) gain an understanding of this community organization's policies, which I had to follow. The initial contact allowed me to provide the community center director with information on the purpose and procedures of the study. Then, I familiarized myself with the community center requirements regarding ethical precautions. I wrote a letter of agreement for the organization stipulating the nature of the research, which granted me permission to recruit potential participants and conduct survey-based research in the community center. The form had spaces for signatures and dates from the community center's director and me.

To recruit participants from the community center, I worked with the directors to identify and arrange an appropriate method and time for me to distribute a recruitment flyer (see Appendix A). The BBBS community organization's policy did not permit posting flyers in the building, so I identified other arrangements. Specifically, I attended one of the community center's meetings to present information about the study. The flyer included an invitation to attend an optional information meeting and to contact me so I could explain the research and answer any questions.

The community center directors approved times and places for me to conduct the optional initial information meetings. No designated representatives were required to conduct the meetings. At the information meetings, I distributed and explained the informed consent form (see Appendix B). If the attendees elected to participate, I asked them to read and sign the document at their leisure. I asked them to bring the form with them when they came to the scheduled data collection meeting.

I scheduled a suitable date, time, and location to conduct the survey collection after securing the necessary approvals. At this meeting, I collected the informed consent form, administered the Resiliency Scale (see Appendix B), and administered the CEDV (see Appendix C). I greeted participants as they arrived, collected each participant's informed consent form, and issued them an identification number. Blank copies of the consent form were also available if a participant arrived without a signed form or did not attend the initial information meeting. Individuals who were not willing to sign a consent form were not allowed to participate in the study.

I began data collection by welcoming the participants, briefly explaining the research study, and explaining my expectations for the participants. I reminded the participants the information they provided would be held in confidence: their personal identity and answers would not be linked together and they would not be reported individually. The participants could withdraw from the study at any point without repercussions. Following the verbal instructions, when I specifically asked the participants not to write their names on the two instruments, I distributed the instruments. Only I administered the instruments; no organization staff participated. The community

center had private rooms and had access to an auditorium where most of the

organization's events take place. The data collection did not interfere with any scheduled

activities because each participant had his or her BBBS meetings outside the

organization's general program, which is open to the public residing within the county.

The BBBS community center's policy stipulated the staff members were not allowed to

help in any way during the data collection. It was my sole responsibility to administer the

surveys, collect the data, and store the data securely.

I told the participants to turn their documents face down and leave them on the

table when they completed the survey. I personally thanked each participant as they left

the room. After all instruments were completed, I collected and placed these items in a

sealed envelope and stored the data in a locked file cabinet, accessible only to me prior

to, during, and after data analysis. I ensured confidentiality by using only the participants'

identification numbers instead of their names.

Informed Consent

I informed the individuals participating in this study that participation was strictly

voluntary. As previously noted, I used an informed consent form (see Appendix B) to

adhere to this requirement. Before attending a scheduled meeting to administer the

sruvey, I provided the participants with a copy of the written informed consent form at

one of two preliminary informational meetings. After an individual contacted me and

stated their desire to participate in the research but did not attend one of the meetings, I

provided them with a copy of the informed consent form via the U.S. Mail. Blank forms

were available on the day I collected data. I required participant signatures prior to a participant's participation in the study.

The informed consent form specified the study was voluntary and participants were free to withdraw at any time. The consent document also included background information about the study and how long the questionnaire and instrument would take to complete. Potential participants were informed of the risks and benefits of the study. My contact information was available if they had any questions about the study.

Instrumentation and Operationalization of Constructs

Children Exposed to Domestic Violence

In this study, I used the CEDV to assess young adults exposed to domestic violence as children living in America (Edleson et al., 2007; Margolin & Gordis, 2000; Tilton-Weaver, 2014). The CEDV is a self-administered instrument designed to collect data on childhood domestic violence experiences. Children and adults can complete the instrument (e.g., Makhubela, 2012). Specifically, Makhubela (2012) used the CEDV on a sample of adolescents and young adults, including undergraduate students ages 18–20. The authors who created this tool intended to gather an understanding of young adults' exposure to domestic violence and their ability to set goals for future functioning. I obtained permission to use the instrument from the authors. This survey appears in Appendix D.

The CEDV authors identified local domestic violence shelter organizations that provide services to women and children who have been domestically abused. The authors gave presentations to key staff members at each agency, inviting them to participate in

the scale development project. As a result, four organizations representing five domestic

violence shelters for battered women and children were invited to participate in the

research. Individual agency staff members were asked to identify the guardians of

potential participants. The potential participants were children between 10 and 17 years

of age residing at the community shelter. This designation constituted domestic violence

presence in the home from which these children were coping (Delaney-Black, Covington,

& Sokol, 2006; Mowder, Cummings, & McKinney, 2010; Prince-Embury & Steer,

2010). Three psychometricians and facilities officials examined interrelated themes from

the domestic violence perspective and concluded the results were accurate in terms of age

and situations that were appropriate for the study constructs (Kernic, Monary-Erensdorff,

Koepsell, & Holt, 2005; Kumar, Steer, & Gulab, 2010).

In this study, coefficients measured by Cronbach's alpha demonstrated a strong

relative internal consistency between $\alpha = .74$ and $\alpha = .76$. The results indicate high

reliability to establish a strong test-retest reliability ($r = .67$) with interrater reliability

results ($r = .81$) among children's exposure to domestic violence (Richters & Martinez,

1990; Van Wyk, 2011). This exposure affected behavior, school performance, and future

functioning (Delaney-Black, Covington, & Sokol, 2006; Richter & Martinez, 1993).

Researchers have also demonstrated the reliability of the CEDV using a sample of

adolescents and young adults (including individuals as old as 20 years) with a Cronbach's

alpha of .85.

In this section, validity refers to a tool's ability to accurately measure what it

purports to measure. Four residential treatment organizations, representing five domestic

violence exposure shelters were recruited to participate in the study to accurately obtain the resilience constructs (Edleson, Shin, & Johnson, 2007; Hopf, 2010; Kernic, Monary-Erensdorff, Koepsell, & Holt, 2005; Leong & Austin, 2006; Pallant, 2009). Participants from these shelters consisted of 65 children and adolescents. Among those recruited were children between the ages of 10 and 16 years old. I gave the guardians of the children a list detailing the instructions, expectations, confidentiality, risks, benefits, and purpose of the study (Edleson et al., 2007; Kleinman, Adams, Kashdan, & Riskind, 2013).

The CEDV consists of six subscales that measure: violence, exposure to violence at home, exposure to violence in the community, involvement in violence, risk factors, and other victimization (see Appendix C). I used the exposure to violence at home subscale to measure the overall level of domestic violence. Specifically, this subscale represented the theoretical implications of a microsystem, representing family violence. I used the violence subscale to measure the frequency of domestic violence exposure. I used the exposure to violence in the community subscale to measure types of violence exposure. Finally, I used the other victimization subscale to measure emotional and physical abilities.

The exposure to violence at home subscale is comprised of Questions 1–10 on the CEDV. Each item has two parts. The first part requires a yes or no response. If the individual answered "no", I moved to the next question. If the individual answered "yes", I addressed the second part of the question by selecting as many of the five choices available. A total score is derived by summing the total number of choices selected on the second part of Questions 1–10. The total score can range from 0–50. Higher scores

indicate a higher level of exposure to violence in the home. This scale yielded a quantitative score, or interval data. An example question from the scale is, "How often has your mom's partner hurt, or tried to hurt, a pet in your home on purpose?"

Demographic Information

Embedded within Part III of the CEDV instrument (Items 38–40; Appendix C) are three items measuring the demographic variables of participants. Specifically, the items ask the participants their age, gender, and ethnicity. This information serves as potential predictor variables.

Resilience Scale

The Resilience Scale is a 25-item Likert scale instrument that measures resilience, the dependent variable in this study. The resilience measures five characteristics of resilience: self-reliance, purposeful life, equanimity, perseverance, and existential aloneness. Wagnild and Young (1991) derived these five invariant essences from a qualitative inquiry. The purpose of their study was to explore resilience through two targeted populations: women who successfully moved on with their lives after a significant loss (i.e., loss of spouse, health, or employment) and women whose spouses suffered from Alzheimer's' disease. I obtained permission to use the instrument from the authors. The instrument is in Appendix D.

Internal consistency reliability coefficients, measured by Cronbach's alpha, have ranged from .85 to .95 across a diverse sample. Examples include: healthy adults (.92), a depressed population (.92), sheltered battered women (.94), mothers with pre-school children (.85), elderly Korean Women (.95), and military wives (.86; Humphreys, 2003;

Lee et al., 2007; Monteith & Ford-Gilboe, 2002; Schachman, Lee, & Lederman, 2004;

Wagnild, 2009; Wagnild & Young, 1993)

Validity refers to the ability of a measurement to accurately measure what it

purports to measure (Wagnild, 2009). As mentioned earlier, reserachers developed the

Resilience Scale from themes derived from a qualitative study (Wagnild & Young, 1993).

The researchers identified five interrelated components that constituted resilience. Two

psychometricians and nurse practitioners reviewed the interrelated themes and

determined the instrument accurately depicted resilience constructs.

Convergent validity refers to the degree of correlation between measures of the

same trait. Convergent validity exists if the observed correlation coefficients are high.

Conversely, discriminant validity refers to the degree in which two measures differ in

measuring a specific trait. Discriminant validity exists when the a reasearcher observes

low correlation coefficients. To assess convergent and discriminant validity, I used items

from the Health Promoting Lifestyle Profile (HPLP), a psychometrically sound

assessment of health promoting behaviors. The HPLP has six subscales: stress

management, health responsibility, nutrition, exercise, self-actualization, and

interpersonal support. I used a sample of 776 middle-aged to older adults in the analyses.

I expected higher correlations (convergent validity) between the Resilience Scale

responses and the corresponding HPLP domains. I expected lower correlations between

Resilience Scale domains, and the exercise and nutrition domains of the HPLP. The

analyses supported acceptable convergent and discriminant properties. Table 1 depicts

the results of these analyses.

Table 1

Correlation Coefficients between the RS and HPLP Domains

Scale	Self-Actualization	Health Responsibility	Nutrition	Exercise	Inter-Personal Support	Stress Management
RS	0.62	0.37	0.33	0.26	0.49	0.46

Concurrent validity refers to the degree to which scores on a new measure (i.e., Reslience Scale) are related to scores from a criterion measure administered at the same time. I assessed concurrent validity using the Life Satisfaction Survey, the Philadelphia Geriatric Center Morale Scale, and the Beck Depression Inventory. I hypothesized a positive correlation would be found between the Resliency Scale, Life Satisfaction Survey, and the Philadelphia Geriatric Center Morale Scale. I hypothesized a negative correlation would be found between the Resliency Scale and the Beck Depression Inventory. These hypotheses were supported. Table 2 depicts the correlation coefficients of these analyses.

Table 2

Correlation Coefficients

	Life Satisfaction	Morale	Depression
Resilience Scale	0.37	0.32	-0.41

For each item, the participants used a 7-point Likert scale, ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Summing the scores for each of the 25-item responses derives a total score, or interval data. The total score can range from 25–175.

Higher scores indicate a higher level of resilience. All items were worded positively, therefore, there was no reverse scoring of any items. An example item on the instrument was, "I usually take things in stride."

Data Analysis Plan

I entered and analyzed data using SPSS version 22 (IBM, 2012). First, I screened the data for missing values. I removed any participants who did not complete the entire demographic questionnaire and research instrument. Likewise, I examined the demographic and instrument calculated scores for outliers. When I identified an outlier, I removed it. For the purposes of this study, I defined outliers as values larger than 3.29 standard deviations from the mean (Stevens, 2009).

After cleaning the data, I conducted the analysis using multiple linear regression to pursue the previously stated research question and associated hypotheses:

Research Question: Do domestic violence, age, gender, ethnicity, individual emotional and physical abilities, types of domestic violence exposure, and frequency of domestic violence exposure, when in linear combination, significantly predicts resilience, as measured by the Resilience Scale among young adults in the Midsouth region of the United States?

Null Hypothesis (H_0): Domestic violence, age, gender, ethnicity, individual emotional and physical abilities, types of domestic violence exposure, and frequency of domestic violence exposure, when in linear combination do not significantly predict resilience, as measured by the Resilience Scale among young adults in the Midsouth region of the United States.

Alternative Hypothesis (H_1): Domestic violence, age, gender, ethnicity, individual emotional and physical abilities, types of domestic violence exposure, and frequency of domestic violence exposure, when in linear combination significantly predicts resilience, as measured by the Resilience Scale among young adults in the Midsouth region of the United States.

I conducted stepwise multiple linear regression to test the null hypothesis and answer the research question and hypothesis. Because I wanted to predict a quantitative outcome variable, multiple linear regression was appropriate (Creswell, 2009; Oransky, Hahn, & Stover, 2013). Resilience was based on a set of ten predictor variables: domestic violence experienced at home, gender, age, three categories of ethnicity, emotional abilities, physical abilities, types of domestic violence exposure, and frequency of domestic violence exposure. I considered a factorial ANOVA, but I determined it would be an inappropriate technique for developing exploratory predictive models.

The resiliency scale, the CEDV, and age yield participant data on an interval, or a continuous, level of measurement. Gender and ethnicity are categorical, or nominal, variables. To use these two variables as predictors, I transformed them into dummy variables suitable for use in multiple linear regression. Gender was a dichotomous variable, coded as 0 (male), and 1 (female). The ethnicity variable consisted of four ethnic groups or categories: African American, Caucasian, Hispanic, and other. Table 3 presents how I coded the dummy variables for ethnicity.

Table 3

Dummy Coding for the Ethnicity Variable

	Dummy Variable 1	Dummy Variable 2	Dummy Variable 3
African American	0	0	0
Hispanic	1	0	0
White	0	1	0
Other	0	0	1

I used stepwise multiple linear regression. The stepwise method accounts for all the independent (predictor) variables to determine the best final predictive equation. I entered variables into the model one at a time, starting with the variable with the most-predictive power (highest correlation). I added or subtracted subsequent variables from the equation. This entering-or-removing process continued until I entered or discarded all the potential predictor variables, resulting in the optimum prediction equation based on R, multiple correlation. I evaluated variables based on what each added to the prediction of the dependent variable that was different from the predictability provided by the other predictors (Tabachnick & Fidell, 2012). I used the default values in SPSS for entry ($p = .05$) and removal ($p = .10$). I used the F test to assess whether the resting set of independent variables collectively predicted the dependent variable. After each step in the regression analysis, I examined the R^2, the multiple coefficient of determination, to assess the additional predictive power each additional variable added to the model. I reported the final R^2 value and used to to indicate how much variance in the dependent variable was accounted for by the set of independent variables. I included a t-test in the analysis to determine the significance of each predictor variable's beta coefficients.

I assessed the assumptions underlying multiple linear regression: linearity, homoscedasticity and absence of multicollinearity. I explain this in detail in Chapter 4. Linearity refers to the existence of a straight line relationship between the predictor variables and the criterion variable. Homoscedasticity refers to the idea that scores are normally distributed around the regression line. I assessed linearity and homoscedasticity by examining scatter plots. The absence of multicollinearity means the predictor variables are not strongly related to one another, which I assessed using variance inflation factors (VIF). If a VIF value is greater than 10, this finding indicates multicollinearity (Stevens, 2009).

Threats to Validity

External Validity

In this research, I studied a defined population; therefore, the results of this study may not be generalized to other populations within or outside the target organization. However, the results can provide baseline data for future research. Results from this study may allow speculative inferences for other similar organizations, but such inferences must be viewed as tentative. Future findings must be validated through appropriate research protocols.

It is conceivable that the findings from this study may carry unintended weight. It was my responsibility to exercise caution when reporting findings or making evaluative statements about the results. In addition to answering the stated research question, I also considered the social, political, and human implications of this study when I reported the findings. Furthermore, accepted professional ethical principles, such as those set forth by

the American Psychological Association (2010), guided but did not restrict my right to view and use the appropriate reporting standards in the best interests of my conscience and for the benefit of the scientific community.

Internal Validity

  Statistical conclusion validity. Threats to statistical conclusion validity constitute conditions that impair the likelihood of accuracy in detecting an empirical relationship (Leong & Austin, 2006). Failure to address these threats may compromise the results and lead either a Type I or a Type II error. These threats include sample size, reliability of the instruments, and violations of the assumptions regarding multiple linear regression. I address these threats, as they pertained to this study, as follows.

  Sample size. I used the appropriate sample size, as previously described, to ensure the study had enough power to detect a significant predictive relationship, if one existed in the population. I addressed this threat by conducting a power analysis to determine the ideal sample size.

  Reliability of instruments. Invalid or unreliable instruments are a threat to internal research validity. Although I previously described the instruments were as being valid and reliable, I calculated Cronbach's alpha for the CEDV and Resilience Scale to determine their reliability as it pertained to this sample. A coefficient of .70 or higher indicates acceptable reliability (Pallant, 2009). I compared the obtained coefficients to this standard.

  Regression assumptions. The results of the multiple linear regression can be affected by violations of the assumptions underlying the procedure. These assumptions

include multicollinearity, outliers, normality, linearity, homoscedasticity, and

independence of the residuals. Multicollinearity refers to a high degree of correlation

between each of the independent variables. This means the correlation between any two

of the independent variables should not exceed .70 (Pallant, 2009). I examined this

assumption through a review of collinearity diagnostics produced from the SPSS

procedure. Collinearity diagnostics indicate problematic correlations that may not be

apparent in a correlation matrix. I examined the VIF indicators. If a VIF value is higher

than 10, the results may be problematic (Pallant, 2009). When I identified

multicollinearity, I retained the predictor(s) with the highest correlation for the analysis

and removed or combined the other predictor(s), when appropriate.

I assessed outliers, normality, linearity, homoscedasticity, and independence of

the residuals using a normal probability plot of the regression standardized residual and

the scatterplot created in the regression SPSS procedure (Pallant, 2009). I made

appropriate data corrections (i.e., dummy variable transformations and deletion of

outliers) prior to inferential statistical testing.

Ethical Procedures

Avoiding coercion and preserving human rights are universal precautions

researchers take when using human participants in a research study (IRB Forum, 2008). I

accepted the responsibility to maintain ethical research procedures and eliminate

potentially harmful emotional reactions, physical harm, or psychological effects

experienced by the participants. Although psychological harm is difficult to define, I

identified and removed any suspected harmful effects that may have been caused by

participating in the study. Furthermore, ethical standards dictate before obtaining consent from participants, it is the researcher's obligation to inform the participants of the research purpose, potential benefits, and anything that may affect participants' willingness to participate. Reserachers must also answer any participants' questions to assure participant comprehension. I designed the research protocol for this study to address these standards. Before consent was obtained from the participants, I secured the necessary approvals from the previously identified organization to conduct research in that setting (see Appendix E; IRB Forum, 2008).

Because this research contains no manipulated independent variable(s) and used survey research methodology, there was minimal risk for the voluntary participants. Additionally, if participants experienced any psychological or emotional distress during the study, I provided them contact information for appropriate counseling services.

I obtained approval from the Walden University IRB prior to collecting any data. As required by the IRB, I removed all the participant identification information, such as names, prior to the data analysis to ensure participants' confidentiality, as I promised during participant recruiting.

I placed the collected data in a sealed envelope and stored it in a locked file cabinet before removing it for analysis. Subsequently, I kept electronic data (e.g., SPSS data files) on my personal computer in a password protected folder. I will destroy all electronic and paper data five years after the study was completed.

Summary

In this chapter, I outlined the design for the research study, which was correlational and quantitative in nature. I discussed the characteristics of the sample, the description of the study site, and the procedures for sampling and data collection. I provided the psychometric properties, including internal reliability, convergent validity, and concurrent validity of the instruments used in the study. Each of instruments have been shown to have strong reliability and validity, and were therefore appropriate for use in the study. In this chapter, I delineated the data analysis, and included rationale and procedures for using stepwise linear regression to address the research question. I considered potential threats to internal and external validity, and provided several strategies to combat these threats. I also included the protocol for ethical considerations for the protection of human subjects; I took every step necessary to protect participants from undue risk.

Chapter 4: Results

Introduction

The purpose of this study was to explore whether domestic violence, age, gender, ethnicity, individual emotional abilities, physical abilities, types of domestic violence exposure, and frequency of domestic violence exposure could, individually or in linear combination, adequately predict resiliencey among young adults in the Midsouth region of the United States. The specific research question was:

Do domestic violence, age, gender, and ethnicity, individual emotional and physical abilities, types of domestic violence exposure, and frequency of domestic violence exposure, when in linear combination, significantly predicts resilience, as measured by the resiliency scale among young adults in the Midsouth region of the United States?

H_0: Domestic violence, age, gender, ethnicity, individual emotional and physical abilities, types of domestic violence exposure, and frequency of domestic violence exposure, when in linear combination, do not significantly predict resilience as measured by the RS among young adults in the Midsouth region of the United States.

H_1: Domestic violence, age, gender, ethnicity, individual emotional and physical abilities, types of domestic violence exposure, and frequency of domestic violence exposure, when in linear combination, significantly predicts resilience as measured by the RS among young adults in the Midsouth region of the United States.

This chapter contains the results of the data analysis I conducted to address the research question and hypotheses. In this chapter, I describe the data collection and demographic characteristics of the sample. Then, I present the results of the data analysis. This chapter will conclude with a summary.

Data Collection

I collected the data for this study in June 2017. A total of 118 young adults from BBBS completed the survey. No participants were excluded because of missing data and I did not identify any outliers in the data. Table 4 displays descriptive statistics for the categorical demographic variables. The age range of the participants was 18–22 years ($M = 19.99$, $SD = 1.42$). The sample was approximately split between men ($n = 60$, 50.8%) and women ($n = 58$, 49.2%). The largest proportion of participants indicated their ethnicity as Black ($n = 35$, 29.7%).

Table 4

Descriptive Statistics for Categorical Demographic Variables

Variable	*n*	%
Gender		
Male	60	50.8
Female	58	49.2
Ethnicity		
White	34	28.8
Black	35	29.7
Latino	32	27.1
Other	17	14.4

In Table 5, I display the descriptive statistics for the summated scores representing domestic violence, frequency of domestic violence exposure, types of domestic violence, emotional abilities, physical abilities, and resilience. Specifically, I used the exposure to violence at home subscale of the CEDV instrument to measure the overall level of domestic violence. I used the violence subscale of the CEDV to measure the frequency of domestic violence exposure. I used the exposure to violence in the community subscale of the CEDV to measure the types of violence exposure (i.e., degree of community violence exposure). I measured participant's emotional and physical abilities using the other victimization subscale of the CEDV. I measured resilience using the overall score on the resiliency sclae. I computed the summated scores by summing the responses to the items corresponding to each variable.

Table 5

Descriptive Statistics for Summated Scores

Variable	*M*	*SD*
Domestic violence	25.32	5.16
Frequency of domestic violence exposure	16.58	4.47
Type of domestic violence exposure	15.58	3.69
Emotional and physical abilities	6.69	2.77
Resilience	128.54	30.86

Results

To answer the research question and hypotheses, I conducted a stepwise multiple linear regression. Reslience, domestic violence, emotional and physical abilities, types of domestic violence exposure, and frequency of domestic violence exposure yielded data

on an interval, or continuous, level of measurement. Gender and ethnicity were categorical, or nominal, variables. To use these two variables as predictors, I transformed them into dummy variables. Gender was coded as 0 (male) and 1 (female). Ethnicity consisted of four categories: Black, White, Latino, and other. I dummy-coded these variables and Black served as the reference category. Becuase there was no logic for doing otherwise, I used the default values in SPSS for stepwise predictor entry ($p = .05$) and removal ($p = .10$) in the regression equation.

I assessed the assumptions of linearity, homoscedasticity, and absence of multicollinearity prior to analysis. Linearity means there is a straight line relationship between the predictor variables and the criterion variable (Leong & Austin, 2006; Pallant, 2009). Homoscedasticity means scores are normally distributed about the regression line Leong, et al). I assessed linearity and homoscedasticity by examining scatter plots (see Figure 2, Figure 3). The data did not strongly deviate from the normal line (Figure 2), and the data were approximately evenly distributed around zero (Figure 3). Therefore, the assumptions of linearity and homoscedasticity were met. The absence of multicollinearity means the predictor variables are not strongly correlated with each other, which assessed using VIF (Plancherel & Bolognini, 2012). Stevens (2009) noted VIF values over 10 suggest the presence of multicollinearity. In the present study, the VIF values were below 10, so this assumption was met.
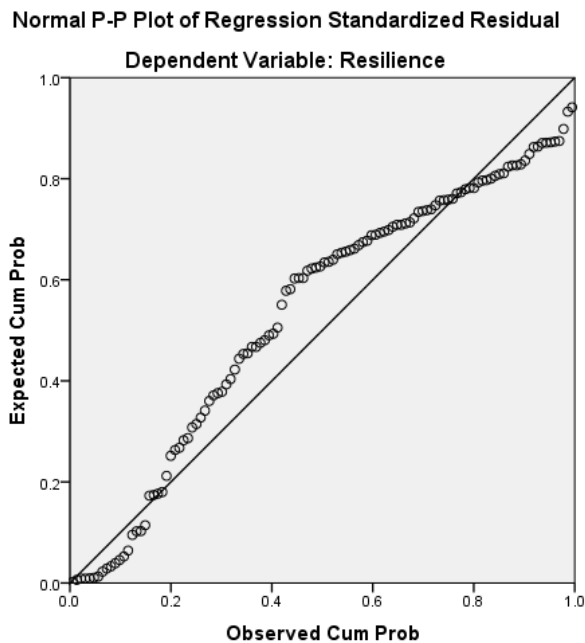
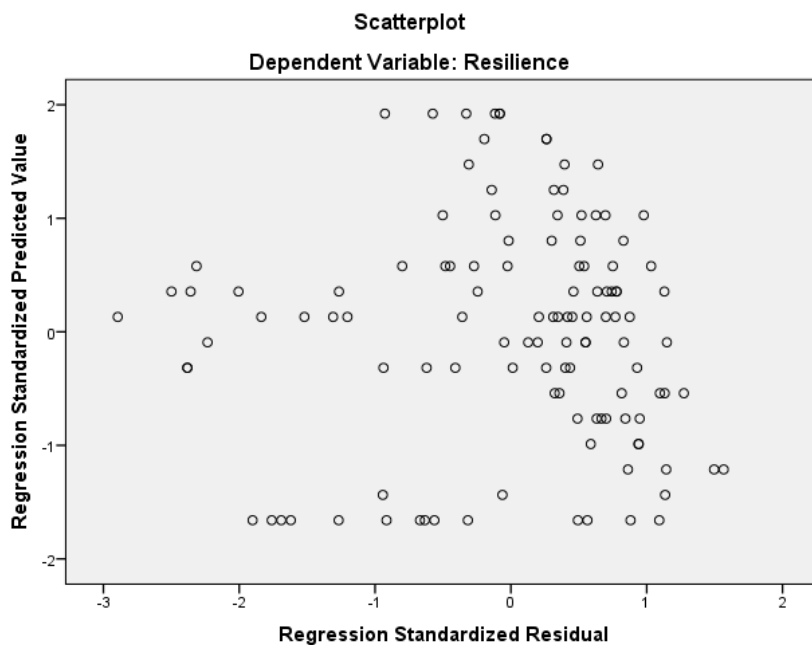*Figure 2.* Normal P-P scatter plot for stepwise multiple linear regression.

Figure 3. Scatter plot of residuals versus predicted values for stepwise multiple linear regression.

Using the stepwise algorithm, I arrived at the final model in one step. In the final model, I only included the frequency of domestic violence exposure. I excluded the other predictor variables: domestic violence, age, gender, ethnicity, emotional and physical abilities, and types of domestic violence exposure. The final model determined by the stepwise algorithm was significant: $F(1, 116) = 22.25$, $p < .001$, $R^2 = .16$. This indicated the final model, consisting of one predictor, significantly predicted resilience in this sample. Therefore, the H_0 was rejected. The R^2 value indicated the final model accounted for 16% of the variability in resilience. I present the results of the regression model in Table 6. Frequency of domestic violence exposure was a significant negative predictor ($B = -2.77$, $p < .001$), indicating participants who scored higher on frequency of domestic violence exposure tended to have lower resilience scores.

Table 6

Final Stepwise Multiple Linear Regression Model Predicting Resilience

Predictor	B	Std. Error	Beta	t	Sig.	VIF
Frequency of domestic violence exposure	-2.77	0.59	-0.40	-4.72	< .001	1.00

Note. $F(1, 116) = 22.25$, $p < .001$, $R^2 = .16$.

Summary

This chapter contained the results of the data analysis I conducted to address the research question. The research question asked the following: do domestic violence, age, gender, and ethnicity, individual emotional and physical abilities, types of domestic violence exposure, and frequency of domestic violence exposure, when in linear

combination, significantly predicts resilience as measured by the resiliency scale among young adults in the Midsouth region of the United States? I conducted a stepwise multiple linear regression analysis to address this question. The results of the analysis were significant, so the H_0 was rejected. The final model determined by the stepwise algorithm included one predictor: frequency of domestic violence exposure. This was a significant negative predictor, indicating participants with higher frequency of domestic violence exposure tended to have lower resilience. Chapter 5 contains a discussion of these findings in relation to previous literature. I also discuss the implications and directions for future research in Chapter 5.

Chapter 5: Conclusions, Summary, and Recommendations

Introduction

Domestic violence has significant negative influences on the 1.5 million young adults in the United States who witness and experience it each year (Childhood Domestic Violence Association, 2014). However, resilience allows these youths to grow into caring, competent, and confident young adults (Black et al., 2015; Masten & Powell, 2003; Rutter, 1980; Werner, 2004). Therefore, it is beneficial for researchers to investigate factors that predict resilience. Previous researchers have suggested exposure to domestic violence may increase resilience (Anderson et al., 2012). In addition, demographic factors that may influence resilience levels include age (Ali et al., 2015; Garthe et al., 2014; Jan et al., 2015); gender (Black et al., 2015; Dietz et al., 2014); and ethnicity (Danquah et al., 2010; Flores et al., 2014; Holland & Gill, 2010; McKnown-Johnson & Rhodes, 2013; Zautra et al., 2010). Research had not been completed regarding these factors in conjunction and how they interact to predict resilience among young adults.

The purpose of this study was to explore whether domestic violence, age, gender, ethnicity, individual emotional and physical abilities, types of domestic violence exposure, and frequency of domestic violence exposure could adequately predict resilience among young adults in the Midsouth region of the United States. In this study, I examined responses to the CEDV instrument from a sample of 118 participants who were members of BBBS in southwest Texas. The stepwise multiple linear regression revealed frequency of domestic violence exposure predicted resilience. Specifically, the

more frequently participants experienced domestic violence, the less likely they were to have a high resiliency score. Chapter 5 includes an interpretation of the findings in the study and the study limitations. The chapter also includes a discussion of the recommendations for further research and the implications of the findings. Lastly, I dicuss the conclusions along with social change implications.

Interpretation of the Findings

Young adults exposed to domestic violence often experience negative social, emotional, and cognitive long-term outcomes (Job et al., 2012; Löckenhoff et al., 2012; Sorbello et al., 2012; Williams & Steinberg, 2011). The adverse effects associated with domestic violence are consistent with Bronfenbrenner's ecological theory. Domestic violence occurs in the mesosystem and fundamentally shapes the individuals' subsequent interactions in the mesosystem and exosystem (Holland et al., 2015), continuing as the affected individuals reach adulthood (Black et al., 2015; Goodrum et al., 2012). Conversely, resilience forms when access to mesosystem or exosystem resources counteract negative microsystem factors; for example, this might include close relationships with extended families, friends, or role models (De Los Reyes et al., 2013; Dondero, 1997; Garthe et al., 2014; Grossman & Tierney, 1998; O'Donohue & Ferguson, 2006; Wolkow & Ferguson, 2001).

The results of this study indicated that among the sample of 118 participants, only one of the multiple predictor variables significantly predicted resilience: frequency of domestic violence exposure. Frequency of domestic violence exposure was a significant negative predictor ($B = -2.77$, p < .001) and predicted 16% of the variance in resilience

scores. The frequency of domestic violence exposure negatively predicted resilience. The more frequently participants experienced domestic violence, the less likely they were to have high resilence scores. I examined the frequency of domestic violence exposure using the violence subscale of the CEDV, which asks participants to identify, on a scale ranging from *never* to *always*, how frequently they experience various violent situations. The results indicated different types of domestic violence did not predict resilience; moreover, I did not identify a relationship between resilience and any of the demographic predictor variables.

The results of the present study were inconsistent with some results in the literature. For example, Anderson et al. (2012) determined a sample of women exposed to domestic violence had higher than average resilience scores. Anderson et al. (2012) did not examine the frequency of exposure to domestic violence as a specific variable; however, the results of Anderson et al.'s (2012) study suggested those who experienced domestic violence had higher resilience scores. These data were inconsistent with the findings of the present study, which indicated more exposure to domestic violence resulted in lower resilience scores.

Many researchers have focused on young adults' psychological and behavioral responses; however, researchers should focus their attention on young adults' social environments and the frequency of exposure to predict if resilience will occur (Widom & Wilson, 2015). The results of this study related to frequency of domestic violence are consistent with studies indicating domestic violence exposure in the young adults' environments negatively influences resilience development. For example, Kassis et al.

(2013) determined, through multiple linear regression, that negative experiences such as domestic violence, poor parenting, and alcohol/drug abuse reduced resilience among a sample of middle-school students from Austria, Germany, Slovenia, and Spain ($N =$ 5,149). Similarly, researchers have noted negative family environments deter resilience development (Carroll, 2006; Garthe et al., 2014; Gerard & Buehler, 1999; Waldon et al., 2001). Flores et al. (2014) noted the family environment and the protective factors within a microsystem were determinants of resilience development. Thus, the findings of this study supported the findings of previous researchers regarding frequent domestic violence exposure in the mesosystem. This exposure adversely affected the participants' abilities to form resilience.

The finding that there was no relationship between demographic variables and resilience development was mixed in relation to how it corresponded to recent literature. Similar to the findings of the present study, Kassis et al. (2013) found no relation between demographic variables and resilience development, instead emphasizing the importance of structural variables. However, previous researchers supported the influence of demographics on resilience formation, including age (Ali et al., 2015; Garthe et al., 2014; Jan et al., 2015); gender (Black et al., 2015; Dietz et al., 2014); and ethnicity (Danquah et al., 2010; Flores et al., 2014; Holland & Gill, 2010; McKnown-Johnson & Rhodes, 2013; Zautra et al., 2010).

The findings of the present study did not indicate a predictive relationship between gender and resilience development. Some reserachers determined gender influenced resilience development (Black et al., 2015; Dietz et al., 2014). However, the

findings from the present study did not support that claim. Previous researchers indicated males were more likely than females to display adverse outcomes from domestic violence exposure, such as aggression instead of resilience (Hughes, 2015; Rosenbaum & O'Leary, 2010; Wexler, 2015). Furthermore, there was an indication that male young adults were more likely than females to experience physical violence directed toward themselves, which researchers suggested may influence their responses to domestic violence exposure (Margolin & Gordis, 2015; Miller, Handal, Gilner & Cross, 2015; Schwarz & Getter, 2015; Straus et al., 2014; Widom, 2014). However, the results of the present study were consistent with the results found by other researchers who did not determine a relationship between gender and resilience formation. For example, Solberg et al. (2007) found no significant differences between young adult males and young adult females with respect to resilience formation.

Regarding ethnicity and resilience, this study included a roughly equal representation of Black ($N = 35$), Latino ($N = 32$), and White ($N = 34$) participants, and a significant representation of other ($N = 17$) participants, whereas other studies on ethnicity included a sample that represented the demographic breakdown in the United States (Danquah et al., 2010; Flores et al., 2014; Holland & Gill, 2010; McKnown-Johnson & Rhodes 2013; Zautra et al., 2010). The participants' ethnic breakdowns reflected the BBBS convenience sample in southwest Texas. Surveying larger proportions of ethnic minorities might provide more representation; however, the results may not be representative of the population of the United States.

The results of the present study seemed to contradict the idea that age is a significant predictor. The results related to frequency of domestic violence exposure and resilience may further illuminate previous results regarding the relationship between age, resilience, and domestic violence. Ali et al. (2015) and Rosenthal and Wilson (2003) determined the earlier in life participants were exposed to domestic violence, the less likely they were to form resilience. Garthe et al. (2014) found early removal from a domestic violence situation increased the likelihood that a youth would develop resilience. This finding could have been the result of early and prolonged exposure to domestic violence, which would result in greater perceived frequency of domestic violence incidences because the youth would have been exposed to such behavior throughout his or her childhood. Therefore, the findings of this study further explain previous correlations between age of exposure, domestic violence, and a lack of resilience formation.

The results of the present study indicated that young adults exposed to domestic violence were statistically prone to exhibiting low resiliency and had tendencies to utilize aggressive methods to respond to external threatening issues and this can also be based on age, and culture of the individual.

However, because of the limited sample size of this study, one cannot make generalizations regarding over or under representation of domestic violence about one ethnicity. From this study findings, it is shown that young adults, especially the African American participants, reported low resilience compared to White participants. It is not clear why Hispanic participants had higher resilience levels than their counterparts. This

could be a result of cultural differences, such as how each culture perceives the term

domestic violence, and the values associated with the term and beliefs (Coie & Dodge,

2014; Edleson, Shin, & Johnson Armendariz, 2008).

Limitations of the Study

The main limitation of this study was the small sample size of young adults from

a limited geographic region. Individuals in the population and the resulting sample

resided in the Midsouth region of the United states and did not represent the population

of individuals affected by domestic violence in other regions of the country.

Consequently, I cannot use the results obtained from this study to generalize the U.S.

population, only the Midsouth region.

In this study, I focused on violence young adults primarily observe at home and

within their social environments. As previously noted, influences beyond the

microsystem, including the exosystem and the mesosystem may also influence resilience

development. These might include mentorships and coaching (De Los Reyes et al., 2013;

Dondero, 1997; Garthe et al., 2014; Grossman & Tierney, 1998; O'Donohue & Ferguson,

2006; Wolkow & Ferguson, 2001) or the removal of an individual from a domestic

violence situation (Garthe et al., 2014). One limitation of the study involved microsystem

factors as the primary focus of the chosen variant.

I used the CEDV tool to gather data for this study. The CEDV is an established

tool for assessing domestic violence exposure (Edleson, et al). However, the results of

this study are limited to the accuracy of the tool.

Recommendations

The results of this study significantly contributed to the body of scholarly data by identifying a predictor variable for resilience; however, additional research is required to develop a model with a higher predictive value. Although the findings of the present study were significant ($R^2 = .16$), it is important for future researchers to seek out conjunctive variables to more accurately predict resiliency. From the findings of this study, I believe scholars will find it helpful to continue studies on the effects of frequent domestic violence exposure on young adults' resilience. Specifically, I recommend a more granular look, using the CEDV, to see which specific behaviors on the violence subscale most influence resilience scores. Future researchers should seek alternative variables within an ecosystem, such as mentors, coaches, and child protective service interventions, to see how these resources influence resilience development.

Researchers should consider further study on this topic, including the insights of future findings, this study did not provide because of limitations and sample size. Until the time of this study, researchers frequently employed homogenous demographic samples. Many researchers conducted studies using only people who identified as women or identified as a specific ethnicity (Black et al., 2015). In this study, I focused on participants of all genders and a wide range of ethnicities to gain a better understanding of individual resilience formation and adaptation. I recommend researchers continue to gain a wide range of experiences from varied samples. I also recommend replicating the present study with a national sample to test the generalizability of the findings.

Furthermore, longitudinal studies may help researchers better understand the long-term predictors of resilience as young adults exposed to domestic violence enter adulthood.

Implications

Although frequent exposure to domestic violence can reduce resilience, previous researchers indicated exposure to a community, role models, and early removal from a domestic violence situation can increase an individual's resilience (Ali et al., 2015; Garthe et al., 2014; Rosenthal & Wilson, 2003). Therefore, the results of the present study, in conjunction with previous research, indicate the necessity for further research. Also, practitioners, lawmakers, social leaders, and support staff in schools to identify domestic violence situations and to intervene with positive support, such as BBBS, or in extreme circumstances, to remove the child from the home.

Researchers have shown if violence happens once, it usually reoccurres with a greater consequence (Ali et al., 2015; Beam, Gil-Rivas, Greenberger, & Chen, 2012; Garthe et al., 2014; Jan et al., 2015; Plancherel & Bolognini, 2012; Storksen, Roysamb, Moum, & Tambs, 2010). The results of the present study indicated frequent exposure to domestic violence predicted decreased resilience. Therefore, it is important to put a crisis plan in place for the caregiver and the victims. A crisis plan should consist of a safe plan that includes community organizations, lawmakers, policies, friends, and relatives to help reinforce the safety plan in the best interest of the young adult. To deal with young adults' emotional abuse and home life experiences requires adequate intervention programs such as counselling, role modeling adults, adequate accomodation, transportation, and financial support. However, to promote adequate resources and to

execute the safety plan, local and governmental agencies must establish collaborative responses to produce a positive response outcome.

For therapists, facility workers, and lawmakers, this finding indicates an awareness of the effects of frequent domestic violence exposure as a priority for the development of youth in American society. Therapists and community agencies must support trauma-informed education. Community agencies must develop asset-based research and information that will influence policy and practices affecting young adults exposed to domestic abuse. Social agencies and their employees must be able to establish basic education for parents, teachers, and counselors to be more aware of the influence of frequent adult violent behaviors in the home. Similarly, case workers in government and private agencies might use the findings from this study as a tool to advocate for lawmakers to acknowledge and expedite laws protect parents and families in the best interests of children, namely by reducing the frequency of domestic violence experiences.

The results further imply the need for widescale programs to support youths who have been exposed to frequent domestic violence. These programs may help youths improve coping skills based on their previous exposures to violence. The providers working with this population must have adequate resources to train volunteers in this issue and promote the message of hope despite the negative effects of violence on young adults' transitions to adulthood. Individuals who have been exposed to domestic violence need technical assistance, encouragement, and guidance related to resilience adaptation for future functioning.

The results of this study provide practitioners, lawmakers, and social leaders with vital information about the effects of domestic violence on young adults They also provide future researchers and clinicians with a significant opportunity to better understand the issues that affect young adults' responses to resiliency. Researchers have focused on asset-based evidence, which suggests prior experiences may have provided young adults with protective factors that allowed them to maintain resilience despite adversity (Damant et al., 2010; DeForge, Belcher, O'Rourke, & Lindsey, 2005; D'Imperio et al., 2000; Resnick, Bearman, Blum, & Bauman, 1997; Rutter, 1985). However, the present study indicates researchers must acknowledge the significant influence on resiliency that frequent exposure to domestic violence may cause. For individuals with high domestic violence exposure, researchers and clinicians should focus on and empathize with the adverse effects such exposure may have had on the person's ability to form a resilient response. Lastly, these findings can be used as a baseline for data collections regarding young adults' experiences with domestic violence. This exposure can allow behavior modification toward self-actualization.

Implications for Social Change

Young adults who are exposed to frequent domestic violence may not have the ability to use effective methods to resolve issues, therefore continuing the cycle of abuse. Among young adults exposed to domestic violence, microsystem situations have conditioned their information processing system to respond to threats with violence rather than using ignoring tatics or walking away. For example, if young adults have witnessed physical, financial, and emotional abuse by one of their parents or have seen a parent

slapping the other parent, throwing things or objects to the wall, choking, stabbing, or shooting in the home, they are more likely to use learned behaviors to respond to threats (Edleson et al., 2007; Horn, Williams, & Scott, 2002; Lesch & Ursula, 2000; Pagelow, 1990; Solberg et al., 2007).

When a young adult is exposed to a negative experience such as domestic violence as a child, the individual can either develop resilience or have an adverse reaction. Adverse reactions include negative social, cognitive, and behavioral issues, which young adults may carry into adulthood (Ali et al., 2015; Garthe et al., 2014; Jan et al., 2015). The results of the present study implied frequent exposure to violence affects young adults adversely. Carlson (2006) reported high rates of poverty are attributed to direct exposure to family violence and community violence. Similarly, Horowitz, Margolin, and Gordis (2000) indicated 50% of children exposed to domestic violence met the criteria for PTSD. These researchers suggested there is a need for community social supports and available resources to minimize the effects of living in violent homes and neighborhoods. Exposure to domestic violence directly affects young adults in the short-term, but also indirectly affects young adult's development and behaviors in the long-term (Horowitz et al., 2000). The present study supported this assertion by demonstrating frequent exposure to domestic violence predicted low resilience.

To foster resilience, practitioners must understand predictive factors that influence resilience development. To effect social change, individuals must seek methods to reduce the frequency of domestic violence exposure. Individuals can accomplish this through interventions to remove the child from the home (Garthe et al., 2014) or providing

alternative community support (Ali et al., 2015). Through these interventions, individuals may avoid the long-term effects of domestic violence exposure, including mental illness, aggression, and low self-esteem (Clauzade, 2009; Sorbello et al., 2012; Williams & Steinberg, 2011).

Conclusion

Previous researchers focused on adolescent behavior, rather than the microsystem surrounding the adolescents. They also focused on predictive factors that increased or decreased resilience, provided an incomplete view of the influence of domestic violence on youth's development of resilience (Beam, Gil-Rivas, Greenberger, & Chen, 2012; Edleson et al., 2007; Edleson, Shin, & Johnson Armendariz, 2008; LaLiberte et al., 2010; Plancherel & Bolognini, 2012; Shin & Edleson, 2007; Storksen, Roysamb, Moum, & Tambs, 2010). I designed the present study to gain insight into specific factors that would predict resilience. Specifically, the purpose of this study was to explore whether domestic violence, age, gender, ethnicity, individual emotional and physical abilities, types of domestic violence exposure, and frequency of domestic violence exposure could adequately predict resilience among young adults in the Midsouth region of the United States.

I performed a multiple linear regression of the responses to the CEDV from a sample of 118 participants, who were members of BBBS in southwest Texas. The results revealed that the frequency of domestic violence exposure negatively predicted resilience, indicating participants with higher frequency of domestic violence exposure tended to have lower resilience, compared to participants with fewer exposures. This

finding suggested continued, frequent exposure to domestic violence significantly influenced an individual's ability to develop resiliency. Results indicate the need for continued vigilance from researchers, clinicians, child protective services, and lawmakers to reduce children's frequency of exposure to domestic violence. Furthermore, the results indicated the need for further examination of environmental protective factors that may affect resilience development, according to Bronfenbrenner's ecological model. By discovering factors that predict resilience, whether positive or negative, stakeholders can target interventions and develop policies to eradicate the harmful social and psychological effects of domestic violence on children.

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Appendix A: Recruiting Flyer for Potential Participants

YOU ARE INVITED TO PARTICIPANT IN AN IMPORTANT RESEARCH

STUDY

- The study is designed to help understand whether or not resiliency can be predicted among young adults who previously experienced domestic violence as a child while living at home

- If you are a young adult 18 to 25 years old you are invited to participate in this study and please beware that participation is ***totally voluntary***.

- It takes only 30 minutes of your valuable time

- You will be asked to complete two questionnaires at a time and place to be announced

- Free refreshments are provided after you finish completing the questionnaires

- It is not required, but if you are available, a meeting will be held to introduce the study and explain your potential participation:

  DATE and TIME:

  PLACE:

If you are willing to participate or are interested but have questions, please contact the researcher directly for further information.

Sylvanus O. Abraham
School of Social and Behavioral Science
Walden University

Appendix B: The Resilience Scale

The Resilience Scale™ (RS™)

Please read the following statements. To the right of each you will find seven numbers, ranging from "1" (Strongly Disagree) on the left to "7" (Strongly Agree) on the right. Click the circle below the number which best indicates your feelings about that statement. For example, if you strongly disagree with a statement, click the circle below "1." If you are neutral, click "4," and if you strongly agree, click "7," etc. You must answer every question to submit the test for scoring.

	Strongly Disagree						Strongly Agree
	1	2	3	4	5	6	7
When I make plans, I follow through with them.	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7
I usually manage one way or another.	☐	☐	☐	☐	☐	☐	☐

	1	2	3	4	5	6	7
I am able to depend on myself more than anyone else.	☐	☐	☐	☐	☐	☐	☐

	1	2	3	4	5	6	7
Keeping interested in things is important to me.	☐	☐	☐	☐	☐	☐	☐

	1	2	3	4	5	6	7
I can be on my own if I have to.	☐	☐	☐	☐	☐	☐	☐

	1	2	3	4	5	6	7
I feel proud that I have accomplished things in life.	☐	☐	☐	☐	☐	☐	☐

	1	2	3	4	5	6	7
I usually take things in stride.	☐	☐	☐	☐	☐	☐	☐

	1	2	3	4	5	6	7
I am friends with myself.	☐	☐	☐	☐	☐	☐	☐

	1	2	3	4	5	6	7
I feel that I can handle many things at a time.	☐	☐	☐	☐	☐	☐	☐

	1	2	3	4	5	6	7
I am determined.	☐	☐	☐	☐	☐	☐	☐

	1	2	3	4	5	6	7
I seldom wonder what the point of it all is.	☐	☐	☐	☐	☐	☐	☐

	1	2	3	4	5	6	7
I take things one day at a time.							

I can get through difficult times because I've experienced difficulty before.

1	2	3	4	5	6	7
☐	☐	☐	☐	☐	☐	☐

I have self-discipline.

1	2	3	4	5	6	7
☐	☐	☐	☐	☐	☐	☐

I keep interested in things.

1	2	3	4	5	6	7
☐	☐	☐	☐	☐	☐	☐

I can usually find something to laugh about.

1	2	3	4	5	6	7
☐	☐	☐	☐	☐	☐	☐

My belief in myself gets me through hard times.

1	2	3	4	5	6	7
☐	☐	☐	☐	☐	☐	☐

In an emergency, I'm someone people can generally rely on.

1	2	3	4	5	6	7
☐	☐	☐	☐	☐	☐	☐

I can usually look at a situation in a number of ways.

1	2	3	4	5	6	7
☐	☐	☐	☐	☐	☐	☐

Sometimes I make myself do things whether I want to or not.

1	2	3	4	5	6	7
☐	☐	☐	☐	☐	☐	☐

21. My life has meaning.

1	2	3	4	5	6	7
☐	☐	☐	☐	☐	☐	☐

I do not dwell on things that I can't do anything about.

1	2	3	4	5	6	7

☐ ☐ ☐ ☐ ☐ ☐ ☐

1   2   3   4   5   6   7

When I'm in a difficult situation, I can usually find my

way out of it.

☐ ☐ ☐ ☐ ☐ ☐ ☐

1   2   3   4   5   6   7

I have enough energy to do what I have to do

☐ ☐ ☐ ☐ ☐ ☐ ☐

1   2   3   4   5   6   7

It's okay if there are people who don't like me.

☐ ☐ ☐ ☐ ☐ ☐ ☐

26. I have felt depressed in the past 2 weeks:

☐ Never ☐ Sometimes ☐ Frequently ☐ All the time

27. I rate my health as generally:

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

28. I am at my ideal body weight: (±5 pounds)

☐ Yes ☐ No

29. I exercise 30 minutes or more most days:

☐ Yes ☐ No

30. I eat a healthy diet most days: (with 5 fruits/vegetables)

☐ Yes ☐ No

31. I DO NOT use tobacco products: (smoke, chew, or dip)

☐ Yes ☐ No

32. I have FEW† or NO alcoholic drinks: (†female: 1/day, male: 1 or 2/day)

☐ Yes ☐ No

Appendix C: Assessment of Child Violence Exposure to Domestic Violence

The CEDV Scale

These directions are to be read aloud by the practitioner administering this measure. This is a list of questions about your life and your family. It will probably take you about 30 minutes to fill out. If you have a question when you are filling this out, ask the person who gave this to you.

Do not write your name anywhere, in order to assure that your answers remain confidential. If you want to stop taking the survey, you can stop answering the questions at any time.

Think about the people you have ever lived with. There are a lot of ways to think about the kinds of adults that children live with. For example, some children live with a stepparent, a grandparent, or foster parents. Other children live with just one parent and maybe a parent's girlfriend or boyfriend too. The questions in the instrument are about the adults you have lived with. To make them easy to understand, we use the words "mom" and "mom's partner."

When you read the word "mom," think of the woman you have lived with and who has taken care of you, even if she did not give birth to you. For example, this person might be your mom, your stepmom, our grandmother, or your foster mother. When you read the words "mom's partner," think of who that is in your life. For example, it could be your dad, your stepdad, your grandfather, or your mom's girlfriend or boyfriend.

Please read all the directions and circle your answers to each question.

Part One

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:

1. How often have there been fights at your school?

Never   Sometimes   Often   Almost   Always

How did you know about it?

☐ I saw the outcome (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.

Circle "Never," "Sometimes," "Often," or "Almost Always" and then go to the next

question.

1. Has your mom's partner ever hurt your mom's feelings by:

☐ Calling her names

☐ Swearing

☐ Yelling

☐ Threatening her

☐ Screaming at her

☐ Other _____

Never   Sometimes   Often   Almost   Always

How did you know about it?

I saw the outcome (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. 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   Sometimes   Often   Almost   Always

How did you know about it?

I saw the outcome (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 eating or sleeping, or made it hard for her to eat or sleep?

Never   Sometimes   Often   Almost   Always

How did you know about it?

I saw the outcome (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 hurt, or tried to hurt, a pet in your home on purpose?

Never   Sometimes   Often   Almost   Always

How did you know about it?

I saw the outcome (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.

5. 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

How did you know about it?

 I saw the outcome (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 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

How did you know about it?

 I saw the outcome (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 threatened to use a knife, gun, or other object to

hurt your mom?

Never   Sometimes   Often   Almost   Always

How did you know about it?

 I saw the outcome (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 actually hurt your mom with a knife, gun, or other

object?

Never   Sometimes   Often   Almost Always

How did you know about it?

I saw the outcome (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.

Part Two

It's hard to know what to do when you see someone getting hurt. In the questions on this page the word "hurt" means hurting your mom's feelings on purpose, threatening her, physically hurting her, or stopping her from doing things.

Choose the answer that best describes your situation and circle it. There are no rights or wrong answers to these questions.

9. When your mom's partner hurts your mom, how often have you yelled something at them from a *different* room than where the fight was taking place?

Never   Sometimes   Often   Almost   Always

10. When your mom's partner hurts your mom, how often have you yelled something at them in the *same* room where they are fighting?

Never   Sometimes   Often   Almost   Always

11. When your mom's partner hurts your mom, how often have you called someone else for help, such as calling someone on the phone or going next door?

Never   Sometimes   Often   Almost   Always

12. When your mom's partner hurts your mom, how often have you gotten physically

involved trying to stop the fighting?

Never   Sometimes   Often   Almost   Always

13. When your mom's partner hurts your mom, how often has your mom's partner done

something to you to hurt or scare your mom?

Never   Sometimes   Often   Almost   Always

14. When your mom's partner hurts your mom, how often have you tried to get away

from the fighting by:

☐ Hiding

☐ Leaving the house

☐ Locking yourself in a different room

☐ Other _____

Never   Sometimes   Often   Almost   Always

15. How often has your mom's partner asked you to tell him or her what your mom has

being doing or saying?

Never   Sometimes   Often   Almost   Always

16. How often do you worry about your mom's partner getting drunk or taking drugs?

Never   Sometimes   Often   Almost   Always

17. How often do you worry about your mom getting drunk or taking drugs?

Never   Sometimes   Often   Almost   Always

18. How often does your mom seem sad, worried, or upset?

Never   Sometimes   Often   Almost   Always

19. How often does it seem like you have had big changes in your life? For example :

☐ Moving homes

☐ Staying in the hospital

☐ Your parents getting a divorce

☐ The death of someone you're close to

☐ A parent going to jail

☐ Other _____

Never   Sometimes   Often   Almost   Always

20. How often have you heard a person hurt another person by making fun of them of

calling them names in your neighborhood or at your school?

Never   Sometimes   Often   Almost   Always

21. How often has someone from your community or at your school done or said any of these things to hurt you?

Never   Sometimes   Often   Almost   Always

22. How often do you hurt a person's feelings on purpose, such as making fun of them or calling them names?

Never   Sometimes   Often   Almost   Always

23. How often do you physically hurt a person on purpose, such as hitting, kicking or a similar action?

Never   Sometimes   Often   Almost   Always

24. How often have you seen someone else in your community or school get hurt by being:

☐ Grabbed

☐ Slapped

☐ Punched

☐ Kicked

☐ Being hurt by a knife or a gun

☐ Other _____

Never   Sometimes   Often   Almost   Always

25. How often has someone at school or in your community hurt you by:

☐ Grabbing

☐ Slapping

☐ Punching

☐ Kicking

☐ Threatening you with a knife or gun

☐ Other _____

Never   Sometimes   Often   Almost   Always

26. How often have you seen someone being hurt or killed on television or in a movie?

Never   Sometimes   Often   Almost   Always

27. How often have you seen someone being hurt or killed in a video game?

Never   Sometimes   Often   Almost   Always

28. How often has an adult in your family hurt your feelings by:

☐ Making fun of you

☐ Calling you names

☐ Threatening you

☐ Saying things to make you feel bad

☐ Other _____

Never   Sometimes   Often   Almost   Always

29. How often has an adult in your family done something to hurt your body, such as:

☐ Hitting you

☐ Kicking you

☐ Beating you up

☐ Other _____

Never   Sometimes   Often   Almost   Always

30. How often has someone who is not in your family:

☐ Touched your private parts when you didn't want them to

☐ Made you touch their private parts

☐ Forced you to have sex?

Never   Sometimes   Often   Almost   Always

31. How often has someone in your family?

☐ Touched your private parts when you didn't want them to

☐ Made you touch their private parts

☐ Forced you to have sex

Never   Sometimes   Often   Almost   Always

Part Three

36. If your mom and her partner are fighting, when did the fighting start? (Circle one answer.)

☐ I don't remember them fighting.

☐ They started fighting this year.

☐ They started fighting 2-3 years ago.

☐ They started fighting 4 or more years ago.

☐ They've been fighting for as long as I can remember.

37. Do you think your family has enough money for the things they needs?

☐ No, there are times when my family doesn't have enough money for food or rent or other things we need.

☐ We seem to have enough money to pay for what we need.

☐ We have enough money to buy extra things we don't really need.

☐ I don't know.

38. How old are you? _____

39. Are you male or female? (Circle one answer.)

☐ Male

☐ Female

40. What race or ethnicity do you consider yourself? (Circle all that describe you.)

☐ White/Caucasian/European American

☐ Black/African American/African

☐ American Indian/Native American

☐ Asian or Pacific Islander

☐ Latino/Latina/Hispanic

☐ Multi-racial/No primary racial or ethnic identification

☐ Other (What?) _____

☐ I don't know

☐ I don't want to answer this question

41. Where did you stay last night? (Circle one answer.)

☐ House

☐ Apartment

☐ Shelter

☐ Other (Where?) _____

42. Where do you live? (Circle one answer.)

☐ House

☐ Apartment

☐ Shelter

☐ Other (Where?) _____

43. Who are the people you live with? Circle all that apply.

☐ Mother

☐ Father

☐ Step-Mother

☐ Step-Father

☐ Grandmother

☐ Grandfather

☐ Mother's boyfriend or partner

☐ Mother's girlfriend or partner

☐ Father's boyfriend or partner

☐ Father's girlfriend or partner

☐ Younger brother (s)

☐ Older brother (s)

☐ Younger sister(s)

☐ Older sister(s)

☐ Other (Who)

44. What is your favorite family activity?

This measure was created and produced by

Jeffrey L. Edleson and numerous student colleagues.

Ó2007, Jeffrey L. Edleson, Ph.D.

Minnesota Center Against Violence and Abuse

School of Social Work

University of Minnesota

Appendix D: Resilience Scale Permission Letter

Dear Sylvanus Abraham,

Thank you very much for your voicemails that I received today. I will help you as best I can. I am attaching an early article on the Resilience Scale that will help you describe the psychometric properties of the scale. Also, on the website (www.resiliencescale.com) there is a drop down labeled "Obtain the RS/RS-14" and that is where you will find the permission to use form. I hope this helps. You will also see on this website how to purchase the RS User's Guide using Paypal. We are not able to send the Guide electronically because of copyright restrictions. By the way, you are permitted to use the tool for your research.

Please write if you have questions.

Sincerely,

Gail Wagnild, PhD

Senior Consultant

Resilience Center

Appendix D: Children Exposed to Domestic Violence Permission Letter

March 8, 2014

Dear Mr. Sylvanus O. Abraham,

Based on my review of your research prospectus, I am approving your request to conduct the study entitled "Domestic Violence and Selected Demographic Variables as Predictors of Resilience among Adolescents Admitted to a Mental Health Treatment Facility" within the Southwest Treatment Facility. As part of this study, I authorize you to use the Children Exposed to Domestic Violence (CEDV) tool to conduct your survey within the facility only. My signature acknowledges the researcher, Sylvanus O. Abraham, has presented a copy of his approved prospectus, which I have reviewed. The Minnesota Center Against Violence and Abuse School of Social Work University of Minnesota reserves the right to stop the use of the instrument at any time if circumstances change. The data collected will remain entirely confidential and may not be provided to anyone outside of the research team without permission from the Walden University IRB.

Sincerely,

Dr. Jeffrey L. Edleson

Minnesota Center Against Violence and Abuse

School of Social Work

Appendix E: Agreement Letter

Big Brothers Big Sisters

Mr. Sylvanus Abraham:

Dear Mr. Abraham:

Thank you for contacting the Big Brother Big Sister for your need to use our potential young adults to conduct your research. I have read the contents in your letter concerning the research study on young adults, such as our population who have had domestic violence exposure experiences as children to conduct a study by you Mr. Abraham at BBBS community organization in Midsouth Texas. I acknowledge that all information gathered in this study will be used for research purposes only and will be considered confidential. I am aware that permission may be withdrawn at any time without penalty by advising the researcher (s). I realize that the Institutional Review Board at Walden University IRB has reviewed this study for ethics clearance and that I may contact this office if I have any comments or concerns at www.waldenu.edu. I agree to have BBBS community organization to participate in this study and look forward to working closely with you. Should you have any question (s) or concerns, please do not hesitate to contact my office.

Sincerely,

BBBS Organization

Midsouth Texas.