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Insights from Survivors and Latino Professional Counselors Providing Interventions to Latino Children Affected by Domestic Violence: Implications for Culturally Responsive Interventions and Professional Training

Estela Melgoza

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NATIONAL LOUIS UNIVERSITY

INSIGHTS FROM SURVIVORS AND LATINO PROFESSIONAL COUNSELORS
PROVIDING INTERVENTIONS TO LATINO CHILDREN AFFECTED BY DOMESTIC
VIOLENCE: IMPLICATIONS FOR CULTURALLY RESPONSIVE INTERVENTIONS AND
PROFESSIONAL TRAINING

A DISSERTATION SUBMITTED TO
THE GRADUATE SCHOOL IN PARTIAL FULFILLMENT OF
THE REQUIRMENTS FOR THE DEGREE

DOCTOR OF PHILOSOPHY

COMMUNITY PSYCHOLOGY DOCTORAL PROGRAM
IN THE COLLEGE OF ARTS AND SCIENCES

BY

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Chicago, Illinois

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Providing Interventions to Latino Children Affected by Domestic Violence: Implications for
Culturally Responsive Interventions and Professional Training

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Dedication

This monumental accomplishment is dedicated to all the individuals that supported me along the way and inspired me with their words of encouragement and wisdom. I particularly dedicate this to my parents, Antonio Melgoza and Anita Betancourt, and my whole family who since an early age saw in me the potential I had to succeed in school. I also dedicate this to my partner who stood by my side throughout this process. My parent's journey to this country was not in vain and this serves as evidence. My own academic journey has been a challenging one, especially in the early days when I entered the school system as an immigrant child and not knowing a word in English. As I reach the end of this journey, I am reminded of my extraordinary value, the strengths within, the perseverance I inherited from my parents, and the responsibility I now have to influence others just like my mentors have done with me.

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Abstract

There is a growing need for intervention models for Latino families experiencing psycho-social issues resulting from domestic violence, given the growth of this population and their experience with this issue. The model needs to be inclusive of culturally attuned interventions, culturally proficiency training for professional counselors, and organizational protocols that will ensure implementation. This investigation included *Study I* which examined the effectiveness of a culturally responsive therapeutic intervention on a sample of Latino children ages 5-12, “Caritas de Esperanza”. As was hypothesized, children in the experimental group increased their resiliency self-efficacy, self-esteem, and decreased conduct problems and negative emotional symptoms compared to the group that did not receive the intervention. Findings indicate that “Caritas de Esperanza” is a promising intervention with major implications for practitioners working with this specific population. *Study II* included face-to-face interviews with 21 parents¹ whose children had completed “Caritas de Esperanza” intervention and 8 interviews with Latino professional counselors to explore 1) what guides parents’ decisions to enroll their children in counseling 2) what are their expectations of counselors, the intervention, and the agency that provides the counseling and 3) what are the most important values of Latino parents and those specific values that discourage the use of violence and help overcome problems. Findings from the two studies and results could inform future cultural proficient training for professionals in the counseling field and an overall model for working with Latino families in the context of domestic violence.

¹ The terms *parents* and *survivors* are used interchangeably depending on the context in which it is being used.

Introduction

Latinos have become the largest minority group in the United States, comprising 17.3% of the overall U.S. population in 2014 compared to only 6.5% in 1980 (Pew Research Center, 2014). Latinos accounted for over half of the total U.S. population growth between 2000 and 2010 (U.S. Census Bureau, 2010). Nearly 6 in 10 Latinos are considered millennials or younger (Pew Research Center, 2016). Moreover, it is estimated that 1 in 5 women in the U.S. is a Latina and by 2060 it is projected that Latinas will comprise one third of the total female population (U.S. Census Bureau, 2015). These last statistics are particularly important as we assess the behavioral/mental health of these groups and consider addressing the specific intersecting needs of these populations. Latinas and Latino youth are two critically important groups that are increasingly accessing social and mental health services as they are confronted with a multitude of psycho-social problems, especially domestic violence. According to the National Latina Network (2016), 1 in 3 Latinas experience physical violence by an intimate partner in their lifetime. It is paramount that the behavioral health field invests on interventions and systematically addresses the impact of domestic violence on Latino youth and their mothers, victims of intimate partner violence. It is just as important for researchers to conduct investigations on best interventions and practices that are grounded on the Latino culture. Cultural inclusion as a priority along with professionals' capacity to work with this specific cultural group should be accentuated in the development of interventions and practices of counseling centers.

The American Psychological Association and federal standards now mandate that human service professionals and mental/behavioral health institutions alike be responsive to the needs of the many culturally/linguistically diverse groups, especially given the mental health access disparities amongst minority groups (American Psychological Association, 2016; U.S.

Department of Health & Human Services, 2001). They additionally urge for an increase in racially diverse mental/behavioral health providers as 90% of the overall professionals are non-Hispanic White while non-Whites account for 30% of the overall U.S. population. Sue, Fujino, Hu, Takeuchi and Zane (1991) found in their study on cultural responsiveness that therapist-client matches in terms of ethnicity and language are most beneficial to clients, particularly for Mexican-Americans whose first language is not English. They also suggested for the recruitment of bilingual/bicultural mental health workers.

Professionals working with Latinos, on the other end, report not receiving adequate training to serve this specific cultural group (Verdinelli & Biever, 2013). The expectations set forth on cultural responsiveness by the existing code of ethics in the American Psychological Association, the American Counseling Association, and other similar associations do not address specific challenges experienced by professionals in their everyday practice. For instance, Gallardo, Johnson, Parham, and Carter (2009) argue that professionals are currently utilizing theoretical constructs that are outdated and at times harmful to culturally diverse individuals. They further insist for the development of more culturally responsive treatment interventions. Additionally, Comas-Diaz (2006) argues that even the adaptation of the mainstream psychotherapy to Latinos is limited to addressing the critical role of social-political and cultural contexts and can impact its effectiveness and be detrimental to their healing.

Domestic Violence Scope and Consequences

Domestic Violence is a major societal concern that produces disruption of peace and irreparable damage to our national public/mental health and economy. This issue is extensively studied across professional disciplines for it has detrimental and long lasting effects on individuals, families, and communities at large. Results attained from the 2011 National Intimate Partner and Sexual Violence Survey indicates that 1 in 5 women have experienced physical

violence by a current or former intimate partner or nearly 29 million women in the U.S. (Center for Disease Control and Prevention, 2015). The National Network to End Domestic Violence (2015) surveyed 93% of the overall domestic violence programs across the nation on services provided to victims on a selected day to demonstrate the demand for such services and the number of victims affected. The 1,752 participating agencies reported serving 71,828 victims in addition to responding to 22,332 hotline calls on the identified date. National survey data attained from the National Violence against Women Survey and the Medical Expenditure Panel Survey estimated that costs associated with intimate partner violence reached 5.8 billion dollars in 1995, and only encompassed part of the costs (Max, Rice, Finkelstein, Bardwell, & Leadbetter, 2004). One of the largest medical studies ever conducted on the impact of behavioral health on medical health was that conducted by Kaiser Permanente called the Adverse Childhood Experiences Study (ACES). The ACES study examined the relationship between multiple forms of early adverse experiences such as child abuse and household dysfunction during childhood and its connection to later adult health risk behaviors and mortality. They found that individuals who were exposed to more forms of abuse and family dysfunction, including domestic abuse towards the mother, the higher their risks for health problems and early mortality (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss, & Marks, 1998).

Intersection between Domestic Violence and Multiple Social Sectors

The battered women's movement, influenced by the feminist movement, and referred today as domestic violence first gained considerable recognition in our country in the 1970's (Walker, 2002). Yet it is not until the present that we can make more accurate assertions about this issue given the progression in gaining empirical data to support what once was thought of as assumptions or a private family matter. Perilla (1999) argues that an ecological approach can only help fully understand the issue of domestic violence to its entirety because it looks at other

intersecting systems and their ripple effect in causing other social problems. This is also critical in the development of interventions for any targeted population. While considerable knowledge has been gained on this issue, we have yet to eradicate or mitigate its reproduction because it is such a complex problem, influencing several sectors of our micro and macro ecological systems. The most common intersecting issues with domestic violence are explained next and include healthcare, labor force, justice system, and child welfare system.

Domestic Violence and our Healthcare System

Violence constitutes a major problem in our public health system, including domestic violence. Attention on this issue rose steeply in the public health sector as indicated by the dramatic increase in publications in medical journals, increasing by 550% from the 1970's to the 1990's (Krug, Mercy, Dahlbert, and Zwi, 2002). The high incidence of domestic violence cases and injuries caused by physically perpetrated violence has led to an increase in victims' visits at emergency health departments and other medical settings (Campbell, 1997; Gerlock, 1999). Campbell (1997) clearly states that domestic violence is a leading cause of injury and death in women. Gerlock (1999) also argued that batterers interface with medical personnel and seek treatment as a result of self-inflicted injuries from their battering. In addition to immediate medical consequences related to domestic violence, there are long-term health related manifestations when domestic violence is witnessed during childhood. The Adverse Childhood Experiences study demonstrated that early exposure to multiple forms of abuse and family violence leads to an increase in health complications later in life and early death (Felitti et al., 1998). In recent years, the U.S. government through the Affordable Care Act has addressed this issue by integrating specific medical protections and coverage for abused women and their children. Routine screening and counseling for victims of domestic violence is now being covered under this new medical legislation (Futures without Violence, 2012).

According to *Futures without Violence* (2010) suggests that the financial burden in our healthcare system is substantial and estimated that \$8.3 billion were expended in 2003 in medical/mental health services and labor productivity. Undeniably, domestic violence negatively contributes to our overall health, it has financial implications on our healthcare system, and has forced our government to take action on this matter.

Domestic Violence and our Labor Force

Despite not being able to accurately capture the total real economic costs linked to domestic violence, there is sufficient evidence that points to a significant burden on victims' income acquisition, labor productivity, and the overall U.S. economy. For instance, perpetrators of intimate partner violence may forbid their partners from being employed as a way to maintain financial control over them as indicated in the Power and Control Wheel, a commonly used illustration that depicts the several forms of abuse often experienced by victims of domestic violence (Domestic Abuse Intervention Programs, 2011). There is a strong connection between intimate partner violence and victims working fewer time compared to those that are in non-violent relationships (Riger, Staggs, & Schewe, 2004). Riger et al. (2004) further argue that intimate partner violence poses an additional obstacle on low-income victims who seek public benefits, especially when qualifying for this assistance is contingent with being employed outside their home. Victims frequently encounter challenges related to job performance and employment retention due to absenteeism, emotional distress caused by the physical and psychological abuse, and perpetrators stalking victims at their workplace (Swanberg & Logan, 2005; Alexander, 2011; Banyard, Potter, & Turner, 2011). Katula (2012) argued that employers like hospital settings should be concern for intimate partner violence because they employed women and the prevalence of this problem affecting women is very high. He further proposes that medical settings should proactively implement interventions for their employees that

promote safety. Documentation clearly exists on how intimate partner violence affects the labor sector of our society, particularly economic empowerment attainment amongst female victims and disruption in employment productivity.

Domestic Violence and our Justice System

Another critical sector of our society that intersects with domestic violence is our justice system. Intervention from our national justice system and local law enforcement response is expected in the United States since domestic violence was declared unlawful under the Violence Against Women Act of 1994 (National Resource Center on Domestic Violence, 2011). Federal laws as well as statewide level laws have been established against domestic violence and enacted at different points in time. For example, the Illinois Domestic Violence Act was enacted in 1986, offering legal protections to victims of domestic violence and also instituted legal responsibilities for law enforcement and healthcare providers (Illinois General Assembly, 2016).

Implementation of these policies have been challenging and frequently questioned by victims' advocates, especially in cases when children are involved, when perpetrators are not made accountable, when victims are re-victimized by the same system that is supposed to grant them justice, or when victims' safety is not guaranteed. Elias (2016) explains that our criminal justice system has several shortcomings and has not been effective in reducing the incidence of domestic violence or helpful in victims' recovery. He further proposes the application of restorative justice to address domestic violence in the criminal justice system. Similarly, another study has found victims' interactions with the justice system to be negative and ineffective due to a lack of court personnel training on domestic violence related issues and dynamics (Letourneau, Duffy, Duffett-Leger, 2012).

Despite the noted challenges experienced by victims of domestic violence, they continue to use the justice system and pursue legal remedies to increase their safety and that of their

children, more so when the abuse is severe. Duterte, Bonomi, Kernic, Schiff, Thompson, & Rivara (2008) interviewed 1509 female victims of intimate partner violence to examine the relationship between use of the legal system and intimate partner violence severity, type, and duration. They found that legal help was sought by more women who were abused physically or sexually compared to those that only had endured psychological abuse. Studies have also found positive correlations between the use of the justice system and victims' sense of empowerment and improved mental health (Letourneau, Duffy, Duffett-Leger, 2012; Wright & Johnson, 2012). Our nation's justice system is a prime stakeholder, responsible for investing on personnel and monetary resources to ensure victims' and their children's safety and to sanction those that perpetrate abuse.

Domestic Violence and the Child Welfare System

In recent decades the co-occurrence between domestic violence and child maltreatment has gained substantial attention, leading to a needed increase in screening, cross-disciplinary training and collaboration between the domestic violence sector and the child welfare system (Hass, Bauer-Leffler, & Turley, 2011). Legislation passed in numerous U.S states that mandate for the protection of child witnesses to domestic violence after recognizing the harm caused by exposure to such occurrence (Child Welfare Information Gateway, 2016). A study that examined the co-occurrence of child abuse and domestic violence found that more than half of their 537 total participants were involved with Child Protective Services, and 40.3% of these had a history of domestic violence (Folsom, Christensen, Avery, & Moore, 2003). Lewin, Abdrbo, & Burant (2010) examined the connection between domestic violence and mental health illness among a sample of participants involved with the Child Protective Services. They found that 62.6% of their 122 participants had been exposed to domestic violence and insisted for routine assessment for domestic violence in women with serious mental illnesses for early identification and

intervention. Petrucci & Mills (2002), conducted a national study with all U.S. states except California to assess the extent to which the Child Protective agencies assess for domestic violence when investigating for child abuse. They concluded that there needs to be a more comprehensive assessment and improved strategies to protect not only the children but also the adult victims of domestic violence.

Domestic Violence and Children

For far too many individuals' their first exposure to violence occurs at a very young age. It is estimated that 3 to 10 million children are exposed to violence between a parent and their partner each year, while 75% of children report having been exposed to community violence (National Center for Children Exposed to Violence, 2006). It is further noted that violence is most prevalent in lower-income urban areas. According to the Center for Disease Control and Prevention (2015), early exposure to traumatic events including those related to violence at home lead to a multitude of health and social problems. Psycho-social problems in children, associated with exposure to violence include posttraumatic stress symptoms, behavioral issues, use of aggressive behavior, and permissive attitudes toward violence (Mattson & Ruiz, 2005; Ozkol, Zucker, & Spinazzola, 2011; Osofsky, Rovaris, Hammer, Dickson, Freeman, & Aucoin, 2004).

Psycho-emotional Problems Associated with Violence

There is sufficient supporting research that finds a connection between psycho-emotional problems associated with exposure to both domestic and community violence among children and youth. Mudaugh, Hunt, Sowell, and Santana (2004) conducted a study in the southeastern region of the U.S. with Hispanic women, in which three fourths of their 309 total participants reported having experienced a violent act at home and over half of the women had two or more children. Moreover, women in this study reported being hurt on an average of 6 times in the last six months prior to completing the questionnaire administered to them as part of the study.

Ozkol, Zucker, & Spinazzola (2011) examined the association between exposure to violence, aggression, posttraumatic stress symptoms, and engagement in aggressive behavior among urban, elementary school youth representing six total schools located in the Northeastern United States. They found that 98.8% of their 259 research participants had been exposed to at least one incident of violence. Thirty five percent of their total participants were of Hispanic descent. Exposure to violence was determined using a self-report questionnaire that assessed for exposure to situations like being threatened, beaten, robbed, shot, stabbed, or having witnessed a killing through four modes such as media, hearsay, direct witnessing or direct experience. Further, they found a strong association with being exposed to violence and subsequent engagement in aggressive and violent behavior. They found a significant correlation between aggression and exposure to violence, posttraumatic stress symptoms and attitudes towards violence. They inferred from this finding that posttraumatic stress symptoms could be noted in their young participants. Similarly, Salazinger, Rosario, Feldman, and Ng-Mak (2008) investigated the relationship between exposure to family and community violence and aggressive behavior in inner-city school children from New York, ages ranged from 11 to 14. Hispanic children comprised 65% of their 667 total participant sample. They found that children exposed to these types of violence showed an increase in aggressive antisocial behavior. They further argued that although this response to exposure to violence was protective in the short run to reduce further victimization, it resulted in maladaptive emotional outcomes in the long term.

Moreover, Mattson and Ruiz (2005) argued that children exposed to violence are at risk of developing psychological conditions that include post-traumatic stress disorder, depressive disorders, and attention- hyperactive disorder in addition to aggressive and noncompliant behaviors. Cumulative violence exposure among children also leads to adjustment problems, both external and internal behavioral problems (Graham-Bermann & Perkins, 2010).

Child Exposure to Violence at Home is a Social Problem

Domestic violence is a social phenomenon, and not an individual's personal problem as was considered for decades. It is characterized by willful intimidation, physical assault, battery, sexual assault, and /or other abusive behavior perpetrated by an intimate partner against another (National Coalition Against Domestic Violence, 2007) with serious psycho-social and health implications on victims and witnesses. It is further noted that children are not only exposed to violence but often times become victims, as it is estimated that 30% to 60% of perpetrators also abuse children. Also, witnessing violence between parents or caretakers places children at high risk of transmitting violent behaviors from one generation to another. Boys in particular who witness domestic violence are twice as likely to abuse their own partners as adults. Pournaghsh-Tehrani & Feizabadi (2009) found that witnessing domestic violence at home during childhood predicted the use of both physical and psychological types of violence later in life. This idea also appears to be consistent with Bandura's social learning theory in that behavior can be reproduced by observing those that model it (Bandura, Ross, & Ross, 1963).

Children are part of a larger culture that transcends their family's home. They are part of a community and larger surrounding ecological systems that impact their development and wellness. Salzinger et al. (2008) deliberately identified communities with high prevalence of exposure to violence in New York based on official community statistics for their study. It was not shocking to note that the participants were predominately Latino (65%) and African-American (32%) children. Even less striking was their finding which concurred with various other studies in the strong association between being exposed to community violence and use of aggressive behavior (Mattson & Ruiz, 2005; Ozkol, Zucker, & Spinazzola, 2011; Osofsky, Rovaris, Hammer, Dickson, Freeman, & Aucoin, 2004). More specifically, Ozkol et al. (2011) found that many of their research participants, 52.1%, had directly been victimized and 40.5%

had been beaten up at least once. The statistics speak to the dire need to produce effective interventions for young children to reduce the reproduction of violence in our society.

Unique Realities and Challenges Experienced by Latinas with Domestic Violence

Domestic violence has been traditionally studied through the experiences of mainly White middle-class women, neglecting the distinctive realities of Latina women and other ethnic minorities. In recent years, researchers underscore the prevalence of this issue among Latinas and recommend for further research that addresses specific barriers related to socio-economic status, language and culture (Gonzalez-Guarda, Peragallo, Vasquez, Urrutia, & Mitrani, 2009). Murdaugh et al. (2004) also recognized that Hispanic women victims of domestic violence encounter specific challenges related to immigration, language, acculturation, and socio-economic constraints. Reina & Lohman (2015) conducted interviews and a focus group with ten Latinas in Iowa to examine specific challenges experienced by this group. They found that Latina immigrants encounter additional barriers when trying to escape abuse compared to non-immigrant victims such as not having legal immigration status, institutional discrimination, language barriers, and limited economic resources. Similarly, Vidales (2010) interviewed a group of Latinas in Southern California and found that these women experienced obstacles like language barriers, economic inequality, and lack of knowledge regarding laws that protect or services that support victims. An additional barrier to immigration status, economic resources, and language barriers is transportation access, particularly for those women who reside in rural areas in the Southeastern United States (Murdaugh, Hunt, Sowell, and Santana, 2004). Regardless of where Latina victims find themselves in the United States, the barriers appear to be consistent across physical regions.

Theoretical Framework

Culturally Attuned Interventions

Violence is often examined from various perspectives, because it is such a complex phenomenon, intersecting with various other social issues, affecting diverse age and cultural groups in distinct ways. Nonetheless, culture is particularly paramount for understanding the impact of violence on Latino children and their families and for creating best intervention approaches. According to Chan, Espelage, Hollingsworth, & Mitchell (2016), within the ecological systems framework the cultural system needs to be placed at the center to understand violence prevention in context. They argued that the most promising models around violence prevention are community-based and culturally situated. They further argue that an intervention that is culturally situated identifies patterns of behaviors that promote wellness at the individual and collective level and seek to eliminate those that are most detrimental. Gonzalez-Guarda, Cummings, Becerra, Fernandez, & Meza (2013) similarly proposed that interventions need to be culturally-tailored. They argued that Hispanics are disproportionately affected by consequences of Intimate Partner Violence, yet there are existing gaps in the development of evidence-based interventions that take into account the unique needs and preferences of this cultural group.

Psychological interventions can be most impactful and effective if it takes into account cultural factors and incorporates practices that are congruent with aspects of the culture of the group that is being treated (Misurell & Springer, 2013). It is further noted by Misurell and Springer (2013) that engaging clients in treatment is enhanced when the intervention is made relevant to the group receiving the treatment.

Integration of Specific Latino Cultural Elements

A more receptive response and adherence to completing an intervention can only be expected when professionals and institutions alike have ensured that cultural elements are reflected in their therapeutic approach and overall service delivery, including those pertaining to domestic violence survivors and their children. Añez, Silva, Paris, & Bedregal (2008) argued that

the underutilization of mental health services among Latinos in the U.S. results from a lack of culturally congruent therapeutic settings and proposes the integration of cultural values in creating effective models of engagement. Comas-Diaz (2006) argues that Western healing is not conducive to the Latino's cultural collectivist views and rather proposes the application of culturally informed practices/values and ethnic psychology to the Latino healing process. According to Antshel (2002) treatment adherence among the Latino population has also been a challenge in the medical field in part to failure to consider important cultural variables in service planning and delivery. Moreover, Falicov (2009) argues for cultural attunement in reference to treatments that lead to increased engagement and retention in therapy among Latino families. She further discusses that cultural attunement differs from cultural adaptation in that the focus is for treatment to become more synchronized with the ethnic culture and the social contexts of clients as opposed to adaptation which gives the idea that culture is an add-on item.

Latinos' heterogeneity in the United States is evident in the differences in country of origin, in terms of immigration experience, their legal immigration status, acculturation level and physical characteristics. Despite the existing diversity within the Latino population, most share a history of Spanish colonization and in turn a shared culture, religion, language, and worldview (Comas-Diaz, 2006). The following collective characteristics and values are shared by a great majority of the subgroups and are explained below. Integration of these as protective elements can only increase engagement, the therapeutic alliance, and professionals' responsibility to response to the cultural needs of the Latino population.

Acculturation

Theories on acculturation have taken a new direction from the ideas that previously suggested a linear process where individuals coming into contact with the new culture eventually lost aspects of their culture to adopt the aspects of the host society. Currently, most proponents of

the acculturation theories view this process as being bidirectional and multidisciplinary (Lawton, Gerdes, & Kapke, 2017; Berry, 2017). Acculturation is central to the Latino experience, especially as it relates to their mental health as many of them are faced with acculturation stress (Miranda, Bilot, Peluso, Berman, & Van Meek, 2006). Acculturation stress can be produced from discrimination, language related issues, and intergenerational gaps between family members and has been associated with negative effects on the mental health of Latinos and their family functioning (Lawton et al., 2017; Lorenzo-Blanco, Unger, Gonzalez-Backen, Cano, Des Rosiers, Villamar, Pattarroyo, Meca, Romero, Pina-Watson, Zamboanga, Soto, Lizzi, & Schwartz, 2016). Latino immigrants find themselves in different points of the acculturation continuum, and this is significant when tailoring interventions for Latino families (Moreno & Johnson, 2015). Acculturation needs to be taken into account and the social and psychological changes that accompany this process as immigrant interact with the host environment and in this case it is with the U.S. society.

Familismo

Familismo is a concept applied to the Latino culture that is associated with the high regard and value placed on the family, which often includes the extended family. There is strong desire to maintain the family united and for this system it is often the primary source of emotional and social support. Latinos have a sense of loyalty and responsibility towards their family members and will display this through their interactions and by being there during difficult times and moments of celebration (Antshel, 2002; Halgunseth, Ispa, & Rudy, 2006; Calzada, Fernandez, & Cortes, 2010). Interventions that seek to help survivors of domestic violence and their children need to understand how this value can either be instrumental or challenging when guiding them. For instance, the idea of breaking a family due to domestic violence could augment the challenges experienced by Latina victims who were raised in a

culture with strong family bonds and religious beliefs. Yet, in the process of building a strong support system for the Latina survivor, considering the strong family ties with particular members could be beneficial and including them in the intervention seems rational.

Personalismo

Personalismo is the concept associated with a preference of relating amongst Latinos, which is generated through warm and friendly exchanges (Añez et al., 2008). This also means that in order to maintain the pleasant exchanges, Latinos may avoid direct confrontations and rather agree or say things indirectly or “indirectas”. This concept also explicates the preference for personal relationships over institutional relationships (Antshel, 2002). This becomes particularly important if professionals seek to gain commitment and to engage Latinos in therapeutic programs.

Respect or “Respeto”

Another significant value that is rooted in the common practices of many Latino families is *respeto* or the idea of being good to others, especially individuals who hold positions of authority or the elders, but does not exclude others. It is an expectation for children and adults alike and to be manifested at all time, which includes using manners, greeting people, acknowledging others, being polite among other forms of expression. It is believed that through *respeto* people will be able to achieve pleasant and harmonious relationships (Calzada et al., 2010; Halgunseth et al., 2006; Antshel, 2002). Añez et al., (2002) further explains that *respeto* should be assessed in the counseling relationship in the early phase to avoid unintended consequences and to enhance long term engagement.

Religion-Spirituality

Religion and spirituality are concepts that are interchangeably referred to or perceived to have the same meaning amongst women of color, including Latina women (Musgrave, Allen,

Allen, 2002). Nonetheless, spirituality and religion are an important aspect of the Latino culture with great influence on how this group makes sense of the world, in their decision-making, in their attitudes, and how they cope with life circumstances. Musgrave et al. (2002), explain that Latinos tend to view their overall physical and mental health as holistic and attribute it to God, whether it is a punishment or a gift. In relation to domestic violence, it could have very important implication for the whole family as it could either pose a challenge or be a protective element. According to Ellison, Trinitapoli, Anderson, & Johnson (2007), religious involvement is correlated with reducing domestic violence. They further propose that this reduction is due to the opportunities of both informal and formal supports that are attained through this affiliation.

Immigration and Social-Political Context

Professional counselors face additional challenges related to global immigration, economic shifts and other social phenomenon as these have a direct impact on family stability and mental well-being (Arredondo, Tovar-Blank, Parham, 2008). Counseling does not occur separately from the larger social events or sociopolitical climate (Sue et al., 1991). There is a need to include contextual stressors to the counseling including those related to acculturation, loss of language and the stress produced by separation of families due to immigration policies (Falicov, 2009). According to the Annie E. Casey Foundation (2017) an increase in raids conducted by immigration law enforcement has been very evident in the last five years, leading to an increase in deportations and separation of families. Moreover this social act has led to immeasurable consequences such as economic hardships, school disruption, and trauma. It is imperative to explore these socio-political forces and the effect it's producing in Latino families.

Strength-based Perspective

The strength based perspective is an approach often referred to in social work field. The tenets of this approach contend that everyone possesses strengths that can help improve the

quality of their life and motivation can stem from recognition of these strengths (Xie, 2013). Moreover, clients in counseling are viewed as resourceful and resilient in times of adversity. This approach can be especially useful when implemented in practice with Latino families who upon their immigration journey have endured hardships, but yet appear to be a very resilient community, and in great part due to the values identified above.

Interventions that are Culturally Attuned to Latino Children and their Families

There are a couple of well used models for intervening, but there appears to be limited research on specific culturally sensitive interventions for Latino children. Thus, it is difficult to suggest what culturally responsive interventions promise positive outcomes for children who have witnessed violence. This appears to be a growing gap and demand as the Latino population in the U.S. continues to expand. Latino youth ages 18 and younger make up 22% of overall youth in the U.S. among this age group (Pew Hispanic Center, 2009). In the existing studies on domestic violence, children are mentioned as being affected by domestic and community violence but the primary victims being studied are the adults. For instance, Aron and Lorion (2003) studied the social challenges experienced by domestic violence victims in Chile and the need for community-based approaches to address these issues, but not necessarily emphasized how children could be included in this process. Bostock, Plumpton, and Pratt (2009) similarly studied the social processes that interplay with domestic violence and how social systems can reinforce the continuance perpetration of abuse. They briefly described how participants shared the challenges they were experiencing with their children after exposure to the violence. Among the many studies reviewed for this study, there was only one that to some extent examined violence exposure and children. An initial study conducted on intimate partner abuse in the Latino community led to the development of a book for children, which was later utilized as an intervention and as part of a subsequent study (Mattson & Ruiz, 2005).

Cultural responsive intervention “Caritas de Esperanza.”

Caritas de Esperanza is a 10-Week Therapy intervention that is rooted on Latino cultural values and principles and specifically designed for children ages 5-12. This intervention was developed at a community based organization, Mujeres Latinas en Acción, known for providing culturally proficient social services to the Latino community. A team of three experts were brought together to work on the development of this intervention and curriculum, which included a Latino therapist with over twenty years of experience, a curriculum developer, and the author conducting this study. It is divided into three main thematic components, “My Self”, “Important People in My Life” and “My Path to Healing”. The intervention consists of a strong clinical foundation, play therapy, and art activities derived from popular Latino art forms. The intervention was developed to provide children a set of coping skills and exercises to improve self-esteem, healthy ways in which they can express emotions, and help them build upon their resilience. The curriculum is composed of one-hour sequential sessions that include session objectives, learning statements, important terminology materials, and play and art therapy. This curriculum holds promise as indicated by results from this study and first attempt to evaluate its effectiveness.

Multicultural Competency Training for Professionals

The second important component, multiculturalism counseling particularly gained attention when observations were made on the inadequate and unequal mental health services being offered to minority groups as noted by Patterson (1996). Suez, Arredondo, & Mc Davis (1992) made a very clear call to the counseling profession for a multicultural approach in all tenets of counseling such as assessment, practice, training, and research. They further proposed specific multicultural competencies that should be possessed by a culturally competent counselor and implementation of multicultural standards to be carried out by the American Association for

Counseling and Development. According to Pedersen (1991) multicultural counseling was described as the “fourth force” in counseling and was being incorporated in documents of accreditation, certification, licensure, and professional identity. Nonetheless, the focus remained on a more global cultural approach that failed to take into account the within group differences and contextual life experiences (Arredondo, Rosen, Rice, Perez & Tovar-Gamero, 2005). Arredondo et al. (2005) further noted that an increased focus on multiculturalism spawned an interest in the research arena, increasing the amount of empirically based studies on this topic.

Validated Cultural Training Approach-Center for Capacity Building on Minorities

A cultural training approach used by the Center for Capacity Building on Minorities with Disability Research at the University of Illinois has been found instrumental and effective in impacting cultural competence at both individual and organizational levels among a sample of rehabilitation practitioners (Taylor-Ritzler, Balcazar, Dimpfl, & Suarez-Balcazar, 2008). Balcazar, Suarez-Balcazar, & Taylor-Ritzler, (2009) further employed a systematic review on the existing documented empirical studies that described cultural competency conceptual models. They further eliminated overlaps and developed a synthesized model, leading to the empirical validation of a three component model. Taylor-Ritzler et al. (2008), formulated the Cultural Competence Model to achieving cultural competency which consists of critical awareness/knowledge, skill building, and organizational support. Another study was conducted two years later for the development and validation of an instrument used to assess cultural competence (Suarez-Balcazar, Balcazar, Taylor-Ritzler, Portillo, Rodakowsk, Garcia-Ramirez, & Willis, 2011).

Purpose of Study

This investigation involved conducting two studies, *Study I* focused on the evaluation of a promising intervention Caritas de Esperanza and *Study II* was concerned with Latina survivors’

insights on their expectations around an intervention, the professionals providing the therapy, the agency where services are being provided, and the impact of Caritas de Esperanza on their children's behaviors and emotional well-being. *Study II* also sought to gain their insight on what their family values the most and the specific values within their culture that discourage the use of violence and gives them strength to overcome difficulties. Additionally, *Study II* explored Latino professional therapists' perspective on the same questions based on their extensive experience in the counseling field working with Latino families. The purpose of conducting both studies was to make known an existing and promising intervention (Caritas de Esperanza), help inform future training for professional counselors seeking to work with Latino families, identify organizational aspects that are responsive to Latino families' needs, and ultimately propose a model for working with Latino families in the context of domestic violence that is culturally attuned based on insights provided by survivors themselves and Latino professionals who are experts in the field.

Study I:

Study I was conducted during a thesis investigation and the primary purpose was to examine the effectiveness of Caritas de Esperanza, a culturally responsive intervention for Latino children ages 5-12 exposed to violence, specifically it was hypothesized that:

- 1) Children exposed to the 10 week of Caritas de Esperanza programming, or experimental group, will have higher increases self-esteem after programming than a control group of children, which did not receive the treatment.
- 2) The experimental group, exposed to the 10 week of Caritas de Esperanza programming will have increased resiliency self-efficacy after programming than the children in the control group.
- 3) The experimental group exposed to the 10 week of Caritas de Esperanza programming will have decreased emotional symptoms after programming than the children in the control group.

- 4) The experimental group exposed to the 10 week of Caritas de Esperanza programming will have decreased conduct problems after programming than the children in the control group.

A preliminary exploration around the cultural aspects and impact of the intervention was also conducted during *Study I*. Research questions were explored through parent interviews to explore parents' perceptions of the efficacy and cultural relevance of the intervention. With regard to the efficacy, parents of children exposed to the Caritas de Esperanza as well as parents of children in the waitlist group were asked about changes in their children's behavior and emotional state. The cultural relevance of the intervention was assessed by probing which cultural elements were perceived as most important and whether those aspects influenced the parents' decision to enroll their child in therapy with the domestic violence center offering the Caritas de Esperanza programming. Through the open-ended questions, this study specifically explored the impact of the intervention in two settings through the following two questions 1) Will parents of children who completed the 10-week intervention report positive shifts in their child's emotional or behavioral states? and 2) Will parents of children enrolled in the 10-week intervention report positive shifts in their child's emotional or behavior at school and or home? Additionally, the validity of the questionnaire utilized was assessed by incorporating three questions in the parent interview. Parents were asked whether they found the questions clear, whether they encountered problems understanding any of the questions, and whether they understood all words and concepts.

Study II:

Study II was conducted upon completion of *Study I* and took on a qualitative approach based on exploratory face-to-face interviews that would give voice to participants' experiences, perspectives, and sharing of their knowledge around important facets of cultural interventions for

Latino families. One hour interviews were conducted with 21 Latina survivors of domestic violence which children had completed the 10 week Caritas de Esperanza intervention at Mujeres Latinas en Accion. Interviews were conducted with 8 seasoned Latino professionals who had at least 10 years in the counseling field to gain their insights on important cultural components and approaches that could inform a culturally proficient training model for professionals working with Latino children and their families dealing with domestic violence. Through the interview process, a deeper exploration was made compared to *Study I* and the following broad questions were explored with both survivors of domestic violence and Latino professional counselors. Also, these questions were adapted to be asked from the perspective of counselors and question number 5 was only inquired from counselors as it only pertained to them.

- 1) What guides survivors' decisions to enroll their children in a particular a counseling program?
- 2) What are survivors' insights regarding professional counselors, the counseling intervention, the agency providing the counseling, and the effectiveness of Caritas de Esperanza overall?
- 3) What are survivors' insights on the most important aspects of their family'?
- 4) What are survivors' and counselors' insights on specific values that discourage the use of violence and help overcome difficulties?
- 5) What other suggestions do they offer, based on their extensive experience with other counselors in the field who wish to work with Latino families?

Method

Design

For *Study I*, a mixed method design was utilized to evaluate the effectiveness of Caritas de Esperanza programming on 48 total Latino children exposed to domestic violence. A quasi-experimental design was selected to demonstrate effectiveness of Caritas de Esperanza intervention on increasing children's self-esteem, self-efficacy resiliency, and in reducing conduct problems, and negative symptoms associated with violence exposure. An experimental and control group were formed to test intervention and involved completion of the Child Exposed to Domestic Violence Checklist, developed by the author of this study.

Interviews were subsequently conducted with 14 parents participating in the study to explore their perception around cultural responsiveness of the 10-week intervention and treatment's impact on their child's behavior and emotional state at home and school. Since the author of this study had developed and was using the questionnaire "Child Exposed to Domestic Violence Checklist" for the first time, it included three questions as part of the interview to assess for its validity.

For *Study II*, a qualitative approach was selected, involving face-to-face one hour interviews with both survivors of domestic violence and Latino professional counselors. The interviews were conducted to explore survivors' insights on 1) what influences their decision to enroll their children in particular counseling programs 2) what are their expectations in terms who offers the counseling, the intervention being offered, and the agency where the intervention takes place 3) what are the most important things for their families and 4) what are specific cultural values that serve as buffers against the use of violence and when dealing with difficulties. The same questions were asked to Latino professional counselors, but from their perspective with an additional question that asked for their recommendations for those professionals who are seeking to work with Latino families.

Participants

For *Study I*, a convenience sample comprise of 48 children ages 5-12 participating in a Domestic Violence Program at Mujeres Latinas en Acción was utilized. Children were recruited from two distinct sites, one located in Chicago and the other in North Riverside. The majority of the children belong to households characterized by low socio-economic status and 55% of their mothers were unemployed as indicated in the table 1.0. Sixteen of the 48 children were the only child from their family participating in the intervention while the rest had a sibling involved in the program. Twenty-three children were recruited for the intervention and twenty five were waiting for services, accordingly became the control group. The children's mothers had received or were receiving services at the time of recruitment. Parents' additional demographic information illustrated in Table 1.0 was attained via a database which was accessed by author of this study upon gaining consent from the agency.

Table 1.0

Parent Demographics: Gender, Age, Employment, Income, # of Children in Intervention, & Services Received

	Intervention Group	Non-Intervention Group	
	N=14	N=17	Total=31
Gender			
Male	0	0	0
Female	14	17	31
Age			
21-30	9	5	14
31-40	3	9	12
41-50	2	3	5
Employment			
No employment	9	8	17
Part-time	0	5	5
Full-time	5	4	9
Income			

Less than 10,000	9	12	21
10, 0001-20,000	5	2	7
20, 0001-30,000	0	1	1
30, 0001-40,000	0	2	2
<hr/>			
# Of Children in Intervention			
1	6	10	16
2	7	6	13
3	1	1	2
<hr/>			
Services Received			
Individual Counseling	1	7	8
Group Counseling	7	2	9
Court Advocacy	0	1	1
Individual/Group Counseling	5	5	10
Individual Counseling/ Court Advocacy	1	1	2
Group Counseling/ Court Advocacy	0	1	1
<hr/>			

Similarly, for *Study II*, a convenient sample was selected to participate in the one hour face-to-face interviews. Survivors were from the same domestic violence program involving *Study I* but this was a distinct group of participants. All twenty-one participants had at least one child who had completed Caritas de Esperanza intervention, which was the principal criterion used for recruitment. Participants were recruited from two service sites, one located in Chicago and one in North Riverside. Most participants (62%) who consented to participate were from the Chicago office. A brief survey was administered at the beginning of each interview to capture some demographic information and basic characteristics about the participants in this study (See Appendix L). Professional counselors recruited for this study are well known for providing culturally specific services in highly populated Latino communities like Pilsen, Little Village, West Lawn, Brighton Park and Gurnee. They are all bilingual/bicultural and mostly of Mexican descent. The author of this study has a professional relationship with all professional counselors,

which is how they were identified. Table 2.0 further illustrates the demographics of the parent participants while Table 3.0 shows the demographics of the professional counselors.

Table 2.0

Parents Demographics: Gender, Age, Household Type, Income, Education, & Yrs. in the U.S.

Parent Participants		
	N=21	Total=21
Gender		
Male	0	0
Female	21	21
Age		
18-20	1	1
21-30	4	4
31-40	7	7
41-50	9	9
Yrs. In U.S.		
6-10	1	1
11-15	7	7
16-20	7	7
21-25	4	4
26- 30	0	0
30 and up	1	1
Income		
Less than 10,000	11	11
10, 0001-20,000	2	2
20, 0001-30,000	4	4
30, 0001-40,000	3	3
40,0001- Up	1	1
Education		
Elementary	11	11
High School	10	10
Household Type		
Single Parent	13	13
2 Parent	8	8

Location		
Chicago	13	13
N Riverside	8	8

Table 3.0

Latino Professional Counselor Demographics: Gender, Age, Clinical Practice Type, & Years in the Field

Latino Professional Counselors		
	N=8	Total=8
Gender		
Male	3	3
Female	5	5
Age		
30-40	4	4
40-50	3	3
50-60	1	1
Type of Practice		
Private	4	4
Agency	3	3
School	1	1
Years in the Field		
10-20	5	5
20-30	3	3
31-40	0	0

Instruments

Child Exposure to Domestic Violence Checklist.

Within *Study I*, the age appropriate questionnaire, the *Child Exposure to Domestic Violence Checklist* was constructed utilizing subscales of existing measurement tools (see Appendix A). The Self-esteem Scale (SES) questions were taken from Rosenberg's Self-Esteem Scale and the Resiliency Self-Efficacy Scale (RSS) is a modified version of Bandura's Resiliency of Self-Efficacy Questionnaire. The Problem Conduct Scale (PCS) and Emotional Symptoms Scale (ESS) were both attained from the Strengths and Difficulties Questionnaire. Questionnaires' items were modified for age appropriateness and translated to Spanish. Three variations of this questionnaire were developed, one for the 5-8 yr. olds, one for the 9-12 yr. olds and one for the parents (see Appendix A, B, & C)

The Rosenberg Self-Esteem Scale

The Rosenberg Self-Esteem Scale is widely utilized global self-esteem instrument recognized to be psychometrically sound across many languages and cultures, with a mean reliability of .81 attained from 53 studied nations (Schmitt & Allik, 2005). The original Strengths and Difficulties Instrument consist of 25 items, which make up five subscales assessing conduct problems, hyperactivity-inattention, emotional symptoms, peer problems and pro-social behavior. This instrument is widely used by clinicians and has been examined in various research studies. Mellor D. (2004) studied the reliability of this tool by administering the three versions of this questionnaire to parents, teachers, and children. According to Mellor D., his results yield a reliability of .71 after re-administering the instrument to a group of 120 children ages 7-17. Lastly, the resiliency self-efficacy subscale was developed using Bandura's principles from his theory on self-efficacy. There is no existing literature on this subscale.

A Cronbach's Alpha was conducted to test the reliability of the four scales of the Child Exposure to Domestic Violence Checklist for both the parents' and the children's questionnaires (Table 4.0). The Self-esteem and the Emotional Symptom Scales both have strong internal

reliability for the child's questionnaire version. These results coincide with findings from existing studies that have examined the reliability of these subscales (Schmitt & Allik, 2005; Mellor 2004).

Table 4.0

Child Exposure to Domestic Violence Checklist, Construct Reliability Coefficients

<u>Child Questionnaire</u>			<u>Parent Questionnaire</u>	
Scale	# of items	α	#of items	α
SES	5	.700	5	.520
CPS	5	.035	5	.323
ESS	5	.688	5	.676
RSS	5	.540	5	.635

Parents' Perceptions on Intervention's Cultural Competency, Impact and Validity Interview Protocol.

Also during *Study I*, an interview protocol was developed to guide the thirty minute interviews with parents (See Appendix D). This interview protocol was divided into three sections and based on a combination of Likert scale questions, yes or no responses and open-ended questions. The first section asked parents questions regarding the cultural competency of the intervention, followed by open-ended questions on intervention's impact and lastly the final questions were on whether the Child Exposed to Domestic Violence instrument measured what it intended to measure.

Latina Survivors' Insights on their Family's Cultural Values and Counselor/Intervention/Agency Expectations Interview Protocol

An interview protocol was developed during *Study II* to help guide the face-to-face one hour interviews with Latina survivors of domestic violence and translated into Spanish (See Appendix E). The interview protocol was divided into four broad questions and within each there were more detailed questions to help probe further. For instance, the first broad question

explored what guides parents' decision to enroll their children in the counseling program and the more specific questions were posed on how they usually reach out to programs, what prompts them to seek services, what makes them decide to engage in one particular program over others, what are their expectations when they approach the agency for the first time, and any important recollections of their first experiences when reaching out to programs. The second question explores parents' insights post participation in the intervention around expectations regarding the professional providing the counseling, the intervention, the agency where intervention is being offered, and the impact that Caritas de Esperanza had on their children. The third question explores the important aspects of their family, including teachings, values, and practices. Lastly, the fourth question explores what specific values of their Latino culture discourage the use of violence and help them overcome problems in their life.

Latino Professional Counselors' Insights on Latino cultural values and Counselor/Intervention/Agency Expectations Interview Protocol

A very similar protocol was developed and derived from the survivors' protocol above to explore Latino professionals' insight on the same questions (See Appendix G). The first four broad questions were the same, although they were directed at professional counselors and based on their experience working with Latino families. For example, question one asked counselors what they believed guided survivors' decisions to enroll their children in a particular counseling program and then the subsequent specific questions asked more specifically how Latino families usually reached out to them, what prompted them to seek services, what made them engage in their interventions and not others, and what they thought were these families' expectations when they first interacted with them. This protocol included an additional inquiry not found in the survivors' protocol which is a question on what suggestions they would offer to other counselors who wish to work with Latino families.

Procedures

Prior to the *Study I*, IRRB approval was sought and obtained from National Louis University. Participants of the Domestic Violence Program self-identified as survivors of domestic violence and voluntarily sought out counseling services for themselves and their children. Thus, once they decided to commit to the 10 week intervention, they were approached about the study and asked for their participation. This group became the experiment group while the group waiting to enroll in program was assigned to the control group. The study did not interrupt the course of the program or influenced whether the participants were going to be in the control group. This was based on program reaching capacity at the time of recruitment. Once both groups are recruited and consent for participation was acquired, they were administered the Child Exposed to Domestic Violence Checklist pre-test and also to the participating parents. Upon completion of the 10 week intervention, both parents and children were administered the post-test. The Domestic Violence Program child therapist was responsible for recruiting participants and informing them of researcher students' dual role as researcher and intervention facilitator. She also reached out to parents whose children completed treatment and asked for further participation in an interview. Three interviewees were recruited by student researcher to conduct interviews via phone. Most interviews lasted 30 minutes and participating parents received a \$45 gift card. Interviewees were also compensated for their time conducting interviews.

IRRB approval was also sought out for *Study II* from National Louis University and consent from Mujeres Latinas en Accion (See Appendix H) to recruit participants from their Domestic Violence Program almost two years after completion of *Study I*. Participants from the Domestic Violence which children had completed the Caritas de Esperanza intervention were identified by the program's therapists who then provided a list to an agency's volunteer who was

responsible for recruitment and scheduling the one hour interviews. All participants' children had completed the intervention within the last year from the scheduling of the interviews. As noted above, the researcher was not involved in this stage of recruitment because of the dual role of researcher of this study as well as intervention facilitator. All participants of this study provided consent to participate in the face-to-face interviews and to be recorded. All forms, including the interview protocol and the consent forms were translated into Spanish (See Appendix K). Most interviews lasted between 45 minutes to 1 hour, they were conducted in Spanish and participants received a \$45 gift card to Target in compensation for their participation. In qualitative research, conducting interviews in participants' own language is considered optimal and best practice, which was possible here given that the interviewer of this study is bilingual in Spanish/English (Vaterlaus & Higginbotham, 2011). The author of this study directly recruited the 8 Latino professionals via email, via phone call, and in person. They are known to the student researcher as colleagues in the field or through networking. Their informed consent was also attained to participate in the 1 hour interview and to record the interviews.

Results - Study I

Sample Descriptives

Child participants were offered the 10 week intervention or waiting to receive the therapy services from two distinct agency locations, one in Chicago and the other in North Riverside. There was about equal participation from both sites (Chicago participants= 23 and N Riverside participants=25), which is depicted in Table 5.0 and similarly there was close to equivalent representation from both genders (25 males and 23 females) in both the intervention and the non-intervention groups. Given the age range, there was variation among grade level, second graders having the largest representation at 21% and seventh grader only accounted for 4% of the overall

participants. Participation level was divided into three categories, low=5 or less sessions, medium=6-7 and high= 8-10 and recorded by one of the therapist involved in the study. Seventy percent of the children who participated in the intervention achieved medium level of participation and were exposed to over half of the intervention.

Table 5.0

Children Demographics: Gender, Age, and Grade Level

	Intervention Group		Non-Intervention Group	
	N=23	%	N=25	%
Gender				
Male	8	35	17	68
Female	15	65	8	32
Age Group				
5-8 yr. olds	12	52	15	60
9-12 yr. olds	11	48	10	40
Grade Level				
Pre K or Kindergarten	4	17	3	12
First	1	4	5	20
Second	6	26	4	16
Third	1	4	3	12
Fourth	4	17	2	8
Fifth	2	9	5	20
Sixth	3	13	3	12
Seventh	2	9	0	0
Location				
Chicago Office	8	35	14	56
N Riverside Office	15	65	11	44
Treatment Level				
5 or less sessions	7	30	-	-
6-7 sessions	16	70	-	-
8-10 sessions	0	0	-	-

Statistical Analysis

In order to test the effectiveness of Caritas de Esperanza, a culturally responsive intervention for Latino children ages 5-12 exposed to violence, a 2x2 mixed factorial ANOVA was performed, specifically did the 10-week intervention have an effect on the children's self-esteem, resiliency self-efficacy, conduct problems and emotional symptoms? Table 6.0 shows the means of both conditions, the experimental and the control groups. The Means of the Experimental group compared to the Control group are higher between the pre-tests and the post-tests, particularly in the Resiliency Self-efficacy Scale (M1= 6.736 and M2= 8.864). As hypothesized, children in the experimental group increased their resiliency self-efficacy, self-esteem, and decreased conduct problems and negative emotional symptoms compared to the group that did not receive the intervention.

Table 6.0

2X2 Mixed Factorial ANOVA for CEDVI

Scale	<u>Experimental Group</u>		<u>Control Group</u>		Sig
	M1	M2	M1	M2	
RSS	6.736	8.864	6.412	5.767	.016
SES	8.959	10.499	8.367	8.667	.081
CPS	7.739	8.875	7.820	7.970	.490
ESS	6.713	8.342	7.282	7.570	.896

M1=pre-test Mean

M2= post-test Mean

Interview Results

Results from the Cultural Competency Section of the Parent Interview are listed in Table 7.0 below. The results were fairly consistent with previous studies which stipulate that the most effective and promising interventions are those culturally tailored (Chan, Espelage,

Hollingsworth, & Mitchell, 2016; Gonzalez-Guarda, Cummings, Becerra, Fernandez, & Meza, 2013). It is most notable that parents find that **the intervention** their children receive is inclusive of their family's cultural values and beliefs (93% important or very important), **the therapists** working with their children are competent and understand their family's cultural values and beliefs (93% important or very important), and therapist uses art activities that reflect my ethnic roots during intervention (93% important or very important). It is also noteworthy that only 79% of parents believed it was very or important that therapists providing therapy to their children needed to be Latinos. Parents' responses clearly articulate that it is relevant that the intervention their children receive is approached with an understanding of their cultural beliefs and values.

Table 7.0

Parents' Perception on Cultural Competency Relevance

Question	Very Important		Important		Not Important		Not at all Important	
	n	%	N	%	N	%	n	%
Question #1 Therapist providing therapy to my child is Spanish-speaking	8	57%	4	29%	1	7%	1	7%
Question #2 Therapist providing therapy to my child is Latino(a)	4	29%	7	50%	3	21%	0	0%
Question #3 Therapist is competent and understands my family's cultural values and beliefs (Latino culture)	9	64%	4	29%	1	7%	0	0%
Question #4 Therapy intervention approach is inclusive of my family's cultural values and	11	79%	2	14%	1	7%	0	0%

beliefs (Latino culture)									
Question #5									
Therapist uses art activities that reflect my ethnic roots during intervention.	8	57%	5	36%	1	7%	0	0%	
N=14									

As for the instrument utilized with parents prior and after the intervention, the illustration in Table 8.0 demonstrates that most parents found the questionnaire to be clear and did not find challenges in completing. Only twenty one percent found a problem understanding a question from the overall questionnaire. Parents who answer yes to this second question were asked specifically which one they found most challenging during the interview. These parents identified the last question somewhat unclear. The last question that was found somewhat unclear read “my child has self-doubt when things do not go well”.

Table 8.0

Instrument Validity, Child Exposure to Domestic Violence Checklist (Parent Version)

Question	Yes		No		Don't Remember	
	n	%	n	%	n	%
In relation to the questionnaire you completed, were the questions worded clearly?	13	93%	0	0%	1	7%
Did you have any problems understanding any of the questions?	3	21%	11	79%	0	0%
Were there any words or concepts you were not familiar with?	2	14%	12	86%	0	0%

In terms of parents' perceptions on how the intervention had impacted their children, they identified specific behavioral and emotional changes, both in school and at home. All parents were able to describe specific behavioral and emotional changes in their children and attributed these to the intervention. An observation noted from the interviews was that most parents who participated in the interviews had two children who had completed the 10-week intervention. According to these parents, their children were dealing with major behavioral problems like fighting, breaking rules, distractibility, impulsivity, isolation, difficulty making friends both at home and school. They were additionally dealing with emotional problems and among these were sadness, anger outbursts, constant crying, confusion, and keeping feelings to self. Parents further reported that after intervention, children were more outgoing, were having more positive family interactions, were cooperative, and appeared happier and confident. Several parents reported that at one point during the intervention their children shared that they were enjoying the therapy.

Results - Study II

Sample Descriptives

Over half of the parents in this study's sample are considered single parents (N=13) compared to (N=8) who identified with being part of two parent household. The majority of the parents have been in the U.S. for at least eleven years (N=20), which means that they are not relatively recent immigrants. Also, over half (N=13) were recruited from the agency's Chicago office location and the rest (N=8) were from the North Riverside office. These families are from low socio-economic status, 52 % of the participants indicated that their household income was less than ten thousand dollars a year. In terms of education level, the highest level of achievement was high school (N=10) and the remaining (N=11) only completed elementary school. The Latino professional counselors are known to the author of this study as colleagues

who she met through prior collaborations and networking. Table 3.0 provides an illustration of demographics obtained during the interview. The sample includes a good representation of Latino professional counselors in terms of type of clinical practice, gender, and number of years in the field. All of them have been practicing for at least 10 years, which was set as one of the criteria for participation in this study. It was especially important for professionals to have a reasonable number of years and experience in the field to be able to answer the questions with greater confidence. Most professional counselor participants were female (N=5) and the remaining (N=3) were males. In terms of areas of practice, there was representation from private practice (N=4), from community agencies (N=3) and school (N=1). The professional counselors had prior experience in other settings like hospitals and community mental health centers.

Qualitative Analysis

Inductive thematic analysis was the qualitative analytic technique utilized to interpret the narrative data gathered through the interviews. All interview transcriptions were read thoroughly and initially grouped by parent interviewees and professional counselor interviewees. Once the data was organized, themes and consistencies across interviewees' responses were identified for each question. Responses to each question were placed together and analyzed for similar ideas for each group separately. These themes helped in the identification of categories which were then organized and coded. The same process was followed for data collected from both parent and professional counselor interviews. A cross-case analysis was then performed to explore similarities and differences between parents' responses and those provided by professional counselors. Table 9.0 was created to list the emerging categories for both sets of interviews and illustrates the similarities and some differences across responses. Table 9.0 illustrates side to side the main categories and themes that emerged from parent and counselor interviews.

Interview Results

The first question sought to understand what guides survivor's decisions to enroll their children in a counseling intervention and was posed to both parents and professional counselors. As follow are three categories that emerged from both survivors and professional counselors:

Theme I: Agency Reputation

The majority of the participants learned about the agency through someone they knew that had received services from the same agency and had a positive experience, therefore recommended that they sought services there. Similarly, most professional counselors explained that their clients sought their services after being referred by someone who knew them and had a positive experience with their center. An original response from a Spanish-speaking survivor, which is also translated and one from a professional counselor describes this idea.

“Mi prima vino aquí porque ella paso lo mismo de violencia doméstica y me dijo que aquí me podían ayudar y que tratan muy bien a las personas.” (Parent Interview-19)

“My cousin came here because she also went through domestic violence and she told me that I would be helped here and that they treated people well.” (Parent Interview-19)

“There is a big chunk that will come to see me and they'll say that my sister told me to come and I know they are always satisfied with the services... I say thank you I really appreciate it...” (Professional Counselor-5)

Theme II: Emotional and Behavioral Understanding and Solutions

Participants appear to be have a good idea about their goals related to the therapy for their children and the reasons why they are seeking therapy services, but do not seem to know exactly how to go about resolving the issues they have at hand. The majority reported that they needed someone to help in explaining to their children about the problems they were having at home specifically those between them and the child's father which resulted from the domestic violence. Professional counselors on the other end also identify that most of their clients come

knowing what they expect and often seek solutions for their specific problems, they expect immediate relief, and expect the professional counselor who is considered knowledgeable to tell them what they need to do. The following quotes are from a client and professional counselor that exemplifies this idea.

Yo me sentía muy incapaz de abordar ningún tema con mis hijos y quería ayuda para saber cómo abordar lo que había pasado.” (Parent Interview-8)

“I felt incapable of handling any topic with my children and I wanted help to know how to handle what had happened.” (Parent Interview-8)

“Most of the time they come with an agenda...he’s going to facilitate these changes that need to happen... they’ll say can you help me do things the way that they should be done.” (Professional Counselor Interview-4)

Theme III: Perception during Early Engagement

The impression of the first interaction seems to stay with participants even after they’ve completed therapy services and can be an influential factor in enhancing retention and treatment completion among Latino families. Parents appear to have very vivid recollection of how they were first welcomed and treated by the agency’s personnel. The majority recall that they were treated as they put it with “amabilidad” or with politeness. Professional counselors also believed that early engagement was critical, particularly because some of their Latino clients felt intimidated due to prior bad experiences with other professionals like doctors. As follow are examples from a parent and professional counselor.

“Otra persona me dijo los puedes llevar a un lugar cerca porque los llevas hasta haya...y yo dije sabes me gusta como son ahí, me gusta como atienden...y me gusto como es ella...y como atiende a los niños.” (Parent Interview-1)

“Another person said to me you can take them to a place that is closer why do you take them all the way over there...and I said to her I like how they are there, I like the way they serve you...and I liked how she is...and how she treated my children.” (Parent Interview-1)

“Well I heard of parents of clients having a bad experience with maybe with other service providers, schools or doctors working with her child.” (Professional Counselor Interview-3)

Parents who were interviewed had gained some understanding of what it is like to have their children involved in a therapeutic intervention, therefore were asked to keep that in mind as they answered this second question. This question explored survivors' insights regarding professionals providing therapy to children, regarding a therapeutic intervention, and the agency that provides the therapeutic services. Professional counselors were also asked from their experienced what they thought their Latino clients expected from these three entities as well. Several themes emerged across this inquiry.

Them IV: Prominent Professional Characteristics for Positive Engagement

Parents identified important characteristics that they believe are significant in a professional counselor that provides therapy to children, but also some of these same characteristics emerged in the responses when asked about the overall agency. It appears that the expectation seems to be the same across all staff employed at the agency. They pointed to several personal characteristics but there were only a few that came up repeatedly and include someone that is Trustworthy, Polite, Educated, someone that Listens, someone that is Affectionate, someone that Engages the parent and child, and someone that is Spanish-Speaking. Professional counselors concurred with these characteristic and additionally identified that having

understanding of the Latino culture was important of the professional counselors. The following quotes capture what was identified by most participants.

“Que sean amables, que te tengan cariño hacia los niños...pues si amable, cariñosa con los niños que los trate bien...conocimiento. Como que ellos se sientan en familia...”

(Parent Interview-10)

“That they are polite, that they feel affection toward children...well polite, affectionate with the children, that she treats them well...knowledge. So that they feel like family...”

(Parent Interview-10)

“Para mí es importante que cada tema que hablan tengan una respuesta...te hablan con respeto...si habla otro idioma no nos estaríamos entendiendo...un persona

preparada...con respeto...inspira confianza...” (Parent Interview-4)

“To me it’s important that for every topic they speak about they have an answer...they talk with respect...if they speak another language we are not going to understand each other...an educated person...with respect...inspire trust...” (Parent Interview-4)

“It starts with being respectful...have an understanding of the subtleties of “respect” in our culture...warm...engaging and part of it is self-disclosure...someone that understands our culture...” (Professional Counselor Interview-7)

Theme V: Language Access

The need for language access came up across the expectations of professional counselors providing the therapy, the intervention itself, and agency providing services to Latino families. Professional counselors were in agreement that professionals needed to speak Spanish, that the intervention needed to be conducted in Spanish, and that the agency should hire bilingual/bicultural personnel as well as have their written materials in Spanish. For parents, it only came up when they explained their expectations of the professional counselor and the

agency providing the therapy. These two quotes support this idea of the need for language access.

"Me entiendo bien con ella porque yo no hablo ingles...pero ella me habla muy bien en Español." (Parent Interview-12)

"We understand each other because I don't speak English... but she speaks to me in Spanish very well." (Parent Interview-12)

"There are some professionals who speak Spanish but they are not totally fluent or are bicultural and that is quite alienating for the clients..." (Professional Counselor Interview-4)

Theme VI: Parent Engagement

Another theme that came up across responses from both parents' interviews and professional counselors' interviews was the importance of engagement throughout the counseling process. There seems to be an expectation from parents that they would like to have input on their child's treatment, they like to be informed about their child's progress, they like to be contacted to be reminded about appointments, and to have a personable connection with the therapist that is working with their child. Professional counselors' responses were in agreement and believed that early engagement is critical. In some instances it starts in the community if they encounter you there. As follow are quotes from the interviews that support this idea:

"Me pregunto mucho a mi en que temas queria que ella se enfocara en el niño y eso me hizo sentir muy importante y es importante para ver de qué forma trabajar con el referente a todo lo que paso... yo me sentí como en familia..." (Parent Interview-7)

She asked me in which area I wanted her to focus with my child and that made me feel important and it is important to see how we are going to work on what happened...I felt among family..." (Parent Interview-7)

We have developed a relationship in the community...they have seen us doing a presentation that is "personalismo" is a big factor they already have connected with us..." (Professional Counselor Interview-4)

Theme VII: Welcoming Environment

Both parents and professional counselors pointed to the importance of having a welcoming environment that includes various aspects like having personnel that are amicable and warm, offering a safe and private space, have bilingual/bicultural staff, materials that are in their language, and setting is reflective of their culture, and being available and accommodating. The quotes below provide an example of this idea.

"Me gusto eso de compañerismo...la recepcionista...me encanto tenía una sonrisa bien alegre y yo digo que cuando uno entra y está nervioso y ella lo pone a uno muy relajado es muy amigable..." (Parent Interview-17)

"I liked the camaraderie...the receptionist...I loved that she had a smile very happy and I say that when you are coming in feeling nervous and she puts you at ease she is friendly..." (Parent Interview-17)

"making them feel at home...give them the control here you pick the channel...it has to be a warm inviting environment...we did get some consulting on colors for me from the beginning it was warm colors of the Earth...that is what comes from Latin America ... because that is culturally relevant..." (Professional Counselor Interview-5)

Theme VIII: Preference for Group Setting

The theme of a group setting came up only for parents who identified their child's experience in group to be optimal. They described this experience very beneficial to their children as they reported that their children were able to connect with other children their age, that they felt less isolated, that they were able to learn from other children and their experiences,

and that it helped them see they were not the only ones going through familial problems. As follow are direct quotes from parents who support this idea:

“Pues que mi hijo venía a compartir con los niños, que se relacionaba con más...jugaba tenía su tiempo para compartir con otros niños.” (Parent Interview-4)

“Well my son came and shared with the children he was able to relate to more...he played he had time to share with other children.” (Parent Interview-4)

“Que los niños convivieron con otros niños y que se dieron cuenta que no somos la única pareja que tenemos problemas...había cosas que quizá tenían en común...” (Parent Interview-15)

“That the children were able to share with other children and that they realized that we are not the only couple that has problems...there were things that they probably had in common...” (Parent Interview-15)

Them IX: Understanding of Socio-political Issues

Most professional counselors agreed that professionals need to be mindful of the socio-political environment and the specific factors that impact Latinos' mental health and overall well-being, which include political atmosphere, anti-immigration laws and their socio-economic status. As follow is a quote from one of the professional counselor interviews:

“I think that there also needs to be an understanding of the multiple needs of our clients...we work with an immigrant population and often times they are undocumented and face additional barriers.” (Professional Counselor Interview-3)

“Understanding social and political climate...that continue to impact and influence...like the added layers of the experiences for a particular individual because of their immigration status.” (Professional Counselor Interview-2)

The third question asked survivors what was most important to them and their families. There were recurring themes across responses from the parents and the professional counselors which are explained next.

Theme X: Child's Academic Education

Parents and Professional Counselors alike identified education to be one of the most valued aspects of Latino families, and further elaborated that one of the reasons that brought many immigrant Latinos to the United States was for better opportunities in education, and subsequently a better life parents had in their native country. As follow are direct quotes taken from the interviews that support this idea:

“La otra parte la he enfocado con mis hijos, siempre he estado con ellos y siempre “échenle ganas al a escuela”, Ustedes son muy inteligente.” (Parent Interview-1)

“The other part I have focused on my children, I've always been with them about “give it your best at school”, you are very intelligent.” (Parent Interview-1)

“They are here not often times because they want to it is to get their children a better future and opportunity that they may not have had in their home country whether it is because of education...” (Professional Counselor Interview-3)

Theme XI: Family

Family was the first most important aspect to be identified by all Professional Counselors and Parents. Both agreed that the Family is what is most valued by most Latinos and keeping the family together is what is most important. Parents report their willingness to do everything that is in their power to ensure the well-being of their children. They also have strong bonds with family members, which include the extended family and according to one Professional Counselor, many stay connected with their relatives that stayed behind in their native country. The following is one participants' quote:

“Primero está mi familia y mis hijos, siempre me ha gustado que mi familia este unida.”

(Parent Interview-19)

“First and foremost is my family and my children, I’ve always liked to have my family united.” (Parent Interview-19)

“Yes, faith is important and the connection with family or brothers and sisters in their country of origin, they usually send them money you know.” (Professional Counselor Interview-6)

“I think family is the number one ...maintaining the family united...the importance of managing relationships even when things get hard...there is hardly a desire to disconnect.” (Professional Counselor-2)

Theme XII: Faith

Faith is another theme that came up on both sets of responses, the Parents and the Professional Counselors. Most parents identified with Catholicism and only a few with Christianity, but all claimed strongly believing in the power of God even those who did not attend mass habitually. Some parent claimed that is one specific value that they would like to instill in their children. As follow is a quote from a parent and a professional counselor:

“Yo tengo mucha fe, yo estoy muy apegada y es algo que yo estoy tratando de tenerles siempre presente a mis hijos...tienen que dar gracias por todo lo que ellos tienen...la relación que ellos tienen que tener con Dios...” (Parent Interview-18)

“I have a lot of faith, I’m very attached and that is something that I’m trying to have in their awareness...they have to give thanks for all that they have...the relationship that they have to have with God...” (Parent Interview-18)

“Faith is another big part of the family.” (Professional Counselor-3)

Theme XIII: Respect

Respect was mentioned throughout the interviews and identified as a value by both parents and professionals. Parents shared that this value was passed on by their own families and was taught to them so they could have more cooperative and peaceful relationships. This was particularly emphasized expected of young children toward their parents, grandparents, and other elders in their communities. The following quotes illustrate this idea:

“Que respete para que la respeten, que no sea grosera, que sea una buena niña...”

(Parent Interview-14)

“To respect so that they can respect her, that she is not rude, that she is a good girl...”

(Parent Interview-14)

“Some common ones are respect so some forms of respect, respect your parents, respect your elders, respect visitors, you know people who come to your home.” *(Professional*

Counselor-8)

Theme XIV: Hard-Work Ethic

According to both parents and professional counselors, having a hard work ethic leads to achieving your goals and to better aspects of your life. Parents seem to apply this with children in relation to their education. The following quotes show support this idea.

“Trabajar duro or work hard that’s definitely part...they want them to have better jobs you know, they can’t provide everything to their children...being successful you are going to go to work.” *(Professional Counselor-7)*

“Working hard and maybe if you want something badly enough you have to work for it.”

(Professional Counselor-3)

The fourth question asked parents what specific values discourage the use of violence and helps them overcome difficulties.

Values that Discourage Violence and Help Overcome Difficulties

Parents and Professional Counselors identified Respect, Faith-Religion, and Family to be the principal values connected to both discouraging the use of violence and what helps Latino families overcome difficulties. In terms of values that discourage the use of violence, parents recognized some contradiction in terms of what their parents tried to teach them compared to what they experienced at home. They share being exposed to domestic violence and their parents used harsh forms of punishment on one end, and on the other they were prohibited from fighting with siblings, from answering back to parents, and to be respectful. In terms of the values associated with overcoming difficulties, parents identified their faith to be an important source of strength during difficult times. As follow is a quote from one of the professional counselors.

“One is faith, when they have problems they usually go to the priest or to church.”

(Professional Counselor-6)

Impact of Caritas de Esperanza

Parents were also asked how Caritas de Esperanza intervention had impacted their children. Parents identified the intervention helpful in exposing their children to other children of the same age range who were going through similar problems, helping them understand that they were not alone in the transitions they were facing. Further, they were able to connect and gain techniques to deal with some of the emotional distress they were experiencing as a result of the violence exposure between the parents. A parent shared the following quote:

“Ella se enojaba con todos y corría al cuarto y se encerraba y empezaba a pegar, pero luego la terapeuta de dio una cajita donde ponía todo lo que sentía y luego lo tiraba y eso le ayudo mucho. Ahora es más amable con las personas.” (Parent Interview-2)

“She would get upset with everyone and would run and lock herself in the room and hit the door, but then the therapist gave her a box where she could write in papers how she

was feeling and then throw them away and that helped her a lot. Now she is more polite with people.” (Parent Interview-2)

Table 9.0 Survivors and Professional Interviews' Categories and Themes Comparison

Categories		Themes
1.0 What guides survivors' decision to enroll their children in a particular program		
<i>How do survivors usually reach out to the agency?</i>		
<i>Survivors' Responses</i>	<i>Professional Counselors' Responses</i>	
Word-of-Mouth (11) Other agencies referred/providers (4) Internet (3) Prior participation (2) Unknown (2)	Word-of-Mouth (8) Referrals from other agencies/providers (6) Internet (2) Learned through a community event (2) Reputation of agency (1)	Reputation of Agency
<i>What makes them enroll in this program versus another program?</i>		
Recommended by past/current participant (8) Positive initial experience (8) Location (2) Free services (2) Focus of agency is on women (2)	Presence in community (4) Location/Access (4) Number of year (2) Word-of-Mouth (5) Make accommodations (1) Staff speak Spanish (6) Culture services (4) Free services (1) Agency known for providing good services (4)	Reputation of Agency Language Access
<i>What prompts them to seek services?</i>		
Emotional issues (15) Behavioral issues (5) Academic issues (1) Mandated DCFS (2)	Emotional issues (3) Behavioral issues (4) Academic issues (1) Social issues (1) Crisis- (5) Family issues (2) Mandated-DCFS (2) Mandated-Court (1)	Socio-emotional Issues Prompt Service Seeking Behavior

<i>What do they expect the program would be able to offer their child (ren)?</i>		
Help child emotionally (5) Help with child's behavior (1) Help child understand what is going on at home and to assimilate situation (12) Not sure (1)	They want relief (4) They want solutions (4) Information/Education (3)	Emotional and Behavioral Understanding & Solutions
<i>Can you describe any important happenings during services?</i>		
Helped right away (3) Staff were polite and welcoming (6) Felt safe (3) Felt trust (3) Would leave feeling hopeful (3)	Intimidated at first due to bad prior experiences with other professionals (4) Early engagement is important (3) Fear of being labeled crazy (4)	Welcoming Environment Early Engagement Stigma
2.0 Expectations in regards to professional counselors providing the therapy, the intervention, the agency providing the services, and the effectiveness of the intervention?		
<i>Expectations in regards to the professional counselors that provide the intervention?</i>		
Need to have Patience (3) Person that inspires Trust (15) Speaks my language (9) Involves parent (11) Affectionate (5) Respectful (3) Someone that Listens (5) Attentive (6) Has training/Education (7) Someone that Cares (4) Someone that is Polite (9)	Has Expertise/ Knowledgeable (5) Ability to connect (4) Approachable (2) Someone that Listens (4) Someone that Cares (2) Knows the language (4) Cultural understanding (3) Respectful (2) Trustworthy (1) Fun and Friendly (3) Makes self available (2) Humble (2) Affectionate/Warm (2)	Prominent Professional Characteristics for Positive Engagement <ul style="list-style-type: none"> • Engaging • Trust • Affectionate • Good Listener • Expertise • Polite or "Amable" • Speaks Client's Language
<i>In regards to the Intervention?</i>		
Activities were helpful and children enjoyed them Teachings and techniques (3) Privacy (3)	Engagement throughout intervention (5) Safe and private setting (4) Provide service in clients' language (2)	Parents: Preference for Group Setting Art and Play techniques are Helpful

Children connected with other children (13) Accommodations (2) Follow-up (2) Childcare (2)	Integration of culture in services (5) Empowerment perspective (3) Have a strength-based approach (2) Keep participants informed about process and progress (4) Provide psycho-education (2)	Professionals: Engagement Integration of Culture Empowerment and Strength-based Approach
<i>In regards to the agency?</i>		
Attention provided by staff (4) Politeness or "Amabilidad" (9) Free Services (4) Welcoming environment (7) Services in my language (3) Privacy was provided (2) Need for legal services (3)	Assess for needs (5) <i>Services</i> <i>Childcare</i> <i>Language</i> Link to community resources Understanding of socio-political issues affecting the Latino community (3) <i>Immigration</i> <i>Financial</i> Welcoming Environment (5) <i>Staff are welcoming</i> <i>Reflective of their culture</i> Location (2)	Welcoming Environment
Important Cultural Aspects of the Latino Culture		
<i>What are the most important aspects of the Latino family?</i>		
My child's education Family and staying together Faith/Believe in God Respect Hard Work Better Life	Family (8) Respect (4) Education (3) Hard Work Ethic (6) Food and Celebrations (3) Seek to Excel and Better life for children (4) Faith (4)	Family Respect Hard-Work Ethic Child's Education Faith

<i>Specific Values that discourage the use of violence?</i>		
Respect Respect others Don't hurt others Get along with others Don't fight with siblings Love your siblings Take care of each other Faith-Religion Stay away from problems Be a good person	Respect (4) Desire to keep family together (3) Share (2) Religion (2) Avoid Conflict (2)	Respect Religion Family
<i>Specific values that help overcome difficulties?</i>		
Family provide a sense of strength and responsibility Faith in God-strength History of suffering	Support from family (4) Own history of suffering (3) Religion (2) Desire for a better life (2)	Family Strength Religion History of Suffering
<i>Can you see some of these values integrated in an intervention?</i>		
Yes (21) Couldn't explain how	Yes (8) Engagement Knowledge of these values Incorporation of these during program development, during therapy, and should inform decisions regarding setting	Latino values should help inform an intervention

Discussion

The present investigation first tested the hypothesis that the children introduced to the 10-week therapy intervention "Caritas de Esperanza" would increase their self-esteem, resiliency self-efficacy, and decrease negative feelings associated with trauma and decrease in conduct problem behaviors compared to children who did not receive the intervention. Results from parents' Child Exposure to Domestic Violence Checklist pre and post- tests support the hypothesis. It was noted that improvement in self-esteem and resiliency self-efficacy was most

significant with the experimental group compared to the control group. Parents reported most improvement in their child's self-esteem level and their resiliency self-efficacy. Similarly, parents reported this during the pilot interviews, which were conducted as part of *Study I*. They reported that they noted a change in confidence in their children both at school and home. Some parents reported that their children were making more friends at school and were sharing their feelings and opinions in relation to the domestic violence at home.

Adverse psycho-emotional outcomes associated with childhood violence exposure can be counteracted by the promising intervention "Caritas de Esperanza" as demonstrated by the outcomes above. This intervention was developed under the assertion that a child's conduct and emotions are affected negatively after exposure to violence, which is also supported by a number of studies (Mattson & Esther, 2005; Ozkol, Zucker, & Spinazzola, 2011; Osofsky, Rovaris, Hammer, Dickson, Freeman, & Aucoin, 2004). Therefore, the intervention focused on building coping mechanisms that would reverse the negative effects. It was further created under the assumption that increasing a child's self-esteem and resiliency self-efficacy would produce positive outcomes at home and school. It was culturally relevant to the Latino children participants as it was approached from their cultural lens and their cultural belief/value system. It also introduced art activities from the Latino culture that the children could relate to and acknowledge. Chan et al. (2016) and Gonzalez-Guarda et al. (2013) clearly enunciated that the most effective interventions are those that are culturally tailored. Examination of this culturally responsive intervention has demonstrated its effectiveness in increasing children's self-esteem, resiliency, and self-efficacy; and in decreasing a child's conduct problems and negative emotional symptoms associated with violence exposure.

The second part of the investigation further explored through one face-to-face interviews, what guides parents' decision to enroll their children in a counseling intervention, what are the

most relevant characteristics of a counselor, important aspects of an intervention, and agency considerations that best serve their family's needs. Additional questions explore what parents considered to be the most important aspects of their family as well as the impact of Carita de Esperanza intervention on their children. The same questions were posed to Latino professional counselors who had extensive experience working with Latino families to further examine these areas of interest and to note similarities or difference across the two groups. The prior questions were especially important to explore as there is extensive literature that indicates the challenges faced by the mental health field in engaging Latino families in services and disparities resulting from lack of culturally responsive interventions and approaches.

In terms of what guides parents' decision to engage in services, it was very evident that the principal motivator was the reputation of the agency and more specifically, it was Latino clients who had a prior positive experience with the agency who they then recommended for various reasons that are will be explained further in this section. It is also apparent that it is through word of mouth that many Latinos find information about counseling services in their respective communities. Along with the reputation of the agency is the initial engagement that leaves a lasting impression on Latino parents and potentially an important determinant in the completion of needed services for themselves and their children. When they were asked about any recollections during their early interactions with the agency, many reported having had a very positive experience and claimed that they felt welcomed by the personnel. For instance, they shared that staff served them promptly, that they welcoming, that they had a good disposition to help, that staff were very polite, and that they left feeling hopeful after the first positive interaction. Professional counselors' responses were in agreement as they recognized the importance of engaging Latino families from the very first contact by making them feel comfortable and almost at home, particularly because they've had very negative experiences

with other professionals and in other settings. Professional counselors also identified that language access was another reason Latino families sought their services. Moreover, Latino professional counselors claimed that making themselves present in the community was also important, through participation in community events and by providing presentations. One counselor explained that being in the community to make connections was a way for him to build “personalismo”, which is a concept associated with Latinos’ preference of relating to others. As noted by Antshel (2002), this concept describes how Latinos favor positive exchanges with people and also explicates the preference for personal relationships over institutional relationships. Furthermore, Latino professional counselors pointed to the fear that permeates around being called “crazy” or the stigma in seeking mental health services. They explained how their clients often wanted clarity around this issue and needed confirmation from them that they were not “crazy” or what they were experiencing was not abnormal.

Latino parents identified a number of characteristics that they found important of a professional counselor and recurrently came up even when being asked about the intervention and agency. They recognized that they would be most engaged as well as their children by someone who consistently involved them in the counseling process, someone who inspired them trust, someone who was a good listener, someone who was polite, someone who demonstrated expertise, someone who spoke their language and someone who was affectionate. This last one appears to be unique in that it is not a characteristic often identified in the counseling field as being important. Parents really emphasized wanting to be involved throughout their counseling services. Similarly, Polo, Alegria, & Sirkin (2012) argued that disparities in serving ethnic groups stem from the inability to fulfill needs like increasing the involvement of Latinos in their own mental health treatment which in turn increased engagement. Professional counselors claimed that most of their Latino families expected solutions and to be educated around the issue

or problem they were experiencing. This notion seems to be connected to the Latino parent's expectation that the professional counselor should be the expert that will show them the way or provide solutions to their problems.

In term of the intervention, parents and professional counselors identified different aspects to be relevant. For instance, most parents identified that having provided the intervention via group format was very important to them because it allowed their children to connect to other children their age and offered them a relief to know that they were not the only ones going through family problems. This can be linked to the fact that the Latino culture is characterized by being collectivistic and not individualistic, therefore individuals seek out support from the other members and often rely on support systems. Also, immigrants often experience isolation and more so when dealing with domestic violence, thus a group setting offers an opportunity to make connections. The professional counselors, on the other hand, concurred that an empowerment approach and strength-based perspective were critical given the history of oppression they've experience. A few counselors made reference to an empowerment approach that included psycho-education, one that informed clients about their rights and the counseling process, and one that allowed them to make decisions. Others emphasized the strength based approach which accentuated the family's strengths, their cultural protective factors, and one that showed the positive side of their experience. For example, a counselor provided an example of one parent who was overly stressed due to work, leading to problems at home and to feel ashamed. She added that she helped this client see his strengths by pointing how he was a hard worker who was trying to provide for the family.

As for the agency providing counseling services to Latinos, parents pointed to some aspects that include staff who are attentive and welcoming, free services, privacy, language access, and the need for legal service. Similarly, Latino professional counselors emphasized the

importance of assessing for needs like childcare and bilingual/bicultural staff. They added that the agency should consider the family's socio-economic needs and the political climate particularly around immigration.

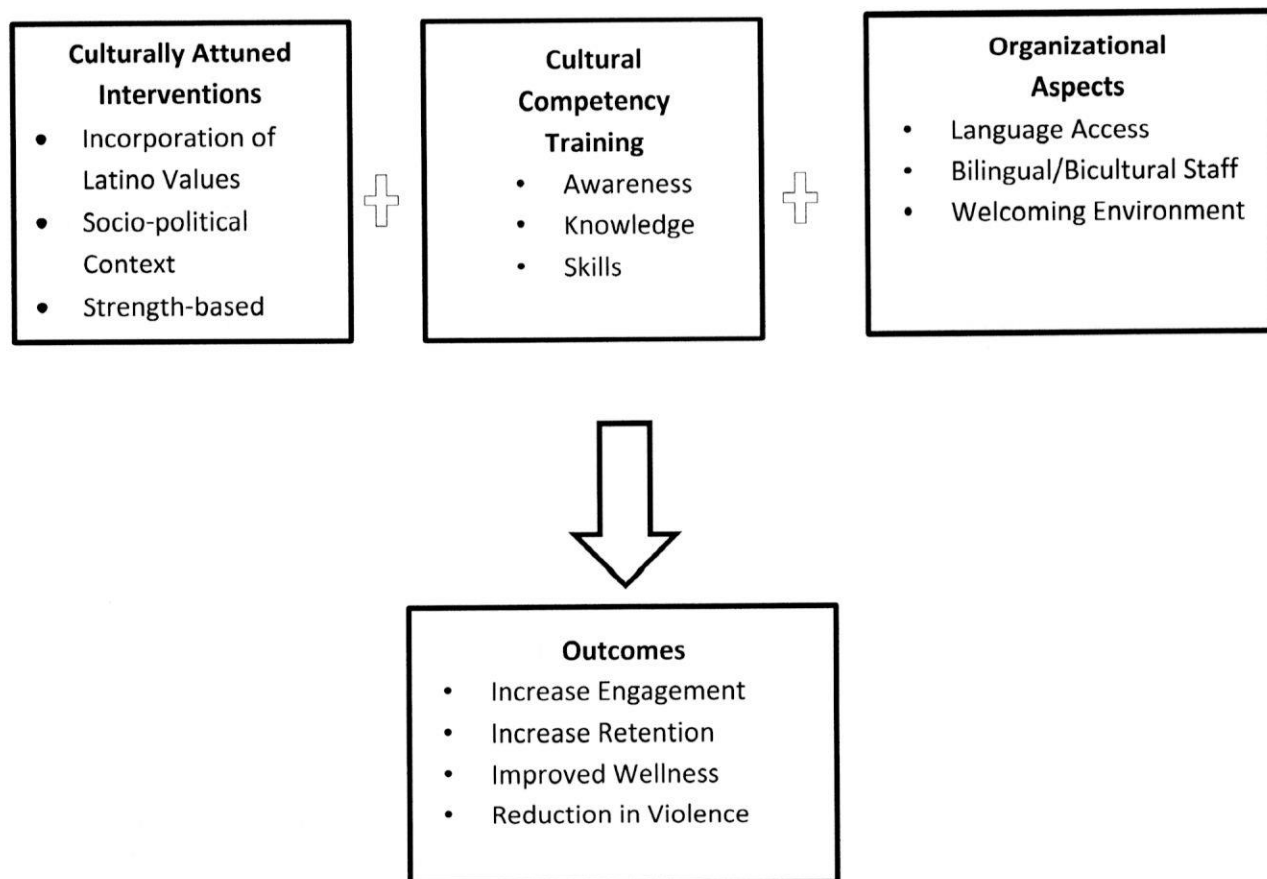
Parents and professional counselors concurred when asked to identify the most important aspects or values of the Latino family. These same values were also found in most of the literature, except for hard-work ethic. Other researchers have argued that *Respect, Faith, Family* and *Personalismo* are important aspects of the Latino culture (Antshel, 2002; Añez et al., 2008; Calzada et al., 2010; Musgrave et al., 2002) The values that consistently came up were *Family, Respect, Faith, Education* and additionally *Hard-Work Ethic*. There was a consistent emphasis from parents and professional counselors that parents wanted their children to excel in school because they themselves did not have this opportunity in their native country and also because that was one of the primary reasons they immigrated to this country, which was for them to have an education and a better life. In terms of hard-work ethic, parents explained that they wanted to teach their children to work hard, because anything they wish to pursue required hard work in this life.

Further, parents and professionals identified specific values associated with discouraging violence and in helping them get through difficult situations and problems. The three main values associated with discouraging violence are Respect, Religion, and Family. According to the parents they were taught to respect others and that meant not hurting other people, especially your family. Yet, they recognized the paradox in that their parents would preach about respect and not hurting others while they used violence to make their point across. Professional counselors argued that faith was also a value that often discouraged violence, as it is through the church that they learn to be good to others and to not hurt one another. A professional counselor explained that they try to avoid conflict to keep good relationships and the family together, but at

times it does not work and they recur to using violence because they feel that they have run out of options. The values that were associated with perseverance during difficult times were *Family* and *Faith*. All parents explained that they find strength in their children and family when they are dealing with problems and in moments of despair. They also talked about their strong connection with God and their faith in such times. Professional counselors as well as parents recognized how their history of suffering and the sacrifices they've made in life serve as a reminder not to give up, especially because they have a desire to for a better life. Parents remembered the suffering their families went through and particularly how their own mothers made many sacrifices for them and their overall families.

In terms of the impact of Caritas de Esperanza in their child's well-being, they noted both behavioral and emotional changes in their children. They emphasized the connection with other children their age and how the art/play techniques were helpful in improving their emotional and behaviors. Many of the parents recalled their children being hesitant at first but then would come out of their sessions looking happy and engaging with one another. They also recalled how their children would remind them about the sessions and becoming more affectionate towards them. Based on *Study I* and *Study II* a model is being proposed and is illustrated as follow. This model shows important concepts and principles derived from the insights of Latino parents and Latino professional counselors. The model includes three main components, culturally attuned interventions, cultural competency training, and organizational aspects which will result in positive outcomes like increased engagement and retention, improved wellness and reduction in violence use.

Latino Families Affected by Domestic Violence Intervention Model



Limitations of the Study

Study I was based on a small sample size, making it difficult to yield a significant effect size. The other limitation was administration of the Child Exposure to Domestic Violence Checklist to the younger age group, 5-8 year olds. The Child Therapist had to verbally administer the pre and post-tests, potentially influencing the children's responses. Also, these were administered during the first interaction with the child. Often children, particularly those that have experienced trauma, have difficulty trusting people. We can speculate from this that children's responses during the pre-test administration were not too accurate. Also, the researcher did not test for the validity of the child's Child Exposed to Domestic Violence

Checklist. It is uncertain whether the children had difficulty understanding the questions, potentially affecting their responses.

The parent interviews were part of a pilot to learn more about the intervention's impact and cultural relevance. The interviews were not transcribed, limiting more substantial deductions and generalizations. The cultural relevance was also based on questions developed by the researcher based on her experience in clinical work and not from existing empirical findings on what constructs constitute a culturally proficient intervention. Also, when analyzing the results from the interview responses, it became clear that question #3 is a double barrel question as it asks two questions in one. It asks parents how important it is for them for the therapist to be competent and understanding of the Latino culture.

Limitations noted in *Study II* include that only one person analyzed the data and not used other methods like triangulation. The questions were not tested on someone prior to the interviews which could have helped with rewording or reordering some of the questions. Another limitation is that the sample used for the professional counselor interviews was known to the author. There could have been some bias in the selection of these professionals and familiarity with their perspective on cultural relevant counseling services.

Future Research

A future investigation can be conducted to replicate *Study I*, but with a larger sample size. Also, the Child Exposure to Domestic Violence Checklist could be revised to increase its reliability and validity. Exploration and utilization of existing evidence based measurement tools could be potentially used in the future study. In terms of *Study II*, the same interviews could be conducted with other parents in other regions or part of the larger city or even state-wide study.

A future study could also look at the proposed model above and evaluate what other Latino based agencies currently have in place and make comparisons.

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Appendix A
Child Exposure to Domestic Violence Checklist (Ages 5-8)

Please check (✓) the answer that best tells how you feel.

<i>Self-esteem Scale</i>	Not True	Somewhat True	Very True
I feel good about myself.			
I do not like myself.			
I like to be left alone.			
My parents say good things about me.			
I am a happy child.			
I can make friends.			
<i>Conduct Problems Scale</i>			
I get angry and yell.			
I usually do as I am told.			
I fight a lot.			
I kick, push, or slap others/things when I am mad.			
I am accused of lying or cheating.			
<i>Emotional Symptoms Scale</i>			
I get a lot of headaches, stomach-aches, or sick			
I worry a lot.			
I am unhappy and cry a lot.			
I get nervous in new places and around people I do not know.			
I have many fears and easily get scared.			
<i>Resiliency of Self-Efficacy Scale</i>			
I do not let problems get to me.			
If I do not do something right, I continue to try.			
I push and motivate myself.			
I keep myself from feeling down.			
I keep on trying when things are going really bad.			

Appendix B
Child Exposure to Domestic Violence Checklist (Ages 9-12)

Please check (✓) the answer that best tells how you feel.

<i>Self-esteem Scale</i>	Not True	Somewhat True	Very True
I feel that I have a lot of good qualities.			
I feel I do not have much to be proud of.			
I often wish I were someone else.			
I am able to do things as well as most other children.			
I take a positive attitude towards myself.			
<i>Conduct problems Scale</i>			
I get very angry and often lose my temper.			
I usually do as I am told.			
I fight a lot. I can make other people do what I want.			
I am often accused of lying or cheating.			
I take things that are not mine at home, school, or elsewhere.			
<i>Emotional symptoms Scale</i>			
I get a lot of headaches, stomach-aches or sickness.			
I worry a lot.			
I am often unhappy, depressed, or tearful.			
I am nervous in new situations. I easily lose confidence.			
I have many fears, I am easily scared.			
<i>Resiliency of Self-Efficacy Scale</i>			
I keep problems from getting me down.			
I pick myself up after I tried my best and failed.			
I keep on trying when things are going really bad.			
I keep myself from feeling down.			
I get discouraged when nothing seems to work.			

Appendix C
Child Exposure to Domestic Violence Parent Checklist (Parents)

Please check (✓) the answer that best describes your child.

<i>Self-esteem Scale</i>	Very much like my child	Very like my child	Somewhat like my child	Not like my child
He/she is able to identify qualities/talents in self.				
My child shows that he/she is proud of self.				
My child often compares self to others.				
My child demonstrates that he/she is able to do things like other children his/her age.				
My child has a positive attitude.				
<i>Conduct Problems Scale</i>				
My child often loses temper.				
My child generally is well behaved, usually does what adults request.				
My child often fights with other children or bullies them.				
My child often lies or cheats.				
My child steals from home, school, or elsewhere.				
<i>Emotional Symptom Scale</i>				
My child often complains of headaches, stomach-aches or sickness.				
My child has many worries or often seems worried.				
My child is often unhappy, depressed, or tearful.				
My child gets nervous or clingy in new situations, easily loses confidence.				
My child has many fears, easily scared.				
<i>Resiliency of Self-efficacy Scale</i>				

My child bounces back after trying his/her best and failing.				
My child keeps his/her spirit when she/he has tough setbacks.				
My child keeps on trying when things are going really bad.				
My child overcomes discouragement when nothing seems to be working.				
My child has self-doubts when things do not go well.				

Appendix D (Interview with Parents)

Parents' Perceptions on Intervention's Cultural Competency, Intervention's Impact, and Questionnaire

Cultural Competency:

How important were the following factors in your decision to enroll your child in therapy in the Domestic Violence Program at Mujeres Latinas en Accion?

1. Therapist providing therapy to my child is Spanish-speaking.

Very Important	Important	Not Important	Not at all Important

2. Therapist providing therapy to my child is Latino (a).

Very Important	Important	Not Important	Not at all Important

3. Therapist is competent and understands my family's cultural values and beliefs (Latino culture).

Very Important	Important	Not Important	Not at all Important

4. Therapy intervention approach is inclusive of my family's cultural values and beliefs (Latino culture).

Very Important	Important	Not Important	Not at all Important

5. Therapist uses art activities that reflect my ethnic roots during intervention.

Very Important	Important	Not Important	Not at all Important

Intervention's Impact:

1. What changes have you observed in your child now that he/she completed 10-week intervention?
2. What was your child's behavior like before and how is it now?
3. What was your child's emotional state before and how is it now?
4. How do you feel the 10-week therapy intervention impacted him/her at home?
5. How do you feel the 10-week therapy intervention impacted him/her at school?
6. What could the intervention have done better?
7. Would you like to share anything else about your experience with your child in relation to 10-week therapy intervention?

Questionnaire:

1. In relation to the questionnaire you completed before and after 10-week therapy group, where the questions worded clearly?
 2. Did you have any problems understanding any of the questions?
 3. Where there any words or concepts you were not familiar with?
-

Appendix E

Entrevista con Padres

1) ¿Que es lo que padres esperan cuando deciden enrolar a sus hijos en programas de consejería?

Lo que guía la decisión de los padres a enrolar a sus hijos en un programa en particular de consejería

La historia de los padres de cómo llegaron al programa y agencia

Me gustaría saber su historia de cómo llego al programa de Violencia Domestica en Mujeres Latinas en Acción. Cuando recién decidió que quería enrolar a su hijo(os) en el programa:

- A. ¿Cómo paso? ¿Cómo llego a la agencia?
- B. ¿Qué fue lo que le hizo buscar los servicios para su hijo/a?
- C. ¿Qué le hizo enrolar a su hijo(os) en este programa y no en otros?
- D. ¿Qué fue lo que paso durante su primera interacción?
- E. ¿Quién estaba involucrado? ¿Quién la atendió?
- F. ¿Que esperaba que el programa pudiera ofrecerle a su hijo/a?
- G. ¿Qué es lo que Usted esperaba de la consejera?
- H. ¿Puede compartir algunos eventos importantes que ocurrieron durante los servicios de consejería?

2) ¿Cuál es la perspectiva de los padres después de completar los servicios de consejería en términos de los consejeros, en cuestión a la intervención, eficacia de la intervención y de la agencia donde recibieron los servicios?

La perspectiva de los padres en relación a los consejeros profesionales/ servicios de consejería/la agencia que proveyó los servicios/Eficacia de la Intervención

Después de Completar Servicios

¿Ahora que sabe lo que es participar en este programa, que es lo que otros padres deberían de esperar en un programa de consejería?

A. En relación a los **profesionales** que provén la consejería a sus hijos:

1. ¿Puede identificar aspectos importantes en el/la consejero/a profesional?
2. ¿Qué noto que le gusto de el/la consejero/a?
3. ¿Qué más le gustaría ver en un consejero/a?

B. En relacion a la **intervención o programa**:

1. ¿Puede describir aspectos de la intervención o programa que le gustaron?
2. ¿Qué incluyo el programa que ahora Usted sabe es importante para Usted?
3. ¿Algunos tópicos en particular, el espacio, las interacciones?

4. ¿Qué otra cosa le hubiera gustado que fuera parte de la intervención o el programa?

C. En relación a la **agencia** en general:

1. ¿Puede describir aspectos de la agencia que le gustaron?
2. ¿Qué acerca de la agencia Usted considera importante?
3. ¿Qué otra cosa le hubiera gustado que fuera parte de la agencia?

D. En relación a la **eficacia** de la intervención:

1. ¿Cómo le ayudo a su hijo la participación en la consejería?
2. ¿Qué cambios de comportamiento y emocionales Usted observo en su hijo/a?
3. ¿Qué está haciendo su hijo/a diferente ahora que a mejorado su bienestar?
4. ¿De qué otra manera le ha ayudado la consejería a su hijo/a?

- 3) ¿Qué cosas considera Usted importante para Usted y su familia que le gustaría que el consejero supiera?

La Perspectiva de los padres en los Aspectos Importantes de su Familia

- A. ¿Qué diría Usted que son las cosas más importantes para Usted y su familia que le gustaría que supiera el consejero/a?
- B. ¿Qué prácticas comunes existen en su hogar o son parte de su familia?
- C. ¿Qué enseñanzas o tradiciones Usted espera se queden con sus hijos?
- D. ¿Cómo están estas enseñanzas o tradiciones relacionadas con su cultura?

- 4) ¿Qué valores culturales le gustaría que fueran parte e integrados en la intervención/consejería?

La Perspectiva de los Padres sobre la Integración de sus Valores Culturales

- A. ¿Pudiera identificar valores específicos que fueron pasados a Usted por su familia y su cultura que no aceptan el uso de la violencia?
- B. ¿Pudiera identificar maneras que le han ayudado a Usted y su familia a sobrellevar los problemas y dificultades, ya sea por observación o enseñanzas?
- C. ¿Puede ver estos valores/ practicas integradas en la consejería? ¿Cómo?

Appendix F Parent Interview Protocol

- 5) What do parents look for when they decide to enroll their children in an intervention/counseling program?

What Guides Survivors' Decisions to Enroll in a Particular Program

Survivor's Story on how they arrived to the agency/program

I'd like to learn more about your story and how you came in contact with the Domestic Violence Program at Mujeres Latinas en Accion. When you first decided that you wanted to enroll your child/children in the program:

- A. How did it happen? How did you reach out?
- B. What prompted you to seek out their services?
- C. What made you decide to enroll in this program versus other programs?
- D. What happened during that interaction?
- E. Who was involved? Who was there?
- F. What did you expect the program would be able to offer your child?
- G. What did you expect about the professionals providing the counseling?
- H. Can you describe any important happenings during services?

- 6) What is survivors' feedback after completing services in terms of professional counselors, in terms of intervention, effectiveness, and in terms of the agency?

Survivor's Insight regarding Professional Counselors/ Counseling Services/ Agency Providing Services/Effectiveness

After Completing Services

Now that you know what it is like to be in this program, what do you think parents should look for in a counseling program?

- B. In regards to **professionals** providing the counseling to their child/children:
 4. Can you identify aspects that you now know are important to you about the professional counselor?
 5. What did you notice that you liked about the counselor?
 6. What else would you have liked to see in the counselor?
- C. In regards to the **program or intervention**:
 5. Can you describe aspects of the intervention/program that you liked?
 6. What did the program include that you know now is important to you?

7. Specific topics, setting, interactions?
8. What else would you have liked to see be part of the intervention/program?

D. In regards to **the agency** as a whole:

4. Can you describe aspects of the agency that you liked?
5. What about the agency did you find was important to you?
6. What else would you have liked to see be part of the agency?

E. In regards to **effectiveness** of the intervention:

5. How did participating in the intervention helped your child?
6. What specific changes did you observed in your child, behavioral and/or emotional?
7. What is your child doing differently now that has improved his wellbeing?
8. In what other ways has the interventions helped your child?

7) What is important to their family that they would like the therapist to know?

Survivors Insight on Important Aspects of their Family

- E. What would you say are the most important things to your family that you think would be good for a therapist to know?
- F. What are some things that your family practices with great frequency?
- G. What teachings/traditions would you hope stay with your children?
- H. How are these teachings/traditions tied to your culture?

8) What specific cultural values would they like to see integrated in the intervention?

Survivors Insight on Integration of Cultural Values

- D. Can you identify specific values that were passed on to your family through your culture that discourage the use of violence?
- E. Can you identify ways that have helped you and your family overcome difficulties/problems whether through observation or teachings?

Can you see some these values/practice be integrated in the intervention? If so, how?

Appendix G
Professional Counselor Interview Protocol

- 9) What do you believe parents look for when they decide to enroll their children in an intervention/counseling program?

What Guides Survivors' Decisions to Enroll in a Particular Program

- I. How do they usually reach out to you?
- J. What prompts them to seek out your services?
- K. What makes them decide to enroll in this program versus other programs?
- L. What do they expect the program would be able to offer to their child?
- M. What do they expect about the professionals providing the counseling?
- N. Can you describe any important happenings during services?

- 10) What should parents expect in terms of professional counselors, in terms of intervention, effectiveness of intervention, and in terms of the agency offering the intervention?

Survivor's Insight regarding Professional Counselors/ Counseling Services/ Agency Providing Services/Effectiveness

- F. In regards to **professionals** providing the counseling to their child/children:
 - 7. Can you identify aspects that you now know are important to parents about the professional counselor?
 - 8. What do you notice that they liked about you or other counselors?
 - 9. What do they say they would like to see in your or other counselors?
- G. In regards to the **program or intervention**:
 - 9. Can you describe important aspects of the intervention/program?
 - 10. What did the program include that you know now is important to these parents?
 - 11. Specific topics, setting, interactions?
 - 12. What else do you find important to be part of the intervention/program?
- H. In regards to **the agency** as a whole:
 - 7. Can you describe aspects of an agency that you find important?
 - 8. What about the agency do you find important to these families?
 - 9. What else do you think needs to be part of the agency?
- I. In regards to **effectiveness** of the intervention:

9. What part of your intervention is helpful to children and their families you work with?
10. What specific changes do you observe in children's behaviors and emotions due to your intervention?
11. What are children doing differently as a result of your intervention?
12. How else is your intervention helpful?

11) What have you found to be the most important aspects of the Latino family that they have shared with you?

Professional Counselors' Insight on Important Aspects of the Latino Family

- I. What would you say are the most important things of the Latino family that they have shared with you?
- J. What are some frequent family practices?
- K. What teachings/traditions have they shared, are important to them and their children?
- L. How are these teachings/traditions tied to their culture?

12) What specific cultural values do you find useful in an intervention in terms of engaging and being effective with Latino families?

Professional Counselors' Insight on Integration of Cultural Values

- F. Can you identify specific values that were passed on through their culture to their family that discourage the use of violence?
- G. Can you identify ways that have helped them and their family overcome difficulties/problems whether through observation or teachings?
- H. Can you see some of these values/practices integrated in your or other interventions? If so, how?

13) What other suggestions do you offer based on your extensive experience to other counselors who wish to work with Latino families?

Appendix H

December 1, 2016

To the Institutional Review Board,

Estela Melgoza has the permission of **Mujeres Latinas en Accion** to recruit participants and/or conduct research for her study “Insight from Survivors and Latino Professional Counselors providing Interventions to Latino children affected by domestic violence: Implications for culturally responsive interventions and professional training”. The details of this study have been explained to us and we support the research.

Please contact me for any further questions at 773-890-7676.

Sincerely,

Maria S. Pesqueira
President & CEO

Appendix I

Interview Consent- Professional Counselor

“Insights from survivors and Latino professional counselors providing interventions to Latino children affected by domestic violence: Implications for culturally responsive interventions and professional training”

Participant ID# _____

Study purpose- The purpose of the study is to explore the most important components of a meaningful, effective, and culturally competent intervention for Latino children in a domestic violence context from the perspective of professional counselors and parents.

Interview Process- With your consent, you will participate in an interview lasting approximately 45-60 minutes long. You will be provided with a copy of this signed consent and a copy of your transcribed interview if you request for one. Your participation is voluntary and you may choose to withdraw at any time without penalties.

Use of Participant Data- The data from this study is intended to be used for an independent research project and only I and my advisors will be analyzing and discussing findings of this research. If the findings are published, I will ensure to preserve participants’ anonymity.

Data Protection and Confidentiality- Interview will be recorded via a recorder or cell phone and transferred to a personal laptop within 24 hours, which will be protected with a password. This data will remain in the laptop during the duration of the study. The recordings will be transcribed and personal information (i.e. name, address, etc.) will be deleted and an ID number will be assigned to each participant. Transcribed data will not be identifiable to anyone in case that the security of my personal computer is breached. The interview data will be preserved for at least 3 years in the event that the findings are published.

Risks and Benefits- Participating in this study is anticipated to have low-minimal risk. The probability and magnitude of harm or discomfort are not greater in and of themselves than those ordinarily encountered in daily life. You may encounter some discomfort as you share some of the challenges you experience through your work or things you see in your field of work. The benefit that you may experience is being able to share your expertise and perspective on what constitutes culturally responsive interventions and training for professionals in your field.

I understand that in the event I have questions or require additional information I may contact the researcher: **Estela Melgoza**, National-Louis University, 122 S. Michigan Chicago, Illinois 60603, emelgoza@nl.edu

I understand that in the event I have any concerns or questions before or during participation, I may contact the Researcher’s Primary Advisor: Dr. Suzette Fromm-Reed; email: Suzette.frommreed@nl.edu ; 312-261-3464.

I understand that in the event I have any questions or concerns about this study that I would like to ask of the university, I may contact the chair of NLU’s Institutional Research Review Board: Shaunti Knauth; email: shaunti.knauth@nl.edu; phone: 312-261-3112; address: National Louis University, 122 South Michigan Avenue, Chicago, IL.

Participant Signature _____ Date _____

Researcher’s Signature _____ Date _____

Please check this box if you give consent for this interview to be recorded:

Appendix J

Interview Consent- Parent

“Insights from survivors and Latino professional counselors providing interventions to Latino children affected by domestic violence: Implications for culturally responsive interventions and professional training”

Participant ID# _____

Study purpose- The purpose of the study is to explore the most important components of a meaningful, effective, and culturally competent intervention for Latino children in a domestic violence context from the perspective of professional counselors and parents.

Interview Process- With your consent, you will participate in an interview lasting approximately 45-60 minutes long. You will be provided with a copy of this signed consent and a copy of your transcribed interview if you request for one. Your participation is voluntary and you may choose to withdraw at any time without penalties. Whether you choose to participate, not participate, or withdraw at any time, this will not affect in any way your participation or that of your children in services at Mujeres Latinas en Accion. You will also be compensated for your time with a \$45 Target Gift card.

Use of Participant Data- The data from this study is intended to be used for an independent research project and only I and my advisors will be analyzing and discussing findings of this research. If the findings are published, I will ensure to preserve participants’ anonymity.

Data Protection and Confidentiality- Interview will be recorded via a recorder or cell phone and transferred to a personal laptop within 24 hours, which will be protected with a password. This data will remain in the laptop during the duration of the study. The recordings will be transcribed and personal information (i.e. name, address, etc.) will be deleted and an ID number will be assigned to each participant. Transcribed data will not be identifiable to anyone in case that the security of my personal computer is breached. The interview data will be preserved for at least 3 years in the event that the findings are published.

Risks and Benefits- Participating in this study is anticipated to have low-minimal risk. The probability and magnitude of harm or discomfort are not greater in and of themselves than those ordinarily encountered in daily life. You may encounter some discomfort as you share some of the challenges you experience through your work or things you see in your field of work. The benefit that you may experience is being able to share your expertise and perspective on what constitutes culturally responsive interventions and training for professionals in your field.

I understand that in the event I have questions or require additional information I may contact the researcher: **Estela Melgoza**, National-Louis University, 122 S. Michigan Chicago, Illinois 60603, emelgoza@nl.edu

I understand that in the event I have any concerns or questions before or during participation, I may contact the Researcher’s Primary Advisor: Dr. Suzette Fromm-Reed; email: Suzette.frommreed@nl.edu ; 312-261-3464.

I understand that in the event I have any questions or concerns about this study that I would like to ask of the university, I may contact the chair of NLU’s Institutional Research Review Board: Shaunti Knauth; email: shaunti.knauth@nl.edu; phone: 312-261-3112; address: National Louis University, 122 South Michigan Avenue, Chicago, IL.

Participant Signature _____ Date _____

Researcher's Signature _____ Date _____

Please check this box if you give consent for this interview to be recorded:

Appendix K

Consentimiento de Padres para Participar en Entrevista

“Perspectivas de Padres y Consejeros Profesionales Latinos que sirven a niños afectados por la violencia doméstica: Implicaciones para intervenciones culturales y un modelo de entrenamiento para profesionales”

Número de Identificación # _____

Propósito de Estudio- El propósito de este estudio es explorar los componentes más importantes, efectivos, y culturalmente competentes de una intervención para niños Latinos afectados por la violencia doméstica, desde la perspectiva de los padres y consejeros Latinos.

Proceso de la Entrevista- Con su consentimiento, Usted participara en una entrevista en persona que tomara aproximadamente entre 45-60 minutos. A Usted se le dará una copia firmada de este consentimiento. Si Usted lo desea también se le puede dar una copia de la entrevista. Su participación es completamente voluntario y puede decidir retirarse en cualquier momento sin ninguna penalidad. Su participación o falta de participación no afectara su participación o la de sus hijos en servicios proveídos en Mujeres Latinas en Acción. Usted recibirá una tarjeta de Target con el valor de \$45 por participar en la entrevista.

Uso de Datos e Información- La información y datos adquiridos a través de este estudio van a ser usados para un estudio independiente y solamente yo y mis consejeros podremos analizar y discutir los resultados. Si publicamos los resultados, mantendremos datos personales o aquellos que puedan identificarla en anonimato.

Protección de Datos y Confidencialidad- La entrevista será grabada a través de una grabadora o teléfono celular y luego transferida a una laptop dentro de un periodo de 24 horas. Esta entrevista será protegida por una clave. Estos datos/información se mantendrán en el laptop durante la duración de este estudio. La grabación será pasada por escrito y cualquier información personal (ej. nombre, dirección, etc.) será borrada y se le asignara un número de identificación. Los datos no tendrán información que puedan identificarla a Usted. Los datos serán guardados por 3 años en caso que decida publicar algún artículo.

Riesgos y Beneficios- Participar en este estudio tiene muy bajo o mínimo riesgos. La probabilidad de daños no es más que lo que pudiera encontrarse en la vida diaria. Quizá puede causar algo de incomodidad al compartir sus experiencias y si eso sucede la conectaremos con una consejera en Mujeres Latinas en Acción o le daremos información sobre algunos recursos. Uno de los beneficios es que esta compartiendo sus ideas y experiencias que pueden ayudar a los profesionales que provén servicios a familias Latinas.

Si tengo alguna preocupación o tengo una pregunta, puedo contactar a la investigadora principal: **Estela Melgoza**, National-Louis University, 122 S. Michigan Chicago, Illinois 60603, emelgoza@nl.edu

Si tengo preocupaciones o preguntas durante mi participación antes o después, puedo llamar a la consejera principal de la investigadora: Dr. Suzette Fromm-Reed; email: Suzette.frommreed@nl.edu ; 312-261-3464.

Si tengo alguna pregunta sobre el estudio y quisiera comunicarme con la Universidad, puedo llamar a la presidenta de la Junta de Revisión Institucional de Investigación (IRB) en National-Louis University: Shaunti Knauth; email: shaunti.knauth@nl.edu; phone: 312-261-3112; address: National Louis University, 122 South Michigan Avenue, Chicago, IL.

Participant Signature _____ Date _____

Researcher's Signature _____ Date _____

Por favor marque un X en la siguiente caja se está de acuerdo con que grabemos la entrevista:

Appendix L

PARENT INTERVIEW DEMOGRAPHICS

DATE OF INTERVIEW: _____

ID# _____

AGE:

- 18-20 31-40 51-60
 21-30 41-50 61 and over

ETHNICITY:

- Hispanic/Latina
 Non-Hispanic/Latina

What part of Latin America: _____

Number of Years in the U.S. _____

CIVIL STATUS:

- Married Separated Divorced
 Single Widow Common Law

EDUCATION:

- Elementary Some College
 H.S. College/University Graduate

INCOME:

- 10,000 or less
 10,001-20,000
 20,001-30,000
 30,001- 40,000
 40,001- or more

HOUSEHOLD:

- Single parent
 Two-parent

Household Number: _____

Age of Child or Children in Therapy: _____

When did Child Complete Therapy Group: _____

Location Where Child Received Therapy: _____

What Type of Therapy:

Individual

Group

Both



January 24, 2017

Estela Melgoza
6120 S. Kolin Ave.
Chicago, IL 60629

Dear Estela Melgoza:

The Institutional Research Review Board (IRRB) has received your application for your research study “Insights from survivors and Latino professional counselors providing interventions to Latino children affected by domestic violence: Implications for culturally responsive interventions and professional training.”. IRRB has noted that your application is complete and that your study has been approved by your primary advisor and an IRRB representative. Your application has been filed as Exempt in the Office of the Provost.

Please note that the approval for your study is for one year, from January 24, 2017 to January 24, 2018. At the end of that year, please inform the IRRB in writing of the status of the study (i.e. complete, continuing). During this time, if your study changes in ways that impact human participants differently or more significantly than indicated in the current application, please submit a Change of Research Study form to the IRRB, which may be found on NLU’s IRRB website.

All good wishes for the successful completion of your research.

Sincerely,

Shaunti Knauth, Ph.D.
Chair, IRRB



M U J E R E S
L A T I N A S E N A C C I Ó N

2124 West 21st Place Chicago, IL 60608 • 773.890.7676 • Fax 773.890.7650 • www.mujereslatinasenaccion.org

December 1, 2016

To the Institutional Review Board,

Estela Melgoza has the permission of **Mujeres Latinas en Accion** to recruit participants and/or conduct research for her study "Insight from Survivors and Latino Professional Counselors providing Interventions to Latino children affected by domestic violence: Implications for culturally responsive interventions and professional training". The details of this study have been explained to us and we support the research.

Please contact me for any further questions at 773-890-7676.

Sincerely,

Maria S. Pesqueira
President & CEO