

EXPLORING THE BEHAVIORS OF CHILDREN  
FROM VIOLENT HOMES: THE PERSPECTIVES  
OF SCHOOL COUNSELORS

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I am submitting a thesis written by Carmen M. Bieske entitled "Exploring the Behaviors of Children From Violent Homes: The Perspectives of School Counselors." I have examined the final copy of this thesis for form and content and recommended that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Psychology.

  
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A Thesis

Presented for the Master of Science

Degree

Austin Peay State University

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April 2004



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## DEDICATION

This thesis is dedicated to my husband

Keith Ferguson

And my parents

Judy and Gerald Bieske

for their loving support and encouragement.



## ACKNOWLEDGMENTS

I would like to thank all three of my committee members for their guidance and support throughout this process. Dr. Stuart Bonnington, Dr. LuAnnette Butler, and Dr. Patti Wilson have been unconditionally helpful and positive when assistance was needed many times in the past 2 years. Thank you.

## ABSTRACT

The prevalence of violence exhibited in the home has been identified as one cause of behavior problems in children. The current study explored the behavior differences, which may be associated with Post Traumatic Stress Disorder, in children from violent homes versus those from nonviolent homes using self-reports of 8 school counselors. The participants were asked a series of 17 questions answered with open-ended responses. Qualitative research methods were used to analyze the responses given by the participants. The results showed similarities in many areas such as anger and aggressive behaviors exhibited in children from violent homes, ways violence in homes are identified, PTSD symptoms related to violence in the home, and interventions used with both children and parents who are in a violent home.



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## CHAPTER I

### INTRODUCTION

Children display many types of behavioral problems at school. Some examples of these behaviors have been identified as hyperactivity, impulsiveness, antisocial behavior, immature social skills, uncooperativeness in groups, temper tantrums, aggression, using profanity, and irritability, to name a few (Thompson & Rudolph, 2000; Coleman, 1986). According to Thompson & Rudolph, (2000), children with emotional and behavioral problems:

Exhibit an inability to learn that cannot be explained by other factors such as intellectual, sensory, or health problems; an inability to form satisfactory interpersonal relationships with peers and teachers, inappropriate displays of feelings or behavior, pervasive unhappiness or depression, or the development of physical symptoms associated with personal or school problems. (p. 486)

They also noted that the problems must occur over an extended period of time and interfere with school achievement.

Behavior problems in children may have many roots. The three major categories of causes were identified by Coleman (1996), as genetic, biochemical/neurological, and



temperament factors. Genetic factors are those that are inherited from our families. A study comparing behavior problems in very young children and sex differences (Prior, Smart, Sanson, & Oberklaid, 1993) found that infant/toddler boys had more behavioral problems, when compared to girls such as colic, sleep, and crying. The researchers suggested an inherited cause of the behavioral problems since they were present from birth.

Biochemical and neurological factors are also identified as possible causes for behavior problems and disorders. There may be differences in the amounts of and sensitivities to various neurotransmitters in some children who exhibit behavior problems. One study noted behavioral problems such as hyperactivity and impulsiveness may be produced by excessive dopamine excitation (Young, 2002). The second is organic causes such as brain abnormalities. The third area of causation is metabolic factors such as vitamin deficiencies, food allergies, and food additives (Coleman, 1996), which may possibly lead to problems in behavior. One study linked hyperactivity, inattentiveness, and impulsivity in children to a deficiency in essential fatty acids (Quinn, 1997).

The last area Coleman (1996) noted as a factor that may affect behaviors were temperament factors. These are

behavior styles of children that are affected by innate tendencies and by environmental factors. Children are thought to have certain temperaments, but these can be modified by other factors in the child's life.

Several studies also identify possible environmental reasons why children have behavior problems. A study done on parents spanking their children was conducted to see if spanking could be related to antisocial behavior in children (Straus, 1997). The researchers reported finding a relationship between antisocial behavior in children who were spanked by their parents. Another study examined the link between early drug use in adolescents and behavioral problems (*Early Use*, 2001) finding that early marijuana use predicted an increase of aggression and distress later in an adolescent's life.

Several other studies have linked behavioral problems in children to things such as anemia (*Anemia and mental problems*, 2000), lead exposure (*Lead and behavior*, 1999), playing video games (*Behavioral Problems*, 1993), and socioeconomic status of the parents (Ko, 2000; Kalff et. al, 2001). One potential cause of behavioral problems in children is violence in the home.

The prevalence of violence in our country has been widely discussed and researched (Fritz, 2000; Kernic et.



al, 2002; Kracke, 2001; Lemmey et. al, 2001; Schuler & Nair, 2001; & Szyndrowski, 1999). More specifically, violence in the home has been a great concern. It has been noted in several studies (Fritz, 2000; Kracke, 2001; Szyndrowski, 1999) that between 3.3 and 25 million children are exposed to violence in their homes each year. This violence may involve a child witnessing the abuse of a parent or may be the abuse of the child themselves.

Violence in the homes of children has been linked to behavioral problems in children in numerous studies, as discussed below. The research noted several physical and psychological symptoms of children who are exposed to violence. Several studies relate exposure to violence with symptoms including withdrawal, depression, anxiety, irritability, and low self-esteem (Fritz, 2000; Kracke, 2001; Lemmey et. al, 2001; Schuler & Nair, 2001; Szyndrowski, 1999). Also, abused children commit twice as many crimes as nonabused children. According to Szyndrowski (1999), between 50 and 75 percent of males who abuse their spouse had also been abused as a child.

Sometimes the effects on children from violent homes can be so severe that it results in Post Traumatic Stress Disorder symptoms. Recurrent nightmares, flashbacks, and serious behavioral problems, such as violence and

aggression towards others were noted in two studies that looked at Post Traumatic Stress symptoms in children from violent homes (Graham-Bermann & Levendosky, 1998; Fisher, 1999). Both of these studies noted that these symptoms affect the children in many areas of their lives, especially school.

An article on exposure to violence in children (Kracke, 2001) stated that children who witness violence have a greater chance of becoming violent themselves. A study measuring school issues among children from homes where their mothers were abused found that the children from violent homes were more likely to be absent from school and to be suspended from school. Also, these children had lower GPA scores than children from nonabusive homes and had more reported behavioral problems (Kernic et. al, 2002). Aggressive behavior in the children was the main behavioral problem noted in the study.

### Present Study

This overview leads us to the current study. This study specifically researched behavior problems in children who come from violent homes compared to behavior problems in children from non-violent homes. This area has not been looked at closely enough to accurately distinguish between the two, although it has been shown that aggressive and

violent behavior are two behavioral problems seen specifically in children from violent homes (Kernic et. al, 2002). Other behavior problems such as hyperactivity, inattentiveness, and impulsivity may be more common behavior problems in children who are not from violent homes.

This study is important in identifying problem behaviors so that school counselors, teachers, school psychologists and others may help children in a troubled and violent environment. If the signs are identified and correctly labeled, they can be recognized and children may be helped early enough to prevent or minimize long term damage.

The current study was designed to study the thoughts and perspectives of school counselors. The counselors were asked a series of questions. The questions ranged from their own professional experience to the behavior problems they observed from children known to be from violent homes and those not from violent homes. The behaviors were those observed in a school setting due to the participants used in the study, school counselors.

There were several variables operationalized for this study. Behavioral problems were identified as any behavior that causes a physical or emotional disturbance to the



child themselves or to the children around them in the school environment. The problem behaviors may be noticed by teachers/others in the classroom or on the playground, for example. Teachers may refer the students to the school counselor where they will draw their own conclusions about the behaviors of the child. Post Traumatic stress symptoms were identified as the severe problems such as flashbacks, aggression, intense fear, helplessness, or shaking and sweating, that students exhibit in school that may hinder their capabilities in class. Violence in the home may be identified in several manners. A list of signs of child abuse will be used, from a book written by Baker (2000), to identify violence in the home. These signs are extensive bruises or patterns of bruises, burns or burn patterns, lacerations, welts, or abrasions, and injuries inconsistent with information offered. Parental reports to the school and legally documented abuse by authorities may also constitute violence in the home.

The purpose of the study was to find answers to several questions. The first question was: "What are some specific observed behaviors children who have been identified as coming from violent homes may exhibit?" The second was: "Are there any specific perceived differences in the behavioral problems of children from violent homes

versus children from nonviolent homes? If so, what are those perceived behavior differences?" The third question was: "Are symptoms which are usually associated with Post Traumatic Stress Disorder (PTSD) prevalent in children from violent homes who have behavior problems at school?"

In this study school counselors were selected from Montgomery County, Tennessee. The counselors were certified and had been employed in a school setting for at least one full calendar school year. They were given an open-ended questionnaire, derived specifically for this study, to fill out and return to the researcher. The questions included experience of the counselors in the area of behavior problems, identifying behavior problems in children, similarities and differences in behaviors of children from violent versus nonviolent homes, and any symptoms usually associated with Post Traumatic Stress Syndrome that the counselors or teachers can identify in the children.

A qualitative research method was used to analyze the data. It allowed the use of open-ended questions rather than choosing from an already existing survey or questionnaire. An open-ended personal response from participants on their feelings and experiences was desired rather than a quantitative data analysis method, which puts

more emphasis on labeling with numbers. After all of the data was collected it was broken down according to the responses given. Similar responses were put into similar domains based on the opinions of a group of professors and the researcher. Some of the procedures explained are standard in Consensual Qualitative Research, but some were modified for the purposes of this study (Hill, Thompson, & Williams, 2000).

## CHAPTER II

### METHODS

#### Participants

The participants in the study were 8 school counselors from the Montgomery County School System in Clarksville, Tennessee. The participants consisted of two white males, two African American females, and four white female counselors. Their ages ranged from 34-46 years. The median age of the participants was 40. Their years of experience in school counseling totaled more than 40 years all together. Their other job experiences included a number of jobs, such as special education teacher, regular education teacher, job corps, alcohol and drug counselor, day care provider, girls softball coach, den leader for the cub scouts, Head Start director, crisis counselor, domestic violence director at a shelter, family counselor, at-risk youth counselor, and a state custody worker. Seven of the participants had obtained master's level degrees and one had a Ph.D.

#### Materials

A list of 17 questions was derived by the researcher from information gathered in literature reviews and with the consultation of professors monitoring the study. The professionals were asked what questions they perceived to



be useful to gain information about behaviors of children. The questions were reviewed by the researcher's faculty supervisor to narrow down the best questions and the best way to ask the questions.

One of the specific questions asked if the participant had worked with children identified to come from violent homes and, if they had, what were some of the behavioral problems they observed in those children. Another question asked the participants to compare behavioral problems in children coming from violent homes to those that do not come from violent homes, based on their own experiences. The final list of questions appears in Appendix A.

The questionnaire had no real reliability or validity because it had never been used before. Different information can be gathered from using a qualitative method rather than other methods because of the use of open-ended questions. Specifically, it may be more exploratory due to the open-ended question format.

### Design and Procedure

Approval was obtained by the Montgomery County School Board prior to the questionnaires being distributed to the participants. Approval was then obtained from individual school principals to distribute the materials at their

school. A total of twenty-nine packets were distributed to guidance secretaries, or equivalent, in the county on various levels including elementary, middle, and high schools. The secretaries were then asked to distribute the packets to each counselor at their respective schools. The purpose was to lessen any coercion the participants may feel to participate in the study. The packets contained a letter asking for the school counselor's participation in the study and explained the purposes of the study, an informed consent form, a demographic questionnaire (Appendix B), and the questionnaire for the study (Appendix A).

The packets were returned to the researcher via postage paid envelopes enclosed in their packets. Eight packets were received back to the researcher. All were used to analyze the results of the study.

The process of analysis, as mentioned earlier, was a modified version of the Consensual Qualitative Research Method used by Hill, Thompson, & Williams (2000). The data was broken down by each question and then further broken into similar domains based on the participant responses. The similar responses were grouped together and then a name was given for each domain. The domains were then compared

and contrasted with each other and within each domain  
itself.

## CHAPTER III

### RESULTS

The data received from the participants was broken down into several domains based on similarities in the data. There were several domains noted in the study such as anger and violence as coping strategies, reporting strategies, level and severity key differences in behaviors, violence as a learned behavior, and aggression and fear as common PTSD symptoms.

#### Domain 1: Anger And Violence As Coping Strategies

The participants were asked what kinds of behaviors are exhibited specifically in children from violent homes. The participants consistently responded that they observed aggressive, violent, and angry behaviors from these children. There were many other behaviors noted, but aggression, anger, and violence came up in seven out of the eight responses given by the participants. It seems that these behaviors are a common theme in the responses. Also, aggression, anger, and violence were noted by the participants to be the main difference between children from violent homes and those who were not from violent homes. Half of the participants responded that this was the main difference. The following are some illustrations



of the domain of violence and anger being used as a coping strategy.

### **Respondent 1**

Typical behaviors include taking out frustration/anger generated from adverse home environment on other children. One student routinely misbehaves on the bus. When disciplined, the student becomes defensive. The student won't let the incident pass. They make it worse by not doing class work, talking rudely to the teacher and classmates, and disobeying rules. Another student will act overtly when instructed to do something they do not want to do. I believe the student's home environment serves as an example to him of proper behavior when confronted with stressful stimuli.

### **Respondent 2**

I am counseling a student on an ongoing basis. The student is one mentioned who comes from a violent home. The student is a very pleasant person until they do not get their own way. The student then acts out by throwing things, yelling, disobeying the teacher, etc. When this is brought up, his expression changes suddenly from pleasant to defensive.

### **Respondent 3**

Mom beat the student with a belt. The mom was beat by dad with the belt. The child came to school after an incident and acted out by using aggressive behavior such as hitting, yelling, and cursing.

### **Respondent 4**

A child had been up all night due to parents fighting. The child comes to school and falls asleep in class. They become angry and don't want to be awakened. They do not complete school work and curse the teacher out.

There were also other behaviors reported from the participants besides aggression, anger, and violence towards others. Other behaviors observed in children from violent homes were low self-esteem, disrespecting authority, not doing class work, disobeying rules, limited vocabulary of feeling words, passivity, and secretiveness about violence at home.

### Domain 2: Reporting Strategies

The participants were asked how the violence was identified in the students with whom they work. The main response given was that the child themselves will often report the violence at home. In the instances reported by the counselors, the children had told the counselors about the violence. All eight of the school counselors

participating in the study acknowledged that student reports, although not in all cases, do occur at times.

The other response given by the participants was that the violence was identified through the Department of Children's Services (DCS). The police may have been involved or someone else reported the violence in order to get DCS involved. This response was given by half of the participants. Some examples of how the violence in the homes of the children was identified are given in the following paragraphs.

#### **Respondent 1**

The documented evidence that the child came from a violent home came to me through police reports and reports from the student themselves.

The violence was identified through DCS and Foster care reports.

#### **Respondent 2**

At the high school level if there are not physical signs then violence is usually identified through self-reporting of the student.

#### **Respondent 3**

Through referrals to DCS, from teachers, and from students themselves.

#### **Respondent 4**

Violence in the home is usually identified by the student, a parent, a neighbor, or from the local newspaper. Sometimes DCS is involved or a mental health agency.

#### Domain 3: Level And Severity Key Difference In Behaviors

The participants were asked to give their perceptions of observed differences between children who were from violent homes compared to those from nonviolent homes. The first difference noted was that anger and aggression seem to be more prevalent in children from violent homes, as noted in the first domain.

There did appear to be one other consistent response given to this question. That is that the level, occurrence, and severity of a behavior problem are observed to be higher for a child who comes from a violent home. Note that there were two participants who reported seeing no differences in behavior problems. The following responses relate to this domain.

#### **Respondent 1**

(Referring to behavior problems of children from nonviolent homes), silliness, name calling, disobeying rules, and not participating in class, but not nearly to the extent that children from violent homes do.



## **Respondent 2**

Children from nonviolent homes tend to be more stable.

## **Respondent 3**

Many or most of the students at a particular school will act out occasionally by talking back to a teacher, arguing with another student, not wanting to cooperate and do their school work, or minor things of this nature.

The participants seemed to give similar reactions to that question. The counselors did report finding a difference between the behaviors of children from violent homes and those from nonviolent homes.

## Domain 4: Violence As A Learned Behavior

The participants were asked if they believed the problem behaviors exhibited at school were specifically related to violence in their homes. Five of the participants stated in some way that they believe that violence is a learned behavior and that children model what they see at home. Although not even a specific focus of the study, the responses were consistently given by the participants. The following responses show how the participants related learned behavior and modeling parental behavior to behaviors at school.

**Respondent 1**

I believe the students in question react the way they see their parents behave. When students do not respect authority, I believe they learn that somewhere. In the case of dysfunctional families, the source of that learned behavior is home.

**Respondent 2**

Children relate to what they know.

**Respondent 3**

I believe that children mimic what they see.

**Respondent 4**

Problem behaviors are not always related to living in a violent unstable environment, but many times the fighting at home is a contributing factor to a child acting out at school.

**Respondent 5**

Yes, I believe children can learn to be physically aggressive towards others by being in environments where aggressive violent behaviors are common.

Violent behaviors are not tolerated in school and if they are a learned trait then it would make sense that children are learning to be aggressive or violent somewhere else. I can think of several different children that I work with here at school who have a

tendency to become excessively angry and sometimes violent and have parents who have been arrested for domestic assault against their spouse or significant other.

As stated above, the responses obtained from the participants were not directly asked in any question. The data is consistent among most of the participants.

#### Domain 5: Aggression And Fear as Common PTSD Symptoms

The participants were asked about their experiences with children from violent homes who may have exhibited PTSD symptoms. First, six of the participants noted that they believed that the PTSD symptoms they observed in the children were related to violence in the homes of the children. Secondly, half of the participants responded that they had seen PTSD symptoms of either aggression or fear in a child from a violent home. The following responses related to this domain.

##### **Respondent 1**

Usually just aggression is seen as a symptom of PTSD. Fear is displayed, but masked by "bullying" or "attitude."

##### **Respondent 2**

Yes, in the earlier incident where the child had been beaten with a belt by the mother, the student had

aggression after the beating. They were removed from the home, but placed back in the home at a later date. Before going home, the student displayed intense fear.

### **Respondent 3**

Shaking is more common with the people I have worked with. Sometimes it is out of fear but more commonly out of anger at the situation or person who is involved.

### **Respondent 4**

Yes, the PTSD symptom I see is primarily aggression and takes it out on other people. I have also seen intense fear in students.

There was great variation among the PTSD symptoms observed by the participants. Symptoms from shaking, fear, and a masking sort of "bullying" behavior were noted. Although the symptoms noted were different, there was still consistency about the presence of PTSD symptoms in children from violent homes.

### Domain 6: Counseling, DCS, And Referrals For Helping

The participants were asked how they had been able to help students who had come from violent homes. The participants gave a variety of responses, but two common responses emerged from the data. First, five of the participants noted that they had been able to help students



through individual counseling at school. Four of the participants responded that they had been able to contact DCS in order to get the child help. Also, four of the participants responded that they had been able to make outside referrals to mental health professionals or agencies in order to get the child help. The following responses are related to this domain.

### **Respondent 1**

Individual Counseling. By letting the children talk about the issues concerning them. I have had to call DCS from time to time. Each counseling session is different. I let the student take the lead, and go from there.

### **Respondent 2**

I called DCS and the police about the incident when child was beaten with the belt. I counseled the child and gave them empathy.

### **Respondent 3**

I think the HUMAN factor. I have an open door policy with students and I let them know they can come in anytime. Our only tools are one on one counseling and referral to outside agencies if necessary.

#### **Respondent 4**

I help the children learn cool down strategies and behavior contracts. We have lessons each day from the school counselor that center around character education and lend itself to respecting others rights as citizens, etc. We have a clinical social worker two days a week who works with the students and families(that qualify) on various issues including aggressive or violent behaviors. There is a Centerstone worker who teaches an entire curriculum based on violence prevention to 3<sup>rd</sup> graders weekly.

Some of the other responses given in this area were that the participants had been able to help the children through small counseling groups in school, character education lessons, and that they felt they had no tools to help the children.

#### Domain 7: Meetings As Parental Interventions

The participants were asked if or how they were able to get the parents involved in interventions to address the behavior problems of children who come from violent homes. Although the responses in this domain were not as similar, there were a couple of consistent responses.

The first consistency was that phone calls or meetings with the parents were the most likely interventions to be

used by the participants. The next were that parents in these types of homes or situations do not always respond well to interventions. There seemed to be a lot of question in the minds of the participants when answering this question. The following responses related to this domain.

**Respondent 1**

That's touchy. I've found that parents from violent homes don't respond to interventions. A meeting with the parents and at least one administrator is usually appropriate.

**Respondent 2**

Still working on this one. Traditional approaches (conferences, meetings) seem ineffective.

**Respondent 3**

Sometimes that is the most difficult because the parent is sometimes part of the cycle of violence. We set up parent teacher conferences and try to keep a closer eye on students throughout the school year, but it is a basic day-by-day working relationship.

**Respondent 4**

I've called parents to express concerns and given them referrals for counseling and suggestions for interventions.

## CHAPTER IV

### DISCUSSION

There were a number of similarities in the responses given by the participants. As discussed earlier, those similarities led to the composition of the domains in the results section. The domains, or similarities in data, were the use of anger and aggression as coping strategies in children from violent homes, the ways violence in the home are identified, modeling parental behavior, and ways to intervene and help children from violent homes, including contacting the parents. There were a variety of responses given to each question. It is clear that the participants did agree on many different issues concerning children from violent homes and their behaviors at school.

The purpose of this study was to gain more knowledge in the area of behavior problems in children from violent homes. The goal was also to gain more insight into three research questions. One of the research questions asked was what specific behaviors children who have been identified as coming from violent homes may exhibit. The results showed that many of the participants believed that aggression, violence, and anger towards other people were the main behaviors exhibited by children who come from violent homes. There were other behaviors noted in the



responses, but those listed above were the most consistently reported by the participants.

Another of the research questions asked if there were any specific perceived differences in the behavior problems of children from violent versus children from nonviolent homes. It was also asked if there were perceived differences that the participants describe them. The answer to this question was a little more difficult and not quite as clear. Although half of the participants agreed that the aggressive and violent behaviors were more common in children from violent homes versus nonviolent homes, there were two participants who perceived no differences between the two groups. This would be an area for more research, though it is hard to point at exactly what differences or similarities are common between the two groups of children.

The last research question asked if symptoms that are usually associated with PTSD were prevalent in children from violent homes who have behavior problems at school. Many of the participants in this study related the aggression and fear they saw exhibited in children from violent homes to PTSD. It is hard to say whether the two are actually related without having an expert come in to actually diagnose PTSD. The symptoms could be aggression

or fear, not severe enough to be an actual sign of something as serious as PTSD. On the other hand, there could indeed be some sort of relationship between violence in the home and PTSD symptoms. Their responses do relate to the study by Graham-Bermann & Levendowsky (1998), which showed that children from violent environments with PTSD symptoms showed an increased amount of externalizing behaviors such as aggression, withdrawal, and depression.

There were other similarities in the data, which did not even relate to the purposes of the study, that were interesting. The consistencies in responses about beliefs that behavior is learned from modeling through parents was unexpected. The researcher was not looking for this, but it emerged through the questions asked of the participants. The participants believed that violent behaviors in children are often related to, if not a direct cause of, violence in the homes of the children. This is in direct agreement with the study conducted by Bandura, Ross, & Ross (1961), where children were shown to model behavior of adults, specifically aggressive behavior. There were some other potential causes for the violent behavior noted such as the media and peers, but the home environment seems to be most important in the participant responses.

Another finding in the study was the way that the violence in the home was identified. The violence was mostly identified by student reports, DCS, or police reports. All the participants agreed that children would report the incidents themselves, though not always. It would depend on the child and the situation. If that is true, then there may be a whole range of children who are not willing to report the violence for some reason or another. Reaching those children could be a main priority for school counselors.

The last finding of the study was the tools school counselors have at their disposal to help children who come from violent homes, including parental involvement. The counselors seemed to express the most uncertainty in this area. The consistent response was that the tools they had were individual counseling, DCS, or outside referrals.

Only one counselor reported actually having specific intervention methods for children in violent environments. The intervention method reported by this participant included a social worker teaching lessons to the 3<sup>rd</sup> graders on violence prevention strategies. In the study done by Aber, Brown, & Jones (2003), results indicated that children whose teachers taught more lessons on conflict resolution had more positive changes in their social-



emotional development. The lessons were a predictor for a move away from aggression and violence. The lessons noted by the counselor in the current study are in direct agreement with the 2003 study, and may be very useful in dealing with children from violent homes, especially those children who choose not to report the incidents themselves.

The rest of the counselors seemed to be doing the best they could, but yet they were not sure if it was enough. They expressed a lack of parental involvement and therefore used meetings or phone calls to the parent. This may be a problem because the parents who may be violent themselves or having violence directed at them, may need help along with the child. Reaching the parents appears extremely beneficial in trying to help the children, yet that is where the counselors reported the most inconsistencies in responses. Two counselors responded that they did not feel they had any tools to help the child or the parents in a violent situation.

There were two studies (Fisher, 1999; Kernic et. al, 2002) that showed the importance of referring a child exposed to violence to a trained and qualified professional soon after the violent event happens. It was shown that early intervention reduces or eliminates PTSD symptoms in children. As professionals, school counselors need to be



aware of these things. The school counselors in this study seemed to be aware of their own limitations. Their responses indicated that they referred to other professionals often. It is always helpful to be reminded of what we need to do as professionals for our students, especially in a school setting where things are changing so rapidly.

There have been other intervention methods attempted in order to prevent violent behaviors in children (Kracke, 2001; Pettit & Dodge, 2003; Violence in Families, 1998), but none have been the perfect answer to finding a clear intervention for children and parents coming from violent situations. This is an area that needs further research. It will most likely be a continuous struggle, as the needs of children seem to change so rapidly. Finding a useful, clear technique would be very beneficial, especially for counselors in a school setting.

### Limitations

The current study had several limitations. First, the size of the sample was quite small. Even though the method was qualitative, it is hard to make any statements from a sample size of only eight. However, the experience, age, race, and gender of the participants was very diverse for only eight participants. The counselors had a great deal

in common, but all brought something different in their responses to the questions.

This leads to the second limitation of the study. It would have been extremely beneficial had the methodology used interviews rather than questionnaires. Much more information could have been gained through interviewing. The researcher would have been able to have the participants expand on their responses and would have gotten different, more detailed, and more specific information.

Also, being able to interview or talk with parents and children who are or have been in violent home environments would have greatly enhanced the validity and reliability of the study. Perceptions of school counselors, although a very important component of identifying behaviors at school, are only a part of the process, especially when it comes to interventions. It would be much more helpful if parents and children could be part of the process to help reduce incidences of violence and behavior problems at school.

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## APPENDIX A



## Appendix A

- 1) How long have you been a school counselor and on what grade levels have you worked?
- 2) What other experience have you had in working with children?
- 3) Do you feel that you are qualified to identify behavior problems in children? If so, what experience and/or education have you obtained in identifying behavior problems in children? Please explain.
- 4) Have you worked with any children who were identified as being from a "violent" home? If so, what behavior problems have these children exhibited? Can you describe a couple of specific situations when a child reacted adversely after being exposed to a violent situation the night before or the morning of school?
- 5) Do you believe the problem behaviors exhibited at school were specifically related to living in a violent environment?
- 6) Why do you think these behaviors were specifically related to the violence in their homes? Is there documented evidence that the child's home is a violent environment? Please explain in as much detail as possible without revealing the identity of the client.

- 7) Have you counseled children from violent homes with behavior problems this year? If so, please explain.
- 8) How is the violence in the homes of these children identified?
- 9) In other children (from nonviolent homes) what behavior problems are common?
- 10) Do you see any similarities and/or differences in the behaviors exhibited from children living in a nonviolent home compared to violent homes? Please explain your answer.
- 11) Have you seen any Post Traumatic Stress symptoms in any of the children from violent homes? These symptoms include flashbacks, aggression, intense fear, helplessness, sweating, and shaking. If so, please explain specific symptoms displayed and when they were displayed.
- 12) Would you say that the Post Traumatic Stress Disorders were related to being exposed to violence at home? Why or why not?
- 13) What percentage of students in ISS would you identify as coming from a violent home?
- 14) How have you been able to help a child's behavior at school when violence is prevalent at home? Please

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explain in detail how you have been able to help that child.

15) Do you have counseling groups, guidance lessons, or any other tools specifically addressing the needs of children from violent homes? Is yes, please explain the tools in more detail and how they have helped the children if they have been successful.

16) How do you get parents involved in interventions to address the behavior problems of children from violent homes? Please explain in as much detail as possible.

17) If there is any additional information that you would like to include that is related to this study, please do so.

## APPENDIX B



## Appendix B

### Demographic Information

Sex:

Race:

Highest Educational Level Completed:

Age:

Length of Employment at current job:

Length of Time Employed as a School Counselor:

# **INFORMED CONSENT**

You are being asked to participate in the following research study: **Exploring the Behaviors of Children from Violent Homes: The Perspective of School Counselors.**

If you have any questions regarding this study or this consent form, you may ask the researchers listed below. Also, you may contact the Office of Grants and Sponsored Research, P.O. Box 4517, Austin Peay State University, Clarksville, TN, 37044, 931-221-7881 with questions about the rights of research participants.

The principal investigator in this study is Carmen Bieske. I can be contacted at [bieskec@hotmail.com](mailto:bieskec@hotmail.com) or at 906-4891. Also, Dr. Stuart Bonnington, faculty supervisor ([bonningtons@apsu.edu](mailto:bonningtons@apsu.edu)), may be contacted for any questions.

The purpose of this study is to obtain the thoughts and perceptions of school counselors concerning the behavior of children coming from a violent environment. If the signs are identified and correctly labeled, they may be recognized and children may be helped early enough to prevent or minimize long term damage.

The enclosed questionnaire asks a series of open-ended questions. You will be asked about your experiences with children as a school counselor and to fill out the attached demographic information form. **NO identifying information about your clients should be revealed for the purposes of this study.** Please return this informed consent, along with the questionnaires, to the principal researcher in the postage paid, addressed envelope. Your responses to the questionnaires will be transcribed and kept in a secure location. All data that is published or presented will be done in a way that does not reveal the identity of the participant or the clients of the participant.

I am looking for your honest responses to these questions. Please answer them to the best of your ability and knowledge, with as much detail as possible. You do not have to answer any questions that you do not wish to answer. You may include additional information if you see it appropriate to the topics related to this study. I foresee no potential risks from this study. However, I hope that the information gained through your statements will be able to benefit children who may live in a potentially harmful environment. Any significant findings from this research will be provided to each participant.

\_\_\_ I have read and been informed of what the study is about, why it is being done, and any risks or benefits involved.

\_\_\_ I have been informed that I do not have to participate in this study and my refusal to participate will result in no penalty or loss of rights.

\_\_\_ I agree to participate in this study and understand that by agreeing to participate I have not given up any human rights.

\_\_\_ I have been informed that I have the right to withdraw my consent and stop participating at any time during the study and all data collected from me will be destroyed.

\_\_\_ If I choose to withdraw, that choice will be respected and I will not be penalized or coerced to continue.

\_\_\_ I have been informed that I will receive a copy of this form.

If you have any questions or concerns about this study you may contact the principal student researcher, Carmen Bieske, at 931-906-4891, or by e-mail at [bieskec@hotmail.com](mailto:bieskec@hotmail.com)

OR

Dr. Stuart Bonnington, faculty supervisor, at 931-221-7234 or [bonningtons@apsu.edu](mailto:bonningtons@apsu.edu)

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Participant Signature

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Date

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Principal Researcher Signature

---

Date



Carmen Bieske  
Austin Peay State University  
bieskec@hotmail.com

931-906-4891

School Counselor:

Hello. My name is Carmen Bieske. I am a graduate student at Austin Peay State University currently in the School Counseling program. The purpose of this letter is to ask for your participation in my thesis project interview that I will be conducting. The study is looking at the perceptions of school counselors on children who come from violent homes. I hope to use the data I collect to better understand certain observed behaviors of children who come from violent homes. In doing so, maybe we can find better ways to help these children and make their educational experience the best possible.

If you agree to participate I would ask you to complete the enclosed consent form and questionnaires and return them to me in the postage paid, addressed envelopes which I have included. I ask that **no information in the interviews would be identifying of your clients.** I also ask that you answer the questions according to your knowledge and experiences as a school counselor. If you have additional information relevant to the study you may also include that on one of the questionnaires.

You are in no way expected to participate in this study. There will be no consequences for you if you choose not to participate. My contact information is located at the top of the letter. If you are interested in participating I ask that you complete the

forms and return them to me at your convenience before February 23, 2004. Please print  
or type your responses. Thank you.

Sincerely,

Carmen Bieske

## VITA

Carmen Marie Bieske was born in Cheboygan, Michigan, on July 29, 1978. She graduated from Cheboygan Area High School in 1996. She attended Central Michigan University, North Central Michigan University, and Grand Valley State University where she graduated with a Bachelor's degree in Pre-professional Psychology in the Spring of 2000. The degree in which she currently pursues is in School Counseling.