

Summer 7-31-2012

Effects of Country of Origin and Cognitive Development on Psychological Adjustment and Family Cohesion of Latino Youth Witnesses of Domestic Violence

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EFFECTS OF COUNTRY OF ORIGIN AND COGNITIVE DEVELOPMENT ON
PSYCHOLOGICAL ADJUSTMENT AND FAMILY COHESION OF LATINO YOUTH
WITNESSES OF DOMESTIC VIOLENCE

An Honors Thesis

Submitted in Partial Fulfillment of the

Requirements for Graduation with

Undergraduate Research Honors

Georgia State University

2012

by

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Date

EFFECTS OF COUNTRY OF ORIGIN AND COGNITIVE DEVELOPMENT ON PSYCHOLOGICAL
ADJUSTMENT AND FAMILY COHESION OF LATINO YOUTH WITNESSES OF DOMESTIC
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by

TED D. ALLAIRE

Under the Direction of Dr. Julia Perilla

ABSTRACT

Latino children living in the context of domestic violence (DV) often lack access to cultural-specific services. The purpose of this study was to examine the relationship among Latino children's level of cognitive development (age), country of origin and psychological adjustment as well as styles of coping with domestic violence. Analysis of data collected from an interview conducted with Latino children at a local DV intervention program suggests that Latino children utilize a range of coping responses when confronted with violence in their homes. In a regression analysis using psychological adjustment as the dependent variable, developmental age was not related to adjustment in children. However, country of origin was a significant predictor of psychological adjustment. That is, immigrant children reported lower levels of psychological adjustment compared to children born in the U.S. This remained true while controlling for age, coping strategy, and family cohesion. The growing number of immigrant Latino children in the United States increases the need for culturally relevant research with racial and ethnic minority groups in regard to DV. These findings suggest immigrant Latino children have unique needs in the context of DV.

INDEX WORDS: domestic violence, family cohesion, psychological adjustment, Latino youth

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An Honors Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

Bachelors of Science

in the College of Arts & Sciences

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GSU Honors Program
Georgia State University
July 2012

DEDICATION

This work is dedicated to the families and facilitators at Caminar Latino. This report would have been impossible without their tireless work and dedication to stopping the cycle of violence.

ACKNOWLEDGEMENTS

I would like to acknowledge the guidance and support of Dr. Julia Perilla and the Violence, Research, and Action (VRA) Lab. I would like to also thank VRA lab member Lillie Macias – who provided me with a wealth of information and has spent countless hours assisting me throughout this process.

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INTRODUCTION

DV & Latino Children

Millions of children all around the globe are exposed to domestic violence in some degree, and the effects of this exposure vary greatly depending on the context in which the children were exposed (Edleson, 1999; Kitzmann, et. al, 2003; Godsall, et. al, 2004). The Georgia Coalition Against Domestic Violence (GCADV) reports that as many as ten million children nationwide witness domestic violence in their own household each year (GCADV, 2012). Furthermore, research conducted by the American Bar Association suggests that simply witnessing domestic violence can lead to tremendous psychological consequences for young children – Among teenagers these consequences can include depression, hopelessness, and other forms of emotional distress, while in younger children the effects can range from something like bed wetting to more serious consequences such as violence towards other children, stuttering, sleep disorders, and a general failure to thrive (GCADV, 2012).

DV disproportionately affects Latino families, which is one of the many reasons why studying the effects of DV on Latino children is so important. According to a 2002 study conducted at the California Bureau of Research, Latinos made up roughly 32% of the California state population, and accounted for 40% of the reported incidents of domestic violence, while Whites made up 47% of the population and accounted for only 42% of the reported cases of domestic violence (Bugarin, 2002). The 2010 census reports that roughly fifty million Latinos live in the United States. Since 2000 the Latino population has increased by 43%, and experts believe that the number will continue to grow exponentially (Humes, et al., 2011; Fantuzzo, et. al, 1997). Given this information it seems logical that the emphasis on studying and understanding the effects of DV on Latinos should be as great as studying it within non-minority populations. As previously cited, the GCADV reports a wide array of potential consequences of

youth exposure to domestic violence, and one can only imagine what the effects may be when exposure to domestic violence is coupled with additional layers of racism and discrimination faced by many minority children on a daily basis, especially those without documentation (GCADV, 2012).

Caminar Latino

Families of every ethnicity in the United States are afflicted by DV. There are many different types of outreach organizations and services available to help families learn how to deal with DV and DA, but specific ethnic and racial minorities often fall between the cracks of these different agencies due to a lack of culturally relevant services (Perilla, 1999; Perilla, et al., 1994). This lack of cultural relevance in support groups and government agencies has created the need for culturally relevant family violence research to help support additional intervention programs (Cowan, Schwarts, 2004). One specific program, which does deal predominantly with Latinos domestic violence, is Caminar Latino. Caminar Latino's goal is to help children, men, and women all learn how to deal with family issues via non-violent coping mechanisms and to foster constructive and helpful behavior instead of negative and hurtful behavior (Perilla, 1999; Perilla, et al., 1994).

Group intervention settings are also an effective way to get children talking about abuse and violence in a positive way (Sqroi, 1981). In the children's group, facilitators foster a sense of positivity and community centered on non-violent behavior, but because of the developmental gaps between the groups, how facilitators go about accomplishing this varies on a group-to-group basis (Hamin, 2006). Due to the differing cognitive and social development of children of different chronological ages, the children's group is split into smaller groups based on age; the

groups are as follows: < 3 years old; 4-7 years old; 8-11 years old; 12-15 years old; > 15 years old. The different groups were created based on the idea that children of different age groups have differing needs when coping with domestic violence. The strata of Caminar Latino's youth groups match up closely with Piaget's stages of psychosocial development, which is indicative of the developmental nature of adjustment and coping. For example, the < 3 years old group is composed of children in the sensorimotor and early preoperational stages of Piaget's developmental theory, therefore a lesson or activity, which required mastery of conservation (a skill not mastered until the late preoperational or early concrete operational stage) may be ill-suited. Another example would be attempting to explain to the 4-7 year old group how families involved with DV or DA are not inherently bad. According to Piaget's stages of cognitive development and Kohlberg's theory of moral development, children between the ages of 4-7 often find it difficult to decipher motive or intent in a person's actions; therefore, it may be difficult for them to grasp the gray nature of DV and DA within the dynamic of a specific family. These distinct stages of development are key in understanding how to effectively enhance a child's coping and resiliency strategies (Harwood, et al., 2008).

The children who attend group meetings at Caminar Latino come from Latino/Hispanic backgrounds, which requires facilitators to ensure that the activities and topics are not only age appropriate but culturally relevant (Perilla, 1999). Often times, minority communities slip between the cracks in mental health treatment because of the lack of culturally appropriate services (Perilla, 1999). The majority of the activities and topics which the facilitators use in their groups are made available in both Spanish and English, to avoid miscommunication between the facilitators and the children, and also so none of the children feel like an outsider or outcast from the group. Adding this second layer of cultural relativism to Caminar Latino's age-

appropriate curriculum increases the chances that children and adolescents will learn how to behave and cope non-violently. A group may have the best intentions, but if its curriculum is not relevant to its members' needs, it will have trouble accomplishing its goals (Deblinger, et al., 2001).

The group environment of Caminar Latino is an effective means of intervention for children exposed to DA and DV. By talking about violence and abuse in an open forum, it normalizes talking about these difficult topics, which means that nobody feels a sense of shame or guilt for sharing in the group what actually goes on at home (Perilla, 1999). The facilitators at Caminar Latino offer positive support and reinforcement to their groups, and in certain cases they are the only non-familial interaction that the children have on a regular basis. Group intervention is the most efficient way to offer mental health services to a large population, especially a population with limited access to mental health care.

Cognitive Development & DV

This study sought to understand in more depth how children's chronological age is linked to their ability to cope with DA and DV. Much of the curricula used in each age group at Caminar Latino is designed to be age-appropriate; therefore, it seems logical that children may develop different coping mechanisms at different ages. Children cope with stressful and traumatizing events much differently than adults do and their coping mechanisms develop and evolve throughout their childhood and adolescence (Mullender et al., 2002). Many studies have shown the implications of trauma on children, and the emphasis on pediatric PTSD and depression research is steadily increasing (Harwood, et al., 2008). With this increased emphasis, treatment for children exposed to DV and DA is adapting and evolving. Treatment and

intervention strategies are beginning to follow a much more developmentally appropriate methodology, and this is closely related to research on development of coping strategies (Harwood, et al., 2008). As more research becomes available, it is becoming increasingly clear that treatment and intervention must be relevant to different age groups, or else it will prove ineffective. Effective treatment programs can improve a child's adjustment and wellbeing while also reducing his or her risk of depression and PTSD. Without this treatment abused children can become significantly more susceptible to worse outcomes and both developmental and psychosocial issues later in life (Deblinger, et al., 2001).

A study conducted by Kitzmann, Gaylord, Holt, and Kenny (2003) showed that children who witnessed DV had significantly worse outcomes relative to those who did not come from aggressive homes. Kendall-Tackett, Williams, & Finkelhor (1993) studied sexually abused children and discovered that these children suffered more psychosocial, cognitive, and emotional symptoms than children who were not abused. These studies clearly indicate that abuse and violence can have a tremendous effect on the development of children, but how should practitioners go about treating children who have already been or are currently being exposed to DV or DA, and how do they ensure that the approved treatment plan is appropriate and relevant? Mental healthcare can often be expensive, and it is difficult to provide mental health services to those in need in an affordable manner. Support groups and group intervention allow mental healthcare facilitators and practitioners to offer services to large groups of people at a relatively low cost.

Piaget, (Harwood, et al., 2008) one of the fathers of modern developmental psychology, split childhood cognitive development into four stages:

- Sensorimotor (0-2 years)
- Preoperational (2-7 years)
- Concrete Operational (7-12 years)
- Formal Operational (13+ years)

Each of these four stages is accompanied by its own unique behavioral and cognitive tendencies, which may influence what type of treatment or intervention a child needs. The backbone to Piaget's theory are the processes of accommodation and adaptation, which are the mechanisms by which Piaget believed children learn new tasks. Adaptation involves fitting new pieces of information into existing categories of information, and accommodation involves creating new categories to fit new pieces of information. Children will often fail to assimilate before successfully accommodating a new piece of information. Piaget has been criticized for universalizing his theory to all people with little consideration for the roles that society and culture may play in children's development. A lack of emphasis on the impact of culture can often lead to assumptions about different demographics, including race or ethnicity, which may not always be true. An example of this would be the historic usage of Eurocentric intelligence testing on non-European populations. These tests have long been composed of many culturally biased questions, which ethnic minorities often answer incorrectly (Smith, 2011). Piaget's theory fails to account for social factors, which critics claim reduces the validity and reliability of his theory.

Vygotsky, another father of developmental psychology, took a more social approach to children's development. Vygotsky's incorporation of social behavior into his developmental

theory serves as an excellent compliment to Piaget's solely age-based theory of development (Harwood, et al., 2008). Unlike Piaget's uniformity and rigidity in children's development, Vygotsky thought that children developed through different zones of proximal development (ZPD). These zones serve as windows of opportunity in which children can master a task; the lower limit of the ZPD is when a specific child will master the task without any instruction, and the upper limit is when the child could master the task with careful instruction. These zones utilize a skill that Vygotsky refers to as scaffolding – Scaffolding is a system of support, which helps children learn tasks faster. Scaffolding can take many forms, and depending on its implementation, its effects can vary.

A strong example of scaffolding would be a parent reading with his or her young child on a regular basis. By exposing the child to books and reading, the parent is taking advantage of their child's ZPD. According to Vygotsky's theory, this child would be much more likely to master reading at an earlier age than a peer who was given minimal exposure to reading. Vygotsky's theory underscores the importance of parental involvement in child rearing. Parents who patiently explain new tasks to their children create a strong set of scaffolds for their children to use in their quest for mastery of a specific task, but parents who do not take the time to teach their children may not be creating a strong enough support system for their children to reach that same level of mastery. Children exposed to DV and with lower reported levels of family cohesion may not be provided with the scaffolds required to take advantage of their zones of proximal development. Research suggests that scaffolding may lead to increased levels of academic achievement, which has also been linked to lower levels of reported DV in adulthood (Smith, 2011). Therefore, stopping the cycle of violence may begin by instilling the importance of early childhood education in families afflicted by DV.

Current Study

There is a significant lack of literature that investigates the aftermath of Latino children being exposed to domestic violence. To add to current knowledge about this important topic, this study investigated the psychological adjustment and familial cohesion of children attending Caminar Latino's weekly sharing groups. We hoped to gain a better understanding of how different cultural and cognitive factors influence how Latino children cope with DV. Caminar Latino is the only Latino-centered family violence intervention program in the metro Atlanta area as well as the entire southeastern United States. The present study may provide counselors and researchers a blueprint with which to increase much needed resources to underserved populations in other parts of the country, thus reducing the rates of DV among Latino families.

Based on theories of cognitive development , the first aim of this study was to explore the relationship between age and coping behavior among Latino children affected by DV. No a priori hypotheses was made regarding this exploratory analysis. The second aim was to investigate the roles of age, coping and immigrant status on psychological adjustment. Specifically, we hypothesized that country of origin would be a significant predictor of family cohesion and psychological adjustment.

METHODS

Participants

This study used existing data collected through structured interviews with children attending Caminar Latino. Our sample is composed of 80 children ranging from 4 to 12 years old who regularly attended Caminar Latino. As part of a larger study, children were administered

scales and questions about family psychological adjustment, exposure to violence, and coping. Parental permission and youth assent were obtained from all participants.

Measures

The interview used for this particular study consisted of questions derived from the Child Witnesses of Violence Inventory (Jaffe, et al., 1990). Coping behaviors and exposure to violence were measured by a series of questions regarding frequency of parental violence and children's response to this behavior (e.g. would you hide if your parents argue; would you hide if your parents are fighting in the same room; would you hide if your parents are fighting in a different room). Children were asked to respond on a 3-point Likert scale (never, sometimes, or always).

Psychological adjustment was measured using the Weinberger Adjustment Inventory (WAI), which is a twelve item scale (Cronbach's alpha= .74). The WAI queries about self-esteem, self-image, self-concept through a variety of questions dealing with adjustment (see the appendix to see for items used to construct the adjustment scale). The WAI has been shown to be have high internal consistency and has been used to assess the adjustment of youth in various contexts and at various ages. Weinberger et. al (1990) used the WAI to determine the levels of adjustment in 6th grade boys and their families that had been exposed to relatively high levels of distress. The researchers discovered that the children meeting criteria on the WAI for high distress were significantly less likely to allow researchers to conduct observational home visits and experienced an 80% attrition rate as compared to a 50% attrition rate of children that did not meet criteria for high distress on the WAI (Weinberger, et al., 1990).

The filial responsibility scale (Kuperminc et al., 2009) was adapted to capture family cohesion (see appendix for items used to construct the cohesion scale). The scale consisted of 14

items and had acceptable reliability (Cronbach's alpha=.71). The questions in this scale related to issues dealing with family and relationships. . This scale has been used previously with research involving Latino youth (Kuperminc, et al., 2009).

ANALYSIS

Coping Behaviors

Nearly half of our sample (44.4%) reported that they would never stay in the same room as their parents if their parents were arguing. Additionally, nearly half of our sample said that they would hide if their parents were physically fighting in another room of their home (44.8%). Less than a quarter of our sample (21.6%) reported they would stay in the same room as their parents if their parents were physically fighting. Over a third of our sample (39.3%) said that they would always hide if their parents were using physical violence against them.

A nonparametric correlation was used to assess the relationship between age and avoidant coping (e.g. would you hide if your parents were fighting in the same room as you?). There was a significant negative correlation between developmental age and avoidance coping. As age increased children were less likely to hide if their parents were fighting, $r(40) = -.44, p < .01$.

A second correlation was conducted between place of birth and avoidance coping. We found that birthplace (U.S. vs. foreign born) was significantly correlated with avoidance coping. Children born in the U.S. were significantly more likely to utilize avoidant coping strategies $r(62) = -.28, p < .05$, than those who had been born outside this country.

Psychological Adjustment

A hierarchical multiple linear regression was used to test the hypothesis that place of birth was a significant predictor of psychological adjustment (See Table 1). In the first step we

discovered that birthplace explained a significant amount of the variance within psychological adjustment ($b = .41, p < .05$), but not age, ($b = -.20, p > .05$).

In the second model, we added avoidance coping as a predictor variable due to its relationship to both the independent and dependent variables. Avoidance coping was not a significant predictor of psychological adjustment ($b = .07, p > .05$), and age remained an insignificant predictor of psychological adjustment ($b = -.19, p > .05$). Country of origin remained a significant predictor of psychological adjustment ($b = .43, p < .05$), when controlling for coping behavior and age.

In our third and final model, we controlled for age, avoidance coping, and family cohesion to determine if family cohesion played a role in children's psychological adjustment. Age ($b = -.15, p > .05$) and avoidance coping ($b = .07, p > .05$) remained insignificant predictors of psychological adjustment. As in the previous models country of origin ($b = .29, p < .05$) remained a significant predictor. Additionally, family cohesion explained a significant amount of the variance within psychological adjustment, $b = .65, p < .01$.

Table 1
Effects of Demographics, Coping, and Family Cohesion on Adjustment

Model		B	Std. Error	Beta	Sig.	Lower Bound	Upper Bound
1	Country of Origin	.331	.120	.405	.009**	.087	.575
	Age	-.458	.346	-.195	.194	-1.160	.243
2	Country of Origin	.350	.128	.428	.010*	.090	.610
	Age	-.457	.350	-.194	.200	-1.167	.253
	Avoidance Coping	.385	.833	.072	.647	-1.304	2.074
3	Country of Origin	.238	.094	.291	.016*	.047	.428
	Age	-.363	.252	-.154	.158	-.874	.148
	Avoidance Coping	.389	.598	.073	.519	-.824	1.603
	Family Cohesion	.827	.140	.647	.000**	.543	1.111

- a. Dependent Variable: Psychological Adjustment
b. * $p < .05$ ** $p < .01$

DISCUSSION

Factors Influencing Coping

Our analysis showed that Latino children born in the United States are likely to endorse higher levels of psychological adjustment than foreign born Latino children and that developmental age is not a predictor of adjustment. Correlational analyses suggest that older children are more likely to use coping mechanisms other than avoidance coping, which may be a result of their increased levels of strength and stature or their ability to see themselves as an equal to an older perpetrator of violence. This lack of a predictive quality between age and coping means that children from many diverse cognitive developmental stages are capable of coping in various ways. Facilitators from all different age groups constantly emphasize the importance of safety in the home. While our experience working in groups and theories of cognitive development might suggest that older children feel the need or believe to possess the ability to intervene in their parents' arguments and fights, our study did not corroborate the idea that the child's age would predict likelihood of their using avoidance coping strategies.

Our data analyses suggest that coping may be contextually dependent. Within this study the contexts observed include (in order of increasing physical threat to the participant):

- An argument between the participant's parents
- A fight between the parents in a different room
- A fight between the parents in the same room
- An event where the parent(s) use physical violence against the participant

Findings suggest that the greater the potential for harm towards the participant, the more likely they would be to utilize avoidance coping strategies, which aligns closely with coping literature (Edleson, 1999). Future research should break down these contexts into more precise components in an attempt to better understand which factors determine how children cope.

Our measure for avoidance coping could be improved and developed into a more comprehensive scale of many different kinds of coping, and we are presently planning a follow up program evaluation, which will include revamped coping scales and multiple time points. . This multi time point analysis will help us understand better Latino children's coping strategies in the aftermath of witnessing violence in their home.

Cognitive Development's Effects on Adjustment

We expected that due to increased logical thinking, higher age would be related to both greater coping and increased adjustment; however this was not the case. Age did not predict adjustment in this study, which means that within our sample cognitive development may not be related to adjustment at all. The parameters on our sample were rather constricting given that our sample consisted of children ranging from four to twelve years old. It may be possible that age is a significant predictor of adjustment within adolescents or when comparing younger children to older adolescents. It may also be the case that the complexity of the everyday life in families in which domestic violence occurs may negate some of the potential benefits of having more mature cognitive skills.

In the evaluation we plan to interview children and adolescents of all ages in all of the youth groups at Caminar Latino. This will allow us to look at cognitive development over a longer range of time to observe larger shifts and trends in adjustment. Although it will be difficult to isolate biology and shifts in hormones from actual advances in cognitive development, we hope to continue exploring if and how cognitive development affects adjustment.

Country of Origin's Effects on Adjustment

The predictive relationship between place of birth and psychological adjustment was an intriguing finding that may be explained in part by increased levels of discrimination faced by immigrant Latino children as compared to Latino children born within the borders of the U.S.. Regardless of their parents' documentation status, children born in the U.S. are guaranteed U.S. citizenship, which includes access to a wide array of public services. For example, state subsidized programs like Medicaid and *Babies Can't Wait* ensure that children have access to medical care and other type of services.

Current legislation and social attitudes vilify undocumented immigrants and their families. Families with children without documentation face a tremendous burden of hiding their immigration status and are often not allowed access to many institutions such as the Georgia Lottery sponsored PreK program. Additionally, U.S. born children may have increased interaction with extended family that non-U.S. born children lack, and this decreased social support may result in relatively lower levels of psychological adjustment. Furthermore, legislation such as HB86 makes it legal for law enforcement agents to demand proof of documentation during incidents as minor as a routine traffic stop. If individuals are unable to produce proof of their documentation, they may be subject to deportation. While it is entirely possible for a child born in the U.S. to have undocumented parents, it is more likely that an undocumented child would also have undocumented parents. This creates a constant state of uncertainty, fear, and stress that this study did not explore, but which may be impacting the adjustment and coping strategies of entire families.

Family Cohesion's Effects on Adjustment

In our study, family cohesion explained a significant amount of the variance within psychosocial wellbeing. The filial responsibility scale used to assess the participants' level of family cohesion asks a series of questions involving the child's role in the family and how family members interact with the child. Previous research investigating the role of family cohesiveness and psychological adjustment also suggest that family cohesion is an important factor in overall children's adjustment (Edleson, 1999). Given that the children included in our sample have been exposed to violence in the home, it is safe to assume that lower levels of family cohesion may be indicative of heightened levels of domestic violence in the home, which would also explain why children with lower reported levels of family cohesion experience reduced levels of psychological adjustment.

Future research should strive to break down family cohesion into more concise variables, which would provide more detailed knowledge as to why cohesion predicts psychological adjustment. Additional measures of family interactions and familial roles may be helpful in determining what aspects of family cohesion influence adjustment.

Limitations

Our sample consisted of nearly all the children regularly attending Caminar Latino at the time the evaluation was conducted, but given the actual population of Latino children exposed to domestic violence, our sample size is relatively small (Edleson, 1999). Additionally, the children in our sample were exclusively from either the U.S. or Mexico – Caminar Latino provides services to Latino families from many diverse ethnic backgrounds, and this phenomenon is simply due to chance that the children attending Caminar at the time of the evaluation were only

from Mexico and the U.S.. Future research should attempt to replicate this study with a larger sample size with different Latino groups.

The scarcity of measures normed and designed specifically for Latino children limited our study. During the interview children were asked if they would rather have the interview in English or in Spanish, and in bilingual cases children were administered the interview in both languages. Reliability measures were conducted for all of the scales during preliminary analysis, and all the results included in this report met minimum reliability criteria.

Moving Forward

Although research has been conducted to investigate the effects of DV on general pediatric populations, work specifically in regard to Latino populations is greatly underrepresented in the current literature. The findings from this study suggest that place of birth is significantly related to both coping style and psychological adjustment, and because of this link it is essential that culturally relevant work be conducted within the Latino community to assess how other acculturative factors may affect this population. The role of country of origin is only one potential acculturative variable, and in order to assess the larger effects of acculturation on psychological adjustment further research must test additional acculturative factors including:

- Time spent in the U.S.
- Documentation status
- Languages (written/spoken)
- Attitudes towards the U.S./country of origin
- Level of education

It is also important to understand that children do not live in a vacuum and that research dealing with child outcomes after exposure to domestic violence must also query about the larger effects of domestic violence on a child's parents and families (Edleson, 1999). We hope to continue our research at Caminar Latino and interview entire families to help triangulate the effects of violence on the family structure as a whole. By understanding the perspective of Latino parents and children living in the context of violence, we will be able to better help develop culturally relevant antiviolenence interventions.

	Not at all				A lot
1. Does your family get along?	0	1	2	3	4
2. Does your family do things together?	0	1	2	3	4
3. Does your family have time for you?	0	1	2	3	4
4. Do you ever wish you had a different family?	0	1	2	3	4
5. Does your family feel close to each other?	0	1	2	3	4
6. Does your family talk about problems/solutions together?	0	1	2	3	4
7. Do you like everything about your family?	0	1	2	3	4
8. Does someone in your family help you with your homework?	0	1	2	3	4
9. Do you involve your family with your problems?	0	1	2	3	4
10. Do people in your family help each other?	0	1	2	3	4
11. Does your family make decisions together?	0	1	2	3	4
12. Do your parents know your friends?	0	1	2	3	4
13. Do your parents know if you do your homework?	0	1	2	3	4
14. Do your parents check your report cards?	0	1	2	3	4

	Not at all				A lot
15. Are you sure of yourself?	0	1	2	3	4
16. Do you think of yourself as healthy?	0	1	2	3	4
17. Do you like yourself?	0	1	2	3	4
18. Do you have a lot of fun?	0	1	2	3	4
19. Do you worry about unimportant things?	0	1	2	3	4
20. Do you feel sad?	0	1	2	3	4
21. Do you think about who you want to be?	0	1	2	3	4
22. Do you ever get into such a bad mood that you want to do nothing?	0	1	2	3	4
23. Do you feel happy?	0	1	2	3	4
24. Do you ever feel worried or nervous?	0	1	2	3	4
25. Do you ever feel worried or nervous that things won't work out?	0	1	2	3	4
26. Do you feel lonely?	0	1	2	3	4

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