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# Teachers' Perspectives on the Need and Acceptability of School-Based Identification and Treatment for Children Exposed to Violence: A Mixed-Methods Approach

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TEACHERS' PERSPECTIVES ON THE NEED AND ACCEPTABILITY OF  
SCHOOL-BASED IDENTIFICATION AND TREATMENT FOR CHILDREN  
EXPOSED TO VIOLENCE: A MIXED-METHODS APPROACH

A Thesis

Submitted to the Graduate Faculty of the  
Louisiana State University and  
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in

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by  
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## ABSTRACT

Increasing research has emerged in the last decade focusing on interventions for youth experiencing difficulties due to traumatic experiences in their lives. In addition, recent literature has proposed that schools may in fact be an effective location for the delivery of mental health services to these children and, that teachers and school staff may be effective at implementing the proposed interventions. However, trauma is a broad term often used to describe a wide range of stressful situations for students, each of which has varying degrees of influence. With the increase of violence exposure for youth in their homes, schools, and communities and the detrimental effects that such exposure has on youth's outcomes, it is clear that violence exposure is a significant source of trauma and concern for children. However, prior to implementing school-based interventions for these children, it is important to understand teachers' views on the topic. This mixed-methods study investigates the perspectives of East Baton Rouge public elementary school teachers in relation to their experiences working with children exposed to violence. Teachers completed an online survey followed by an interview to gather data regarding the types of violent experiences, influences of those experiences on school performance, and the resources available for supporting these students in school. Findings address teachers perceived roles in relation to identifying, supporting, and treating these students in the classroom as well as their perspectives on the need and acceptability of doing so in school. Results from this study are useful in providing insight into adequate training opportunities for teachers as well as facilitating the implementation of school-based interventions for students struggling with symptoms associated with exposure to violence.

## LITERATURE REVIEW

In recent years, the influence that stressful life events have on children has gained much more attention in the literature and in the media, especially with the impact of recent large-scale events in our society (e.g., September 11, 2001, Hurricane Katrina, Sandy Hook, etc.). Even new considerations have emerged in the latest version of the American Psychiatric Association's (APA) Diagnostic and Statistical Manual of Mental Disorders (5<sup>th</sup> ed.; *DSM-5*; APA, 2013) to reflect the increased awareness and need for a developmentally sensitive approach to the diagnosis of disorders. Specific changes due to developmental concerns have emerged in the diagnosis of disorders resulting from traumatic and violent experiences (i.e., posttraumatic stress disorder (PTSD), reactive attachment disorder, disinhibited social engagement disorder; APA, 2013, p. 265-280, 812). With this increased awareness, there has also been an increase in the research surrounding the investigation of the specific influences that these events have on children's health, as well as the identification and treatment of these issues.

Stressful life events and traumatic experiences are, unfortunately, a part of the lives of many youth living in today's society. Although prevalence rates are difficult to determine and often vary across each study that has investigated these outcomes, one thing that remains clear is that this is an issue worth addressing. In 2008, Ko et al. published an article concerning the importance of creating trauma-informed systems of care for children and adolescents. In this article, Ko and colleagues (2008) indicated that approximately 25% of children and adolescents in the general community experience at least one traumatic event in their lifetime, including events such as accidents, natural disasters, maltreatment, and family and community violence. Results of a study of children in North Carolina showed a slightly higher number of students, indicating that nearly two thirds of the children in their sample had reported experiencing a

traumatic event by the age of 16 (Copeland, Keeler, Angold, & Costello, 2007). Furthermore, additional research has found that 10-30% of children who have been exposed to traumatic events such as those described above, just once, often develop chronic psychological problems, affecting not only their overall well-being, but also their academic achievement and overall development (Alisic, 2012; Copeland et al., 2007; Langley, DeCarlo Santiago, Rodriguez, & Zelaya, 2013). Evidence also suggests that chronic exposure to traumatic situations often results in more severe outcomes for youth (Alisic, 2012; Copeland et al., 2007; Kruczek & Salsman, 2006; Overstreet & Mathews, 2011). Despite the variability in reported prevalence rates of traumatic event exposure, it is evident that it is a noteworthy concern for youth in current society.

Although not all individuals exposed to traumatic situations develop full-scale PTSD (Copeland et al., 2007; Langley et al., 2013), it is clear that the influences of traumatic situations should be addressed in order to enhance the overall well-being of children and adolescents who have been exposed to such situations. Many situations, while not traumatizing for some, may be more difficult for others to handle and certain situations have been shown to lead to more serious outcomes than others (Overstreet & Mathews, 2011). In addition, the impacts of traumatic experiences for children are varied and widespread, with symptoms ranging from the more severe symptomology associated with PTSD (i.e., flashbacks and re-experiencing symptoms and suicidal ideation) to issues such as generalized anxiety, depression, and cognitive deficits (Langley et al., 2013; Overstreet & Mathews, 2011). Deficits in academic functioning have also been associated with traumatic stress (Goodman, Miller, & West-Olatunji, 2012; Overstreet & Mathews, 2011), due to the cognitive impairments associated with these experiences that can be further exacerbated by the symptoms manifested after the trauma (e.g., depression, social withdrawal, and disruptive behavior, to name a few).

More recent research has also shown a higher connection between traumatic events in children of lower socioeconomic status (SES) and lower academic achievement, with the rate of traumatic stress being significantly higher in children from lower SES households (Goodman et al., 2012; Kruczek & Salsman, 2006; Langley et al., 2013; Thompson & Rippey Massat, 2005). These studies, along with others like them, provide further indication that better support systems need to be put in place for these students.

### **Prevalence and Influence of Violence Exposure**

Trauma is a broad term that is comprised of numerous experiences, many of which are violent in nature. Over the years, there has been a substantial amount of attention given to the prevalence and influence of violence in our communities, with an increase in recent years looking at the effect of violence on our youth (Renshaw, 2009). Violence does not occur in just one context. In fact, children experience and witness violence in many places including at home, in school, and around their communities at increasingly high rates. In Copeland et al.'s (2007) study, the authors found that of the two-thirds of children who had reported experiencing a traumatic event, 35.7% of those children had experienced a violent type of trauma. Further investigation by Copeland and colleagues (2007) also found that those children who had experienced violent types of trauma were more likely to develop painful recall and subclinical PTSD symptoms than those who had been exposed to other types of trauma. Moreover, according to the studies reviewed and discussed by Overstreet and Mathews (2011), a survey of public schools conducted in 2007 revealed that 20% of all schools had gang activity and 25% of all schools had known bullying occur at least once per week. In addition, reviewed studies had identified that 9% of all children in the U.S. had witnessed domestic violence specifically (Overstreet & Mathews, 2011). However, in a more recent U.S. study, estimates of violence

exposure in family, community, and school contexts were estimated to be between 20 and 50%, with 40% of elementary-aged children reporting having their lives threatened in the past year (Langley et al., 2013).

Research has also suggested that children living in urban environments may be at an increased risk for experiences involving witnessing or being directly involved in violent situations. Results of a study conducted in the inner-city public schools of Chicago in 2005 with a sample of 110 sixth graders, found that the majority of youth had been exposed to violence by either a peer or an adult in the last year (Thompson & Rippey Massat, 2005), including exposure to weapons, physical violence, and threats, to name a few. In addition, 70% of the children knew someone who had been shot or stabbed in the past year (Thompson & Rippey Massat, 2005). Among these children, increased problem behavior in school was associated with increased levels of exposure to violence and, in addition, lower academic achievement was also associated with increased violence exposure (Thompson & Rippey Massat, 2005).

Numerous studies like these have emerged in the last decade as attempts to assess the influence that exposure to these various violent events have had on children. However, as demonstrated by the diverse range of statistics presented above, many of these studies often fall short in their methodology and yield highly variable results (Finkelhor, Turner, Ormrod, Hamby, & Kracke, 2009). According to the research reviewed and the results of the comprehensive survey conducted by the U.S. Department of Justice (Finkelhor et al., 2009), millions of children and adolescents in the United States are exposed to various forms of violence in their homes, schools, and communities every year. Children in the United States are more likely to be exposed to violence than adults and results of the comprehensive national study found that over 60% of the children surveyed had been specifically exposed to violence in the past year (Finkelhor et al.,



2009). Lifetime reports of violence exposure for the same children were between one-third to one-half higher than the reports of exposure the previous year (Finkelhor et al., 2009). In addition, 86.6% of children having reported violence exposure in their lifetime also reported exposure during the last year, suggesting that many children who are exposed to violence continue to have an increased risk of continued or later victimization (Finkelhor et al., 2009). Despite the highly variable percentages reported across these studies and others, the rates still support the notion that violence exposure is a significant source of the challenging and traumatic experiences faced by youth throughout their lives.

Although many children who have been exposed to violence show extraordinary resilience in the face of adversity, the detrimental effects of such exposure are still significant and warrant attention from those working with these children. Violence can have drastic effects on the lives of exposed youth, and many children react in different ways, often exhibiting a host of symptoms including internalizing and externalizing behavior problems as well as academic and mental health concerns (Finkelhor et al., 2009; Renshaw, 2009). Internalizing problems have been found in many children exposed to violence including issues such as anxiety, depression, anger, increased stress and sleep disturbances, withdrawal, intrusive PTSD symptomology, and attachment complications and regressive behavior (Finkelhor et al., 2009; Renshaw, 2009). In addition, children who have been victimized or witnessed violence can also become more prone to later victimizing, dating violence, and impaired future relationships (Finkelhor et al., 2009; Renshaw, 2009).

Children who have been victims of violence or witness to violence also often develop significant externalizing behavior problems as a result, either instead of or in addition to the possible internalizing symptoms outlined above. Children and adolescents who have been

exposed to violence have been found to demonstrate significantly higher rates of violent behaviors themselves, including physical aggression, conduct problems, later dating and interpersonal violence (Finkelhor et al., 2009; Renshaw, 2009) and have also been found to exhibit higher rates of substance abuse, risky sexual behavior (Renshaw, 2009) and disruptive behavior in school (Thompson & Rippey Massat, 2005). These high-risk externalizing behaviors obviously provide a substantial source of concern for the futures of youth exhibiting them, as well as for the contexts in which they take place.

In addition to internalizing and externalizing behavior and mental health concerns, youth exposed to violence often also struggle with significant impairments in their academic and school functioning. Despite the relative lack of the literature in this regard (Renshaw, 2009), the evidence that has emerged has shown that the symptomology often displayed by youth exposed to violence is likely to greatly interfere with students' academic achievement and educational progress (Renshaw, 2009; Thompson & Rippey Massat, 2005). More chronic exposure to violence and violent traumatic experiences have been associated with greater school difficulties, both academically and behaviorally, increased cognitive impairments in memory and brain functioning, and significantly lower grade-point averages and academic achievement, particularly among children in urban settings (Goodman et al., 2012; Kruczek & Salsman, 2006; Overstreet & Mathews, 2011; Thompson & Rippey Massat, 2005).

Reports of childhood exposure to violence have clearly varied in the above reviewed literature. Regardless of the variability in reported exposure, the rate at which children are exposed to violence clearly represents an issue faced by many of our children on a daily basis, especially those living and attending school in urban and conflict-filled environments. The effects related to such violence exposure are numerous, and the incidence of exposure is clearly

too high to be ignored. In addition, many students who are exposed to violence in their homes, schools, or communities do not necessarily meet criteria for a diagnosis of any specific mental disorder and yet, still struggle with significant symptomology due to the violence they have witnessed or experienced. In addition, these struggles may not be considered qualifiers for special education services in schools, even though symptoms often significantly interfere with a student's academic and daily school functioning. Regardless of this emerging disconnect between the reality for these children and our current systems of diagnosis and classification, these struggling students deserve to be supported and can be.

### **Access to Support for Students Exposed to Violence**

In more recent years, a considerable body of literature has emerged to suggest that schools may in fact be an ideal place for students to receive mental health support services and may be a valid and effective locale in which to receive treatment related to violence exposure (Graham, Phelps, Maddison, & Fitzgerald, 2011; Hansel, Osofsky, Osofsky, Costa, Kronenberg, & Selby, 2010; Ko et al., 2008; Kruczek & Salsman, 2006; Langley et al., 2013; Reinke, Stormont, Herman, Puri, & Goel, 2011; Stormont, Reinke, & Hermon, 2011; Walkley & Cox, 2013). Other research has supported this notion by recognizing that students are often more likely to be referred to outside mental health settings by schools than by other agencies or their families (Graham et al., 2011; Ko et al., 2008).

In 2011, Rolfsnes and Idsoe conducted a systematic meta-analysis in which they reviewed the effects of nineteen different school-based intervention studies at reducing symptomology of PTSD in youth. One study they discussed was one in which 91% of children in a school-based setting completed the intervention offered to them, while only 15% of children from the clinic-based group did so (Rolfsnes & Idsoe, 2011). The same meta-analysis discussed

another study in which only 16-17% of adolescents with clinical mental health problems had actually consulted mental health services (Rolfesnes & Idsoe, 2011). Similarly, Hansel and colleagues (2010) cited research that stated approximately 80% of children who need mental health services do not receive adequate treatment and emphasized that just being referred for or identified as needing mental health services does not mean that students actually receive them. Since all children in the United States have access to a free and public education, as outlined by the federal law, Individuals with Disabilities Education Improvement Act (IDEIA, 2004) without additional financial burden, schools may be able to provide more access to these mental health services than outside agencies or counseling services.

Other studies have suggested that school personnel and teachers themselves may be effective responders for students and may be in a good position to administer these support services (Alisic, 2012; Alisic, Bus, Dulack, Pennings, & Splinter, 2012; Reinke et al., 2011; Stormont et al., 2011; Walkley & Cox, 2013) due to their unique position in their students' lives and the opportunity to develop stable relationships with them that might otherwise be lacking. Although the research supports this notion, very few teachers receive formal training or continuing education about the effects that trauma can have on students' academic and emotional well-being or what role they could serve for traumatized students (Ko et al., 2008). Current research in this area has begun to investigate the benefits and practicality of administering school-based interventions for children and adolescents who have experienced trauma. Current research has also found it to be an effective locale for administering these services to students, especially in relation to preventative measures and interventions.

In 2010, researchers from Louisiana State University Health Sciences Center partnered with a rural school district in Louisiana to investigate the implementation of a similar school-

based trauma treatment program to many of the ones utilized in the studies included in Rolfsnes and Idsoe's meta-analysis (Hansle et al., 2010). Results of the study found successful implementation of a school-based trauma services for children in rural Louisiana. The authors credited the effectiveness of the implementation to the careful process they used to establish quality relationships with school staff and stakeholders, as well as the hands-on training provided for school personnel (Hansle et al., 2010).

The three most prominent findings from the studies reviewed briefly above indicate overall that, (a) schools can be effective locations for the delivery of support for students struggling with symptomology due to traumatic events and violence exposure, (b) school personnel can be effective implementers of these interventions, and (c) more research is needed in future studies to determine what interventions can be most successful and how to most feasibly implement them in a beneficial way to both students and school staff.

### **Teachers' Perspectives on Supporting Students with Mental Health Concerns**

Although research has clearly supported the use of schools as an effective service-delivery locale for student mental health concerns, there are multiple factors that must be taken into account before a school-based mental health program can be efficiently adopted by any school. If teachers are to be the service-delivery personnel for these students, then it is extremely important to understand how many of them feel about the topic, in order to best serve our students and teachers in this regard. Very few studies have investigated the perspectives of teachers in relation to this topic; however, the ones that did have provided some interesting initial insights.

Results from these teacher surveys have found that the majority of teachers agree on the importance of mental health services for children, but the results are more varied when asked

specifically about mental health services in schools (Graham et al., 2011; Reinke et al., 2011; Stormont et al., 2010). The main finding that seemed to emerge across all studies that investigated this, is that teachers tend to struggle in balancing the students' individual needs with that of the whole classroom and tend to be unsure of what their specific role is in relation to working with these students (Alisic, 2012; Alisic et al., 2012; Ko et al., 2008; Langley et al., 2013). All of these studies identified a need for teachers to have more knowledge, training, and know-how when working with students who have experienced trauma and violence, along with a need for more consistent resources available to them to support these children (Alisic, 2012; Alisic et al., 2012; Graham et al., 2011; Ko et al., 2008; Reinke et al., 2011; Stormont et al., 2011). Results indicate the need to further explore and clarify much of the information obtained in these studies.

Despite the growing research on the potential for schools being ideal locales for the delivery of student mental health support, (Graham et al., 2011; Hansel et al., 2010; Ko et al., 2008; Kruczek & Salsman, 2006; Langley et al., 2013; Reinke et al., 2011; Stormont et al., 2011; Walkley & Cox, 2013) and the emphasis on the ability for teachers to be effective agents to deliver these services, (Alisic, 2012; Alisic et al., 2012; Reinke et al., 2011; Stormont et al., 2011; Walkley & Cox, 2013), little research has looked into the perspectives of teachers and schools on this subject. Although it is likely that some studies may have been missed during the review of previous literature, it appears that only a handful or so of studies have investigated teachers' perspectives on the concept of school-based delivery of mental health interventions (Graham et al., 2011; Reinke et al., 2011; Stormont et al., 2010;  $n = 3$ ) and on the school-based delivery of support for students specifically exposed to trauma and violence (Alisic, 2012; Alisic et al., 2012; Langley et al., 2013;  $n = 3$ ). The few studies found indicated that teachers were

unsure of their roles when working with children with mental health concerns, and that they could benefit greatly from more training and professional development opportunities. However, none of the studies included appear to have been conducted in urban cities with an emphasis on violence exposure as the area of interest. With so few studies of this nature, it is evident that the results are difficult to generalize to schools across various areas of the United States. This calls for the need to conduct more of this research in the United States, with a more focused topic that will lead to the potential for improved outcomes for students and teachers in our schools.

### **Mixed-Methods Approach**

In the last decade or so, many researchers have begun to consider a research methodology in which they can gather both quantitative and qualitative data. Both methods, on their own, have their strengths and can be useful to researchers in many ways; however, choosing only one method also has its drawbacks. Overall, quantitative research is most useful for determining correlational and cause-and-effect relationships among variables, identifying prevalence rates, and generalizing results to a larger population (Hesse-Biber, 2010, p. 43; Powell, Mihalas, Onwuegbuzie, Suldo, & Daley, 2008). However, while quantitative designs are extremely beneficial in this regard, they often fail to adequately explain the *reasons* behind the relationships or how the relationships occur (Hesse-Biber, 2010, p. 43; Powell, et al., 2008).

Qualitative research, on the other hand, is structured in a way that attempts to explain and identify the “why” and “how” behind results by investigating open-ended insights and dynamics of everyday life (Hesse-Biber, 2010, p. 43; Powell, et al., 2008). Qualitative research also has its drawbacks, the most obvious being that it does not provide a great deal of quantifiable data, so is not usually very generalizable (Hesse-Biber, 2010, p. 43; Powell, et al., 2008). By combining

both methods in a mixed-method research study, researchers can get the strengths associated with either method alone and combine them to provide the most beneficial information possible.

Mixed-methods research is relatively new to research in the field of school psychology, but has been gaining momentum in recent years (Powell et al., 2008; Sabornie & Weiss, 2013 p. 549-550). As mentioned by Powell and colleagues (2008), when closely considered, assessments regularly completed by school psychologists currently and throughout the years have taken a sort of mixed-method approach to gathering data, using both qualitative and quantitative information from multiple sources in order to gain a more complete understanding of the student. In addition, in the context of researching and evaluating Emotional and Behavioral Disorders (EBD), Sabornie and Weiss (2013), mention the importance of understanding the implications and potential benefits from conducting mixed-methods research (p. 549-550). In the field of school psychology, specifically, mixed-methods designs may in fact allow research that is more flexible and can address a more multifaceted range of information and research, much like the field of school psychology itself (Powell et al., 2008).

As mixed-methods research is still an emerging research methodology, it is important to acknowledge some of the benefits and strengths of such a method, especially in relation to those employed in this study. According to the information outlined by Hesse-Biber (2010, p. 3-9, 64-67), mixed-methods approaches to research have the potential to enhance the theoretical understanding of the given topic, provide opportunities to compare, integrate, and gather more informative data, provide more information to stakeholders who need the information under investigation (i.e., teachers, school psychologists, policy makers, etc.), and enhance the generalizability of the research findings through the inclusion of quantitative data.



According to Sabornie and Weiss (2013), there are four main types of mixed-methods research: the convergent parallel, the explanatory sequential, the exploratory sequential, and the embedded designs (p. 542-543). For the purposes of this study, only the explanatory sequential design will be discussed in detail, as it is most relevant to the topic at hand. In an explanatory sequential design, the researcher is able to enhance generalizability and representativeness with the results due to a larger sample size and the inclusion of quantitative data along with the explanatory component of the qualitative data (Sabornie & Weiss, 2013, p. 542). The explanatory sequential design utilizes quantitative research first to begin and then follows it up with qualitative research in order to gather more information with generalizable and validated findings from both components (Hesse-Biber, 2010, p. 71-72; Sabornie & Weiss, 2013, p. 542-543). In an explanatory sequential mixed methods design, each stage of the research is conducted separately, and data analysis is usually done separately as well (Hesse-Biber, 2010, p. 71-72; Sabornie & Weiss, 2013, p. 542-543). Following the data analysis, results are then combined in order to integrate the information and obtain the most valid, comprehensive, and generalizable findings, when compared to either method alone (Hesse-Biber, 2010, p. 71-77).

### **Purpose of Study**

It is clear that violence exposure in any context has the potential to substantially influence a child's life. Too many children, especially those in urban settings, are required to cope with violence as a daily occurrence. Many of these children have to do so without necessary resources to support themselves and to process such experiences. The risks associated with violence exposure are significant and can be addressed in schools where children have more opportunities to get help. Based on the minimal research in prior studies to investigate the perceptions of teachers, it appears that there is a definite need for more knowledge in this area in order to

provide an opportunity for more training and support for teachers, school psychologists, and administrators. In addition, more knowledge can also serve to provide an increased understanding in the way teachers feel about school-based support for these students. Although some research has investigated similar areas of concern (i.e., mental health support in schools, school-based trauma support), previous research has yet to investigate perceptions of teachers in relation to the influence of exposure to violence for students, which is an increasingly significant problem in our communities.

In addition, we know that the training and preparation for teachers varies widely from state-to-state in the United States. To date, little if any research has investigated the perspectives of teachers in the state of Louisiana, nor in the city of Baton Rouge where many students face these issues everyday. Teacher buy-in and support is vital to the implementation of interventions to support students, so therefore, it is extremely important to investigate these things in urban settings, including here in Baton Rouge before changes can begin in regards to implementing interventions to support students and school staff. Information gathered from this study can be used directly by the district and schools to better inform the need for these services and strategies for implementing these interventions.

The potential for school-based identification and support for children exposed to violence could be great, as long as school personnel are invested in making it happen. The purpose of the current study was to evaluate teachers' perceptions of the need for supporting children exposed to violence and the acceptability of doing so in school. In addition, the effectiveness of existing resources and desire for more will also be explored. The current study investigates through a mixed-method research design, the following areas:

1. The current state of school-based identification and support for students exposed to violence in EBR, according to teachers in the district;
2. The importance and need for school-based support for children exposed to violence, according to EBR public elementary school teachers;
3. Teachers' confidence in supporting various symptoms associated with violence exposure in students (including academics concerns, internalizing, and externalizing behaviors) and how these ratings may differ;
4. Teachers' perceived roles in relation to supporting these students, if any; and
5. The potential demographic factors, if any, that are significantly related to teachers' willingness to be involved with school-based support of these students and teachers' ratings of the importance of supporting these students in a school setting.

## **METHOD**

### **Participants and Setting**

Participants in the current study consisted of general and special education elementary school teachers employed in East Baton Rouge (EBR) Parish in Baton Rouge, Louisiana. Teachers were recruited for participation using multiple methods including, (a) the distribution of recruitment flyers to individual teachers, (b) contact with school administrators, and (c) contact with district employees for recruitment of teachers in the schools in which they work. Teachers recruited with the flyer (a copy of which can be found in Appendix A), were provided with a link that directed them to the online survey, which they then completed independently. Any participants, or administrators who requested it, were provided with the option to complete the survey on paper as an alternative to the online version. All teachers who consented to participate were provided with an incentive through being entered into a drawing to receive one of two \$25 VISA® gift cards.

A total of 55 potential participants completed the survey measures. Of those participants, 15 online participants were excluded from analyses. If the participant indicated that they were not currently working in a teaching capacity (i.e., administrators or support personnel,  $n = 3$ ) or did not complete enough of the measures to obtain representative data ( $n = 11$ ), they were excluded. In addition, only one teacher indicated they worked in elementary school in Central School District. Because a single participant is not sufficient for analysis and it is possible that teachers from Central School District may represent a distinct student population from that of East Baton Rouge Parish, this teacher's responses were also excluded from analysis. Upon exclusion of these participants, a total of 40 participants remained.

Participants who completed the survey ( $N = 40$ ) represented teachers from four separate elementary schools in East Baton Rouge Parish. Each of the four schools are positioned in varied areas of the district, but each located in particularly underserved areas of the community. Total enrollment and student demographic information was obtained for each of these schools from the U.S. Department of Education's existing Core of Common Data (CCD) on public schools on the Institute of Education Sciences' National Center for Education Statistics website (<http://nces.ed.gov/ccd/schoolsearch/>). The four schools' average enrollment was 442 ( $SD = 101.83$ , range = 351-588). Student demographics revealed that in each of these four schools, the majority of students represented minority populations, reflecting on average, 94.7% African American ( $SD = 8.10$ , range = 82.6-99.5%), 2.6% Hispanic or Latino students ( $SD = 4.55$ , range = 0-9.4%), 2.3% White, Non-Hispanic students ( $SD = 3.29$ , range = 0.17-7.12%), and 0.32% Asian or Pacific Islander ( $SD = 0.37$ , range = 0-0.85%). In addition, across these four schools, 96-99.3% of students ( $M = 97.4$ ;  $SD = 1.74$ ) were eligible for free or reduced lunch, suggesting a population of students residing in low-income areas of the district. Two of the elementary schools were represented more heavily in overall participants, reflecting 95% of teachers and a higher willingness to complete the study. However, teachers from these schools ( $n = 38$ ) reflected similar student populations to those presented for all four schools above.

Participants were self-identified general and special education teachers in Pre-Kindergarten through fifth grade. The majority of teachers were female (92.5%) and identified as either African American (47.5%) or White, Non-Hispanic (45%). Teachers were, on average, 40.29 years old ( $SD = 12.46$ , range = 23-64) and were an experienced group, having had an average of 12.75 years of teaching experience ( $SD = 9.92$ , range = 1-37). Additional demographic details can be found in Table 1.

Table 1  
Participant Demographic Information

Category	<i>n</i>	%	Category	<i>n</i>	%
Gender			Race/Ethnicity		
Female	37	92.5%	White, Non-Hispanic	18	45%
Male	3	7.5%	African American	19	47.5%
			Hispanic/Latino	1	2.5%
Grade Taught			Other (Asian)	2	5%
Pre-K	1	2.5%	Years Teaching		
Kindergarten	5	12.5%	0-4 years	7	17.5%
1 <sup>st</sup>	7	17.5%	5-9 years	15	37.5%
2 <sup>nd</sup>	3	7.5%	10-14 years	4	10%
3 <sup>rd</sup>	6	15%	15-19 years	5	12.5%
4 <sup>th</sup>	6	15%	20+ years	9	22.5%
5 <sup>th</sup>	4	10%			
Other	8	20%			
Subject Taught			Highest Education		
Regular Education	31	77.5%	Bachelor's	24	60%
Ancillary (All)	5	12.5%	Master's	16	40%
Special Education	4	10%			

Teachers who participated in the second phase of the study, the interview component, were randomly selected and represented 22.5% of the overall sample ( $n = 9$ ). All teachers were female and taught Pre-K (11%;  $n = 1$ ), first grade (11%;  $n = 1$ ), second grade (33%;  $n = 3$ ), third grade (11%;  $n = 1$ ), fourth grade (22%;  $n = 2$ ), and special education (11%;  $n = 1$ ). All but one of the interview participants worked in one of the four elementary schools and 88% identified as White, Non-Hispanic ( $n = 8$ ), so despite random sampling, teachers who consented to participate in the second phase may not have been completely representative of the overall sample.

## Measures

### Teacher Demographics Form

Teachers who consented to participate were first presented with a series of demographics questions on the Teacher Demographics Form, created for use in this study. Items on the form assessed participants' age, gender, ethnicity, years of teaching experience in an outside of their current district, and highest level of education completed. In addition, participants were asked

what grade and/or subjects they taught and in which school they taught as well. A copy of the Teacher Demographics Form can be found in Appendix B.

### **Supporting Students Exposed to Violence Questionnaire (SSEVQ)**

A self-report questionnaire consisting of 20 questions was developed for the purpose of this study using the above referenced teacher-survey articles as examples. The SSEVQ was utilized for the quantitative phase of the current study in which teachers were asked various questions regarding their experience teaching and working with students who have been exposed to violence as well as their opinions regarding the current status of the resources available for supporting such students. Additional questions were asked to assess teachers' perceived need for further identification and support for these children in their schools as well as what level of training they have received in regards to supporting these children. Questions were written in a diverse format, utilizing 5-point Likert scales, multiple-choice questions, and a few open-ended response options. A copy of the questionnaire is included in Appendix C.

### **Contact information**

In order to obtain contact information from participants in a manner that kept responding on the survey anonymous, a separate questionnaire was created. Teachers were automatically directed to a separate survey in which they were asked to provide their contact information for the purpose of following up for the interviews and contact related to distribution of the VISA® gift cards. A copy of the Contact Information questionnaire can also be found in Appendix D.

### **Interview form**

Once the above questionnaires were completed, a small sub-group of those teachers were randomly selected and contacted to complete the second interview phase of the study. In order to ensure consistent coverage of topics across interviews, a sample script was created for use as a

type of interview checklist and utilized by the researcher during the interview process. This interview form included topics and questions to cover in each interview that expanded upon the data obtained from the previously completed questionnaires. These questions included an exploration of topics such as the types of violence their students experience, the impact of these violent exposures on student outcomes, and what role teachers felt they should have in supporting the needs of these students, among other questions. A copy of this interview form can be found in Appendix E and served as a sort of procedural integrity for the researcher. Of course, each interview varied to the extent of the information presented by the individual teachers; however, the researcher's level of adherence to the checklist during all interviews was 100%.

### **Experimental Design and Data Analysis**

The current study utilized a mixed-methods research design in order to gather as much information as possible on the topic at hand. As this is one of the first studies to investigate teachers' perceptions of the current status and need for support in schools for students exposed to violence, a method in which both qualitative and quantitative data is collected was applied. Keeping with the mixed-methodological construct presented in more detail above, the primary design was an explanatory sequential approach in which quantitative methods were conducted first, followed by the qualitative (interview) portion. Steps in the research methodology, data collection, and analysis followed closely to the one outlined in Hesse-Biber (2010, p. 72-82, 174-206) and are explained in more detail below.

Following data collection, data obtained from each component of the current study was analyzed separately. Quantitative data was first analyzed using the overall sample of teachers to obtain descriptive statistics and frequencies of teacher ratings on all items. Correlation analyses were then conducted to look at the relationship among teachers' confidence ratings when



supporting students academically and behaviorally, as well as the correlations between teacher ratings of the severity of the problem, roles of the school and teachers, and ability to help students in the school setting. Finally, multiple linear regression analyses were conducted using demographic information as predictors to determine what, if any, influences these variables had on teacher's ratings of their confidence, adequacy of resources, and beliefs related to supporting students exposed to violence in schools. All descriptive and inferential statistics were conducted using the SPSS® software program.

In order to analyze the data during the qualitative portion of the study, all interviews were audio recorded and then transcribed verbatim. Following transcription, each file was reviewed line-by-line and ideas presented by teachers were recorded. Themes and ideas presented by each teacher were then identified and recorded from all relevant information that fell into the broad categories outlined on the Interview checklist. Additional themes that emerged that did not fit into any of the checklist categories were also recorded and the researcher kept a record of the frequency that each theme or idea was presented across participants. Results from each phase were then integrated and interpreted as a whole.

### **Procedure**

Prior to data collection commencing, a pilot version of the questionnaire was distributed to eight elementary school teachers in order to obtain information regarding any necessary structural or content changes of the items. Pilot participants were asked to complete the survey as if they were actual participants and then provide any feedback they felt would be helpful, including regarding any item wording or clarity. Once feedback was collected and reviewed, any necessary revisions to the questionnaire were made. Following the completion of the final

version of the questionnaire, the study was submitted to and approved by Louisiana State University's Institutional Review Board (IRB).

Flyers for the study were distributed to general and special education teachers in elementary schools throughout East Baton Rouge Parish and Central School District. Teachers who chose to participate then completed the survey online independently or using an identical paper-based survey. The link to the online survey first brought participants to a document that showed the informed consent document, to which they were required to consent before being presented with survey items. If respondents did not consent, they were presented with a page thanking them for their consideration and were directed to the end of the survey. For teachers opting to use the paper-based survey, the informed consent document was outlined on top and surveys were not collected if teachers did not consent. Participants who did provide consent were then presented first with the demographics questions, followed by the SSEVQ. Upon completion of the SSEVQ, online participants were then redirected to a distinctly separate page in which to enter their contact information. For those completing the paper-based survey, the contact information page was collected separately from the completed survey responses to ensure anonymity.

Following collection of the survey data, 30% of participants ( $n = 12$ ) were randomly selected and asked to participate in a second phase of the study. Using the contact information provided by teachers during the quantitative portion of the study, teachers were contacted via email first and then via phone to schedule follow-up interviews. Six of the initial 12 teachers selected did not respond to requests to meet, so an additional six teachers were randomly selected and contacted. Two teachers declined participation in the interview portion, and one who agreed to a phone interview could not be reached. The final sample size of interviews was 22.5% of the

larger quantitative sample ( $n = 9$ ). The nine teachers worked across two elementary schools and taught grades Pre-K through Fourth, and Special Education.

The qualitative phase of the current study consisted of brief face-to-face interviews with nine teachers as an attempt to further explore the information obtained within the survey. Interviews, on average lasted approximately 17 minutes ( $M = 17:02$ , range from 11:16-30:07) and covered a wide range of topics including the types of violence their students experience, the impact of these violent exposures on student outcomes, existing support for both students and teachers at their schools, and what resources and roles teachers felt they should have in supporting the needs of these students. During each of the interviews, an audio recording of the dialogue was taken for ease and accuracy of later data analysis.

## RESULTS

### Types of Violent Experiences and Need for School-Based Support

Initial analyses from the questionnaire indicated that overall, 70% of surveyed teachers reported their students having experienced domestic violence ( $n = 28$ ), 77.5% reported exposure to community violence ( $n = 31$ ), and 52.5% reported school violence exposure ( $n = 21$ ). Only five teachers (12.5%) indicated they did not work with students who had experienced violence. In response to the statement, “I believe that violence exposure is a major problem many of my students face in their lives,” a vast majority of teachers indicated that they strongly agreed (55%;  $n = 22$ ) or agreed (32.5%;  $n = 13$ ; results presented in Table 3). To obtain more detailed information in regards to this issue, interview teachers were asked to provide more specific examples of the types of violence or situations they know their students have experienced. The majority of teachers indicated that gun violence (78%;  $n = 7$ ), physical abuse (67%;  $n = 6$ ), witness to a murder (67%;  $n = 6$ ), physical aggression and fighting (67%;  $n = 6$ ), and drug use (56%;  $n = 5$ ), were the most common situations their students had come into contact with in recent years. Types and experiences of violence are presented in Table 2.

Additional data was collected to assess teacher’s perspectives on how these violent experiences influence student performance in school. In response to the statement, “I believe that exposure to violence significantly influences students’ performance in schools,” 87.5% of teachers reported that they either strongly agreed (55%;  $n = 22$ ) or agreed (32.5%;  $n = 13$ ). Results are shown in Table 3 below. Information obtained in the interviews provided additional information on what specific influences teachers have seen in their students. All teachers in interviews (100%;  $n = 9$ ) observed both academic and behavioral influences in students who have been exposed to violence. The most commonly endorsed academic influences included

poorer work completion and lower levels of participation (67%;  $n = 6$ ), while the most common effects on student behavior included increased physical aggression (67%;  $n = 6$ ), hyperactive and impulsive behavior (56%;  $n = 5$ ), and emotional outbursts (56%;  $n = 5$ ). Two-thirds of teachers (67%;  $n = 6$ ) also reported having observed influences on student social engagements, including mean, verbally aggressive (44%;  $n = 4$ ), and other bullying behaviors (33%;  $n = 3$ ). Other influences on students that did not fall in the above categories were also endorsed by 67% of teachers ( $n = 6$ ) including violence becoming “normalized” (67%;  $n = 6$ ), among others. Additional details on teacher-reported influences are presented in Table 4.

Table 2  
Teacher Reported Violent Experiences

Situation/Type of Violence	<i>n</i>	%
Domestic Violence	28	70%
Community Violence	31	77.5%
School Violence	21	52.5%
Gun violence/gunshots in the neighborhood	7	78%
Witness of a murder (gun violence)	6	67%
Physical abuse	6	67%
Physical aggression and fighting	6	67%
Neighborhood gang fights	5	56%
Fights at school/on the bus	5	56%
Drug use and distribution	5	56%
Verbal aggression	4	44%
Threats of physical harm/fighting	3	33%
Witness domestic arguments	2	22%
Neglect	3	33%
Verbal abuse	2	22%
Sexual abuse	2	22%
Witness someone hit by a car	1	11%
Video game violence	1	11%
Weapons brought to school	1	11%

Table 3  
Teacher Perspectives on Supporting Violence-Exposed Youth in Schools

Statements	SD (%)	D (%)	N (%)	A (%)	SA (%)	<i>M</i>	<i>SD</i>
1. I believe that violence exposure is a major problem many of my students face in their lives.	1 (2.5%)	0 (0%)	4 (10%)	13 (32.5%)	22 (55%)	4.38	.868
2. I believe that exposure to violence significantly influences students' performance in schools.	1 (2.5%)	1 (2.5%)	2 (5%)	13 (32.5%)	22 (55%)	4.38	.907
3. I feel that the resources I need are available to me in order to best support students who have been exposed to violence.	2 (5%)	14 (35%)	8 (20%)	14 (35%)	2 (5%)	3.00	1.062
4. I believe that schools should be involved in supporting students who have been exposed to violence.	1 (2.5%)	0 (0%)	2 (5%)	10 (25%)	26 (65%)	4.54	.822
5. I believe that teachers should play a role in supporting students exposed to violence.	0 (0%)	1 (2.5%)	5 (12.5%)	19 (47.5%)	15 (37.5%)	4.20	.758
6. I believe that students exposed to violence can be helped in the school setting.	1 (0%)	3 (7.5%)	4 (10%)	23 (57.5%)	9 (22.5%)	3.90	.928

*Note.* SD 1 (strongly disagree); D 2 (disagree); N 3 (Neither agree nor disagree); A 4 (agree); or SA 5 (strongly agree); *N* = 39-40

Table 4  
Teacher Reported Influences of Violence Exposure

Influences on School Functioning	<i>n</i>	%
<b>Academic Influences</b>	<b>9</b>	<b>100%</b>
Poorer work completion	6	67%
Lower levels of participation	6	67%
Not prioritizing academics i.e., students have “bigger things to worry about”	3	33%
<b>Behavioral Influences</b>	<b>9</b>	<b>100%</b>
Physical aggression to others i.e., instinct is to react with aggression	6	67%
Impulsive/Hyperactive behavior	4	44%
Emotional outbursts (i.e., crying, temper tantrums)	5	56%
Verbal aggression/threats to others	5	56%
Withdrawal	4	44%
Defiance	4	44%
Act “tough”	2	22%
Engage in attention-seeking behaviors	2	22%
<b>Social Influences</b>	<b>6</b>	<b>67%</b>
Mean and aggressive peer interactions	4	44%
Bullying	3	33%
Withdrawal from friendships	2	22%
<b>Other Influences</b>	<b>6</b>	<b>67%</b>
Violence becomes “normalized”	6	67%
Medicated	2	22%
Afraid	1	11%
Not the same kid anymore	1	11%
Emotionally hardened	1	11%
Take on adult/parental responsibilities	1	11%

### Student and Teacher Resources

When asked on the questionnaire if their schools provided resources for youth exposed to violence, 80% of respondents indicated that they did ( $n = 32$ ), whereas 20% indicated that their school did not ( $n = 8$ ). For those who indicated their schools did provide resources, participants were asked to describe those resources. Not all participants provided detailed answers to this question. However, the five most common resources across the four schools were I-Care ( $n = 16$ ), additional outside community agencies or programs (including Big Buddy, Reading Friends, LSU consultation services, Lighthouse counseling services, DARE, etc.;  $n = 14$ ), school guidance counselors ( $n = 13$ ), on-site school social workers ( $n = 13$ ), and school staff members

( $n = 9$ ). School resources for students reported by teachers during phase two of the current student were largely consistent with those provided on the survey. On-site social workers ( $n = 7$ ; 78%), LSU consultants ( $n = 7$ ; 78%), teachers as support personnel ( $n = 6$ ; 67%) were the most commonly endorsed resources for students, followed closely by school guidance counselors ( $n = 5$ ; 56%), I-Care ( $n = 5$ ; 56%), and other outside community agencies ( $n = 5$ ; 56%). Interview participants provided additional information on resources that were available to them as teachers for supporting these students. Resources for teachers appeared to be more limited and less consistent across participants. However, most teachers mentioned gaining support from other teachers as their primary support system when working with these students ( $n = 7$ ; 78%) due to their shared understanding of the students' needs. It should be noted that all resources available to teachers themselves are also resources for students, so no unique teacher-focused resources were reported among any of the interview participants. A list of all teacher-reported resources for both students and teachers can be found in Table 5.

Teachers were also asked to quantitatively rate the extent to which they felt these resources were sufficient for students and for themselves on a Likert scale from 1 (*Not at All*) to 5 (*Completely*). Results found that teachers on average, felt resources for students in their schools to be Somewhat sufficient ( $M = 3.08$ ,  $SD = .888$ ). Similarly, teachers reported the adequacy of resources in their schools for themselves in supporting these students' needs to also be Somewhat sufficient ( $M = 3.03$ ,  $SD = .974$ ). Results of these questions are shown in Table 6. Teachers also provided their level of agreement to the following statement, "I feel that the resources I need are available to me in order to best support students who have been exposed to violence." Results, as shown in Table 3 above, further supported the notion that teachers did not find the resources to be enough for supporting their students' needs, as teachers, on average,



Table 5  
Teacher Reported School Resources

School Resources Named on Survey	Student Resources Named In Interviews	Teacher Resources Named in Interviews
I-Care*	On-site social workers*	Support from other teachers*
Other community agencies and programs (i.e., LSU consultants*, Reading Friends, Big Buddy, DARE, Lighthouse)	LSU consultants*	I-Care teacher resources*
Guidance counselor*	Teachers/school staff as support*	Administration*
On-site social worker*	Guidance counselor*/guidance classes	Guidance counselor*
School staff members*	Other community agencies and programs	LSU consultants*
Written resources	I-Care*	On-site social worker*
TOR	SBLC process/behavior plans	Second Steps curriculum*
Administration*	Administration*	I read articles on my own
Second Steps curriculum*	Second Steps curriculum*	
Additional counseling resources (outside agency)		
Committee devoted to referring students who witness/victim of violent crimes		

Note. \* denotes resources endorsed across both study phases and resource type (student/teacher)

Table 6  
Teacher Reported Adequacy of School Resources for Supporting Violence-Exposed Youth

Statements	N (%)	2 (%)	S (%)	4 (%)	C (%)	M	SD
Do you feel as though the resources available in your school are adequate enough for students who have been exposed to violence?	3 (7.5%)	4 (10%)	21 (52.5%)	11 (27.5%)	1 (2.5%)	3.08	.888
Do you feel as though there are adequate resources available in your school to you for getting students who have been exposed to violence the help they need?	2 (5%)	10 (25%)	15 (37.5%)	11 (27.5%)	2 (5%)	3.03	.974

Note. N 1 (Not at All); S 3 (Somewhat); C 5 (Completely); N = 40

indicated that they neither agreed nor disagreed this this statement ( $M = 3.00$ ,  $SD = 1.062$ ), and 40% of teachers indicated they either disagreed or strongly disagreed ( $n = 16$ ).

These quantitative findings were largely consistent with the findings from similar topics covered during teacher interviews. A consistent theme that emerged across the interviews was related to the need for more support for students, both due to the pervasive and repetitive nature of the problem and the overwhelming number of students who are affected by these situations. Regarding the availability and effectiveness of student support services, most teachers expressed an uncertainty about what resources were most effective and emphasized that even if support is not highly effective, some support, regardless, is still better than nothing. Teachers also consistently mentioned a concern regarding the timeliness of support services, especially noting that many support staff (e.g., social worker and guidance counselor) have so many duties, they often cannot get to students as often as necessary. When asked about what resources they wish they had available in an ideal situation, the majority of teachers expressed a desire for more expert professionals (i.e., psychologists, social workers) in the school setting to provide more frequent support (78%;  $n = 7$ ) along with a desire for more resources to utilize *in the classroom* to support these children's needs (56%;  $n = 5$ ).

In addition, both quantitative and qualitative data support the notion that teachers are interested in obtaining more knowledge and receiving more training related to the topic at hand. Analyses of the survey revealed that only 27.5% of teachers had received training, professional development or ongoing coursework related to supporting violence-exposed youth ( $n = 11$ ), and one teacher (2.5%) indicated that they were "not sure." Types of training received were sporadic and rarely endorsed by more than one teacher, suggesting that the schools represented in the current study do not have a standardized training protocol related to the topic. To investigate the

level of adequacy for these trainings opportunities, a follow-up question was asked to determine whether they felt additional training was necessary in order to best support these children. The overwhelming majority of teachers (92.5%;  $n = 37$ ) expressed a desire for more. Interview participants also communicated a need for more knowledge and information related to better supporting these students in their classrooms. Consistent themes that emerged from both survey and interview data include information related to signs and symptoms to look out for, handling symptoms in the classroom, and having a protocol or procedure for intervening and referring students for further support. Additional themes are presented in Table 7.

Table 7  
Desired Training and Knowledge

Survey Responses	Interview Responses
Signs and symptoms of victimization/exposure*	Background information re: student experiences*
Protocol for intervening/referring*	Signs and symptoms of victimization/exposure*
Anything!*	Teachers/school staff as support*
Handling aggression and outbursts	Protocol for intervening/referring*
Handling student emotional needs	Interventions for support <i>in the classroom</i> *
Handling students on medication	Better ways of involving parents*
Mandated reporting procedures	Clarification of teachers' roles/authority*
Interventions for support <i>in the classroom</i>	Mandated reporting procedures
Specific agencies for referring severe concerns	Reporting without violating student trust
Language to use with these children	How to obtain more support at the school level
Further child development (i.e., ways certain situations influence development)	Handling emotional and violent outbursts

Note. \* denotes most common responses

### Teacher Confidence

Correlation analyses were conducted to determine the relationship among ratings of teacher confidence when working with students exhibiting various symptoms associated with violence exposure (i.e., academic concerns, internalizing behavior problems, and externalizing behavior problems). Teachers rated their level of personal confidence on three Likert scale items

from 1 (*Not At All Confident*) to 5 (*Completely Confident*). Results revealed that confidence in working with academic concerns was significantly correlated with confidence working with internalizing behaviors problems,  $r(38) = .68, p < .01$ , and externalizing behavior problems,  $r(38) = .61, p < .01$ . In addition, confidence working with internalizing and externalizing behavior problems was also significantly correlated,  $r(38) = .79, p < .01$ . Statistics and descriptives are presented in Table 8. Although the average rating of confidence in working with academic concerns was slightly higher than either behavior concerns, this difference was minimal, indicating teachers tend to feel “Somewhat” confident in supporting academic, internalizing behavior, and externalizing behavior concerns equally. The desire expressed by teachers during interviews for more training related to interventions and strategies to use in the classroom, along with their desire for more knowledge on identifying the signs and symptoms and procedures for best providing intervention supports this notion.

### **Acceptability of School-Based Support and Perceived Roles**

In order to evaluate the acceptability of school-based support for violence-exposed youth, all participants were first asked three distinct Likert scale questions related to the extent to which teachers and schools should be involved. These questions, presented in Table 3, assessed each participant’s opinion on a scale from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*). Overall, on average, teachers indicated that they believed schools ( $M = 4.54; SD = .822$ ) and teachers ( $M = 4.20; SD = .758$ ) should be involved in supporting these students and felt that students exposed to violence can be helped in the school setting ( $M = 3.90; SD = .928$ ). This suggests that teachers likely find school-based support for these students to be acceptable. Correlation analyses were conducted to further determine the relationship among teacher ratings of the severity of the problem, roles of the school and teachers, and ability to help students in the school setting.

Analyses showed that teacher beliefs about violence exposure being a major problem in their students' lives were significantly related to beliefs that schools,  $r(37) = .76, p < .01$ , and teachers,  $r(38) = .35, p < .05$ , should have a role in supporting these students needs, and were also significantly related to beliefs that students exposed to violence can be helped in the school setting,  $r(38) = .49, p < .01$ . Furthermore, teacher beliefs that schools,  $r(38) = .75, p < .01$ , and teachers,  $r(38) = .68, p < .01$ , should be involved in supporting these students were also significantly related to the beliefs that students can be helped in school. Results of the correlational analyses are presented in Table 9.

To confirm these beliefs, teachers in the interview phase of the study were asked explicitly how they felt about schools service as a service-delivery locale for mental health services, particularly for students exposed to violence. All of the teachers (100%;  $n = 9$ ) reported that, although they felt sad that it was a necessity, they each felt that this was a good idea, and especially important for their community in which so many of their students experienced pervasive and frequent stress. Another theme that continued to emerge across both quantitative and qualitative data was the lack of parental communication and involvement, especially for students who are exposed to violence. Teachers frequently provided examples of the inconsistent support from parents and the tendency for students' homes to often perpetuate the violence. The need, therefore, for school-based support for these students was clearly articulated by teachers in this study.

Interview participants were also asked to report on their thoughts regarding the roles that teachers should have in the identification and treatment of these students. Most expressed that they felt teachers should mainly be involved in the identification of students who need further support by being aware of and paying attention to potential signs and symptoms in the

Table 8

Correlations Among Teacher Confidence Ratings [1 = Not at All Confident, 3 = Somewhat Confident, 5 = Completely Confident]

Statements	1	2	3	<i>M</i>	<i>SD</i>
1. How confident do you personally feel when working with students who have academic concerns as a symptom of violence exposure?	--	.68*	.61*	3.35	1.001
2. How confident do you personally feel when working with students who have internalizing concerns (e.g., anxiety, depression, etc.) as a symptom of violence exposure?		--	.79*	3.15	.864
3. How confident do you personally feel when working with students who have externalizing concerns (e.g., disruptive behavior, aggression, etc.) as a symptom of violence exposure?			--	3.13	1.067

Note. \*Correlation is significant at  $p < .01$  (2-tailed).  $N = 40$

Table 9

Correlations Among Teacher Perspectives of Need for Support and Roles in School-Based Support [1 = Strongly Disagree, 3 = Neither Agree Nor Disagree, 5 = Strongly Agree]

Statements	1	2	3	4	<i>M</i>	<i>SD</i>
1. I believe that violence exposure is a major problem many of my students face in their lives.	--	.76**	.35*	.49**	4.38	.868
2. I believe that schools should be involved in supporting students who have been exposed to violence.		--	.36*	.75**	4.54	.822
3. I believe that teachers should play a role in supporting students exposed to violence.			--	.39*	4.20	.758
4. I believe that students exposed to violence can be helped in the school setting.				--	3.90	.928

Note. \*Correlation is significant at  $p < .05$  (2-tailed); \*\*Correlation is significant at  $p < .01$  (2-tailed);  $N = 39-40$

classroom. Teachers also indicated that they should also be serving as support for students in their classroom, acting as a positive role model and providing a safe and nurturing environment for the student. Opinions were more varied and uncertain in regards to teachers having a role in the actual treatment. However, a common theme that was expressed by many teachers was related to the high expectations that are typically placed on the teachers. In over half of the interviews (56%;  $n = 5$ ), the conversation centered on the “double-standard” for teachers that appears to exist when supporting these types of students. Many felt as though they are often expected to do so much, but then are not given adequate resources or information to do so due to inadequate funding, time, confidentiality or legal restrictions. The theme that emerged was that teachers felt they should be more involved in the process after a student has been referred in order to best support their needs and give the valuable information they gather each day working with the student.

### **Demographic Predictors of Teacher Ratings**

In order to evaluate whether certain demographic characteristics of teachers were associated with higher scores of confidence or beliefs, multiple regression analyses were conducted. Training, years of teaching experience, education level, and race were entered simultaneously as independent variables to determine the effects on the average confidence and belief ratings. Analyses did not yield any significant effects for training, years of teaching experience, education level, or race on ratings of confidence working with academic concerns, internalizing behavior problems, or externalizing behavior problems. Similarly, no significant effects were found for beliefs related to the severity of the problem, roles of the school and teacher, and the ability to help students in the school setting.

## DISCUSSION

Based on the data from the current study, it is clear that violence is a significant concern for many students living in East Baton Rouge, Louisiana. Many different situations were highlighted by teachers across both study phases, providing further evidence to suggest that the problem is pervasive and significant, especially among urban, low socio-economic status minority populations. Evidence indicates that these violent experiences span quite a range of contexts and cover a wide range of situations. However, it can likely be implied that many of the violent experiences students face in school tend to be a result of their experiences in their homes and communities. In addition, it is clear from reviewing the data in this study that the influences of these violent experiences are substantial and often long-lasting.

Clearly with the current status of violence exposure and the influences they have on these children, there is a definite need for support and intervention. Just as was discussed previously, students in these communities often have trouble accessing outside treatment for various reasons including limited financial and transportation resources, among others. Because of this, many children do not receive the treatment they need. Schools have recently been suggested as the alternative location for children to receive mental health and emotional support, mainly because schools provide a location in which all children are required to attend and have access to, without financial burden. An investigation into the current state of resources in four schools in the district reveals that, while there are a fairly decent amount of resources available to our students in school, these resources are limited and inconsistent as far as efficiency and effectiveness. Especially in schools located in urban settings serving underprivileged populations, limited resources including school staff, money, and time are common, as demonstrated by the responses of teachers in this study.



Supporting students exposed to violence can also be a substantial challenge for teachers. Children in these situations clearly demonstrate a wide array of behavioral, emotional, and academic needs, which can be exceptionally challenging for a teacher to juggle in a classroom of 20 plus students. Because of this, resources for teachers themselves in how to best handle the challenges these students present are also extremely important. Teachers in the current study emphasized the importance of having each other as support systems, but also highlighted a gap in their knowledge and training, as well as in the resources available to them in their schools and communities.

Results obtained in the current study appear to be fairly consistent with previous literature, but also expand upon the findings and provide additional details to be helpful in the support of students exposed to violence particularly in this district. Due to the fact that the majority of teachers did not have any formal training in regards to mental health services in schools, and even less related to trauma and violence intervention, it makes sense that teachers expressed an insufficient amount of knowledge and training to feel comfortable working with these children along with a desire for more. Teachers in previous studies have also reported a frustration with not fully understanding balancing their roles as educators with the needs of students in a mental health capacity, and the steps and procedures surrounding how to refer students for more support. These results are consistent with those findings.

A particular strength of the current findings can be attributed to the consistency and comprehensive nature of the information gathered across the quantitative and qualitative portions of the study. Mixed-methods research designs attempt to gather data that, when integrated, provides a more holistic picture of the question at hand, while still maintaining some overlap to demonstrate the representativeness of each portion's findings. The results from this study did just

that and provides a comprehensive picture of the issue while also maintaining unique and personally relevant details for the schools and teachers who participated.

### **Limitations and Future Directions**

Results of multiple regression analyses did not yield any significant effects. This was an unexpected finding, as one of the hypotheses was that confidence ratings would differ based on years teaching and level of training in particular. It could be that the sample size was not large enough to produce such effects. However, these findings could also be due to the possibility that when dealing with issues related to violence, which are often inherently complicated situations, teachers on the whole may not ever feel completely confident dealing with such situations in communities like the one represented in this study where communities are high-need and the resources are fairly sparse. Further investigation of this is needed to determine the extent to which this is or is not true.

A particular limitation to the study, overall, is also in regards to the size of the sample. While mixed-methods research is designed in a way that attempts to gain more generalizable results through a smaller sample size, the number of teachers included in the overall study is still only a small portion of East Baton Rouge Parish teachers. Also, the limited sample size could also have influenced the outcomes of the analyses. To determine if the results from this study are generalizable and representative of the larger Baton Rouge teaching community, further research is necessary. In addition, the intended sample of interview participants was smaller than originally intended. Interview participants only represented 22.5% of the overall sample as opposed to the 30% target. Six individual teachers were unreachable for follow-up and did not respond to requests to meet for the interview. In addition, two other teachers declined participation due to how busy they felt they were at the time interviews took place. It is possible

that those who did consent to participate in the interviews were those teachers who felt as if they had the need to express their views.

Furthermore, this study only focused on public elementary school teachers. The population of students at the middle and high school level are likely significantly different and assuredly would require widely diverse supports and interventions. An investigation of whether teachers' perspectives at this level differ as well would be interesting and informative in regards to determining the overall status of support for violence-exposed youth of all ages in the district.

Another consideration that should be mentioned with regards to the data presented in this study is the notion that, upon review of the data, it was clear that teachers from one elementary school gave particularly more detailed responses to both survey items and interview questions. Although this was not analyzed statistically in any way, this discrepancy could have contributed to a discrepancy between respondents. Teachers from that one particular elementary school have a more established relationship with the researcher. While this is beneficial in many regards, and not necessarily a limitation, it could have contributed to why so much more information was gleaned from teachers in this specific school. These findings also highlight the importance of having a working relationship with schools, especially when conducting research and ensuring active participation. It should be noted that no teachers from this school declined participation in phase two of the study. It is also possible that the data from schools in which recruitment was more difficult and participation was less detailed is not completely representative of their views.

The fact that five teachers mentioned that they did not work with children who had experienced violence is cause for question. In addition, across all schools, only about half of the teachers reported school violence. However, situations have occurred in and around these schools that the majority of that student population has definitely experienced (e.g., fights in

school, on busses, and in the neighborhood, school lockdowns, etc.). Community statistics and reports of violence by other teachers working with the same population of kids makes it near impossible that any teachers in these communities could work with students who were not exposed to some type of violence or aggression. This begs the question: are these few teachers just unaware of their student's experiences? Are they also suffering from the issue concerning feelings of violence being normalized in this community? Or, is there an alternative reason altogether? Regardless, this is something to mention because teachers who are unaware of the violence their students experience may be less likely or less able to intervene on their behalf. This is a particular topic that warrants more investigation in future studies.

Overall, the findings from this study are relevant, plentiful, and informative in many regards. As discussed previously, teacher buy-in and support is vital to the implementation of interventions to support students for any concern, particularly in relation to newer and more complex areas. Results from this study provide some initial insight into this and suggest that almost all of the teachers surveyed agree that mental health support is extremely important for their students and would greatly support the inclusion of more in their schools. Information gathered from this study can be used directly by the district and schools to better inform the need for these services and hopefully be a motivating force for beginning discussions related to enhancing and implementing these interventions.

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APPENDIX A  
RECRUITMENT FLYER



Interested in contributing to the knowledge regarding support for struggling students in your community?

**Participate in an LSU study to help advance school psychology and support teachers and students *in your community!* Participate and win one of two (2) \$25 Visa Gift cards!**

**Overview**

- Study will consist of two distinct parts: a brief online survey (10 minutes) and a *possible* follow-up interview in person (15 minutes).

**Why Participate?**

- Participation is easy! Just 1-2 brief components, all done on your own time!
- Children in urban environments are at an increased risk for exposure to violence and recent research suggests this exposure greatly influences school performance.
- Teachers with violence-exposed youth in their classrooms have unique challenges of their own and deserve the appropriate support.
- Your participation will help us understand the influences of violence exposure on children in our schools, as well as existing school-based support for violence-exposed students and their teachers.

For more information or to participate, please contact Rachel Olinger or visit: <https://www.surveymonkey.com/s/TeacherVESurvey>

For a paper-based survey, please contact:  
Rachel Olinger  
[rachel.m.olinger@gmail.com](mailto:rachel.m.olinger@gmail.com)  
(207) 423-5818

**APPENDIX B  
TEACHER DEMOGRAPHICS FORM**

The following questions will all be concerning demographic information. All information provided by you will be de-identified and used exclusively for subsequent data analysis and informational purposes as outlined in the document at the beginning of this packet.

1. What is the name of the school in which you work?:  
\_\_\_\_\_
2. What grade level do you currently teach?:  
\_\_\_\_\_
3. What subject do you teach (if applicable)?:  
\_\_\_\_\_
4. How many years have you been teaching?: \_\_\_\_\_
5. How many years have you been teaching in East Baton Rouge Parish?: \_\_\_\_\_
6. Have you taught outside of East Baton Rouge Parish?  
 Yes  
 No  
If yes, please specify other location(s): \_\_\_\_\_
7. What is the highest level of education you have completed?:  
 Bachelor's degree  
 Master's degree  
 Doctoral degree  
 Other (please specify): \_\_\_\_\_
8. Where did you obtain your degree?:  
\_\_\_\_\_
9. Sex (choose one):      Male  
                                   Female
10. Primary Ethnic identity (choose one):  
 African American  
 Asian American  
 White, Non-Hispanic  
 Hispanic or Latino  
 Native American  
 Other (please specify): \_\_\_\_\_
11. What is your age?: \_\_\_\_\_



**APPENDIX C**  
**SUPPORTING STUDENTS EXPOSED TO VIOLENCE QUESTIONNAIRE**

For question 1, please indicate the types of violence that students you have worked with have been exposed to. *Domestic violence* includes violence that takes place in the home, including direct physical violence as well as being witness to violent exchanges. *Community violence* includes personal conflicts between nonfamily members as well as predatory violence (assault, robbery, etc.) and can be exposed to students directly, as witnesses, or as perpetrators. *School violence* includes student or teacher victimization, threats to or injury of students, fights at school, and students carrying weapons to school.

1. Please indicate the types of violence that students you are currently working with or who you have worked with in the last two years have been exposed to (check all that apply):
  - Domestic violence
  - Community violence
  - School violence
  - I have not worked with students who have been exposed to violence.
  
2. Are there resources available to students struggling with violence exposure in your schools?
  - Yes                       No

If yes, please briefly describe these resources (what they are and who provides them):

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**For questions 3-5, please indicate how sufficient you feel the level of resources available in your school are in supporting students exposed to violence, with 1 being Not At All and 5 being Completely.**

3. Do you feel as though the resources available in your school are adequate enough *for students* who have been exposed to violence?

Not At All		Somewhat	Completely
1	2	3	4                      5

4. Do you feel as though there are adequate resources available in your school *to you* for getting students who have been exposed to violence the resources they need?

Not At All		Somewhat	Completely
1	2	3	4                      5

5. Do you feel as though the resources available in your school are adequate enough *for you* to support students *in your classroom* who have been exposed to violence?

Not At All		Somewhat	Completely
1	2	3	4                      5

6. What, in your opinion, are the three biggest barriers in your school regarding the *identification* of children who have been exposed to violence?
  - 1)
  - 2)
  - 3)
  
7. In your opinion, what are the three biggest barriers in your school regarding the *treatment* of children's problems related to violence exposure?
  - 1)
  - 2)
  - 3)

**For questions number 8-10, please indicate the level of confidence that you feel in your ability to help children who have symptoms associated with their exposure to violence, with 1 being Not Confident at all and 5 being Completely Confident.**

8. On a scale of 1 to 5, how confident do you personally feel when working with students who have *academic concerns* as a result of the violence they have been exposed to?

Not At All Confident		Somewhat Confident	Completely Confident
1	2	3	4 5

9. On a scale of 1 to 5, how confident do you personally feel when working with students who have *internalizing concerns* (anxiety, depression, etc.) as a result of the violence they have been exposed to?

Not At All Confident		Somewhat Confident	Completely Confident
1	2	3	4 5

10. On a scale of 1 to 5, how confident do you personally feel when working with students who have *externalizing concerns* (disruptive behavior, aggression, etc.) as a result of the violence they have been exposed to?

Not At All Confident		Somewhat Confident	Completely Confident
1	2	3	4 5

**For questions 11 and 12, please indicate what resources or supports in school that you feel can have an impact on outcomes for students exposed to violence.**

11. What specific things in school do you feel have a *positive* impact on children struggling with symptoms associated with violence exposure?

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12. What specific things in school do you feel have a *negative* impact on children struggling with symptoms associated with violence exposure?

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**For questions number 13-18, please indicate the level to which you agree or disagree with the following statements, with 1 being Strongly Disagree and 5 being Strongly Agree.**

13. I believe that violence exposure is a major problem many of my students face in their lives.

Strongly Disagree		Neither Agree Nor Disagree		Strongly Agree
1	2	3	4	5

14. I believe that exposure to violence significantly influences students' performance in schools.

Strongly Disagree		Neither Agree Nor Disagree		Strongly Agree
1	2	3	4	5

15. I believe that schools should be involved in supporting students who have been exposed to violence.

Strongly Disagree		Neither Agree Nor Disagree		Strongly Agree
1	2	3	4	5

16. I feel that the resources I need are available to me in order to best support students who have been exposed to violence.

Strongly Disagree		Neither Agree Nor Disagree		Strongly Agree
1	2	3	4	5

17. I believe that teachers should play a role in supporting students exposed to violence.

Strongly Disagree		Neither Agree Nor Disagree		Strongly Agree
1	2	3	4	5

18. I believe that students exposed to violence can be helped in the school setting.

Strongly Disagree		Neither Agree Nor Disagree		Strongly Agree
1	2	3	4	5

19. Have you had any specific training, professional development, or coursework regarding the support of students who have been exposed to violence?

- Yes
- No

If yes, please explain:

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20. Do you feel as though additional training or knowledge would help you to be more effective when working with these students in the classroom?

- Yes
- No

If yes, what *specific* areas of training do you feel would be most helpful?

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**APPENDIX D**  
**CONTACT INFORMATION FORM**

Please provide us with your name and contact information in order to be included in the interview component of this study and then entered in a drawing for one of two (2) \$25 Visa gift certificates. Information provided here will not be tied to your survey responses in any way.

1. Name (First, Last): \_\_\_\_\_

2. School in which you work: \_\_\_\_\_

3. Which email address would you prefer to be contacted?:

\_\_\_\_\_

4. What phone number would be best to contact you?: \_\_\_\_\_

## **APPENDIX E**

### **INTERVIEW SCRIPT/CHECKLIST**

1. What types/kinds of violence have your students been exposed to that you are aware of?
2. What impact has this violence exposure had on your students (i.e., behaviorally, academically, socially, etc.)?
3. Tell me a bit more about the types of resources that are available in your school for supporting these students. Explore resources further and gather details re:
  - a. Type:
  - b. Availability:
  - c. Likelihood of Utilizing resources:
  - d. Effectiveness:
  - e. What about resources for YOU re: how best to support these students?
4. Is there a process in place to refer students for further support should they need it? How often does this take place?
  - a. Related: are there any outside resources that are go-to organizations to refer students and parents to?
5. In an ideal situation, students wouldn't have to experience this. But, in an ideal school setting, what types of resources would you like have available to support these students? For students.
  - a. What about for YOU?
6. What are some barriers to the identification and treatment of these students (i.e., things that get in the way of supporting their needs)?
7. To what extent would you like to have more information than you have now? What info. would you like?
8. Some research in recent years has started to suggest that schools may be ideal locations to support students with mental health concerns, including those who have been exposed to violence. How do you feel about this?
9. Overall, what role do you feel teachers should have in the identification and treatment of students exposed to violence?
- 10.

# APPENDIX F IRB APPROVAL AND INFORMED CONSENT DOCUMENT

## Application for Exemption from Institutional Oversight



Institutional Review Board  
Dr. Robert Mathews, Chair  
130 David Boyd Hall  
Baton Rouge, LA 70803  
P: 225.578.8692  
F: 225.578.5983  
irb@lsu.edu | lsu.edu/irb

Unless qualified as meeting the specific criteria for exemption from Institutional Review Board (IRB) oversight, ALL LSU research/ projects using living humans as subjects, or samples, or data obtained from humans, directly or indirectly, with or without their consent, must be approved or exempted in advance by the LSU IRB. This Form helps the PI determine if a project may be exempted, and is used to request an exemption.

-- Applicant, Please fill out the application in its entirety and include the completed application as well as parts A-F, listed below, when submitting to the IRB. Once the application is completed, please the completed application to the IRB Office or to a member of the Human Subjects Screening Committee. Members of this committee can be found at <http://sites01.lsu.edu/wp/ored/human-subjects-screening-committee-members/>

-- A Complete Application Includes All of the Following:

- (A) A copy of this completed form and a copy of parts B thru F.
- (B) A brief project description (adequate to evaluate risks to subjects and to explain your responses to Parts 1&2)
- (C) Copies of all instruments to be used.  
\*If this proposal is part of a grant proposal, include a copy of the proposal and all recruitment material.
- (D) The consent form that you will use in the study (see part 3 for more information.)
- (E) Certificate of Completion of Human Subjects Protection Training for all personnel involved in the project, including students who are involved with testing or handling data, unless already on file with the IRB. Training link: (<http://phrp.nihtraining.com/users/login.php>)
- (F) IRB Security of Data Agreement: (<https://sites01.lsu.edu/wp/ored/files/2013/07/Security-of-Data-Agreement.pdf>)

1) Principal Investigator:  Rank:   
 Dept:  Ph:  E-mail:

2) Co Investigator(s): please include department, rank, phone and e-mail for each  
 \*If student, please identify and name supervising professor in this space

Rachel M. Olinger  
 Department of Psychology  
 School Psychology Graduate Student  
 207-423-5818; roling1@tigers.lsu.edu  
 Supervising professor: Frank Gresham

IRB# <u>E8686</u>	LSU Proposal #
<input checked="" type="checkbox"/>	Complete Application
<input checked="" type="checkbox"/>	Human Subjects Training
<input checked="" type="checkbox"/>	IRB Security of Data Agreement

3) Project Title:

**STUDY EXEMPTED BY:**  
 Dr. Robert C. Mathews, Chairman  
 Institutional Review Board  
 Louisiana State University  
 130 David Boyd Hall  
 225-578-8692 / [www.lsu.edu/irb](http://www.lsu.edu/irb)  
 Exemption Expires: 3/12/2017

4) Proposal? (yes or no)  If Yes, LSU Proposal Number   
 Also, if YES, either  
 This application completely matches the scope of work in the grant  
 OR  
 More IRB Applications will be filed later

5) Subject pool (e.g. Psychology students)   
 \*Circle any "vulnerable populations" to be used: (children <18; the mentally impaired, pregnant women, the ages, other). Projects with incarcerated persons cannot be exempted.

6) PI Signature  Date  (no per signatures)

\*\* I certify my responses are accurate and complete. If the project scope or design is later changes, I will resubmit for review. I will obtain written approval from the Authorized Representative of all non-LSU institutions in which the study is conducted. I also understand that it is my responsibility to maintain copies of all consent forms at LSU for three years after completion of the study. If I leave LSU before that time the consent forms should be preserved in the Departmental Office.

Screening Committee Action: Exempted  Not Exempted  Category/Paragraph 2  
 Signed Consent Waived?:  Yes /  No  
 Reviewer Mathews Signature Robert C Mathews Date 3/13/14

**Part D: Informed Consent Document**

## Teacher Consent for Participation in a Research Study

**Project Title:** Teachers' Perspectives on the Need and Acceptability of School-Based Identification and Treatment for Children Exposed to Violence: A Mixed-Methods Approach

**Performance Sites:** Elementary schools in East Baton Rouge Parish, Louisiana

**Investigators:** The following researchers are available for questions pertaining to this study Monday-Friday between 8:00 a.m. and 4:00 p.m.

Rachel M. Olinger  
Graduate Student Researcher  
Psychology Department, LSU  
[roling1@tigers.lsu.edu](mailto:roling1@tigers.lsu.edu); (207) 423-5818

Frank M. Gresham, Ph.D  
Professor, Faculty Advisor  
Psychology Department, LSU  
[gresham@lsu.edu](mailto:gresham@lsu.edu); (225) 578-4663

**Purpose of the Study:** Violence exposure impacts youth of all ages all around the world on a daily basis. Violence can occur in any context, including at home, in school, and in our communities. Children in urban environments are at an increased risk for exposure to violence and recent literature suggests that schools could be an ideal locale to provide support for these students. This research study is being conducted in the hopes of expanding on the current knowledge of the influences of violence exposure on children in schools and the perspectives of East Baton Rouge public elementary school teachers working with these students in order to best support students and teachers in the classroom.

**Description of the Study:** This study will take place in two distinct parts: an online survey and a face-to-face interview. The survey component of this study will consist of open and closed-ended questions regarding the extent to which you feel confident supporting these students in your classrooms, as well your opinions regarding the need and acceptability for supporting these students in schools. Some demographic questions will also be asked in order to best analyze the information obtained. The survey portion of this study will take approximately 10 minutes to complete. The second phase of the study will consist of an interview component in which some participants will be contacted to partake in a follow-up interview. Not all teachers will be asked to complete this portion of the study and you may or may not be contacted to do so. Teachers chosen to participate in the interview will be chosen at random and contacted via email by the researcher. If you are contacted to take part in the interview portion, the interview will take approximately 20 minutes to complete and will be audiotaped for the ease of reviewing the information discussed.

**Benefits:** Benefits to you from this study will be indirect because by participating in this study, you will be contributing to the knowledge base surrounding the need for support of students exposed to violence in your community. Findings will be useful in providing insight into adequate training opportunities for East Baton Rouge teachers as well as in facilitating the implementation of school-based interventions and support for students struggling with symptoms associated with exposure to violence.



**Risks:** There are minimal risks associated with participation in this study. As this study will be inquiring about your personal views on the topic, there may be some discomfort in answering questions. However, the researcher will do everything possible to make the environment as comfortable as possible.

**Right to Refuse:** Participation in this study is voluntary and you will only be a part of this study if you agree to participate. You may choose to withdraw your participation at any time without affecting your relationship with your school or with LSU.

**Privacy:** All information obtained through this study will remain confidential. Results of the study may be published, but no names or identifying information will be included. If information is provided to schools following the conclusion of this study, none of the results will be tied to individual responses.

**Financial Information:** There is no cost for participation in this study. As a means of showing appreciation for your participation, teachers who complete the study will be entered into a drawing to win one of two (2) \$25 Visa gift cards.

**Signatures:** The study has been discussed with me and all my questions have been answered. I may direct additional questions regarding study specifics to the investigator. If I have questions about subjects' rights or other concerns, I can contact Robert C. Mathews, Chairman, LSU Institutional Review Board, (225) 578-8692, [irb@lsu.edu](mailto:irb@lsu.edu), [www.lsu.edu/irb](http://www.lsu.edu/irb).

#### Participant's Statement

I agree to participate in the study described above and acknowledge the researcher's obligation to provide me with a copy of this consent form if signed by me.

- Yes  
 No

Please type your full name as signature and click submit below: \_\_\_\_\_

\*\*The informed consent document will be the first page the participants see upon entering the web address to access the survey and they will be required to give their consent (by checking yes *and* typing their name in the field below it) before seeing any part of the survey. For participants who select "no", they will be automatically transferred out of the survey and their participation will end.\*\*

#### STUDY EXEMPTED BY:

Dr. Robert C. Mathews, Chairman  
 Institutional Review Board  
 Louisiana State University  
 130 David Boyd Hall  
 225-578-8692 / [www.lsu.edu/irb](http://www.lsu.edu/irb)

Exemption Expires: 3/12/2017

## VITA

Rachel Marie Olinger, a native of Marshfield, Massachusetts, received her Bachelor's Degree in psychology with a minor in elementary education from the University of New England in Biddeford, Maine. During college, she worked as a Youth and Family Counselor at a non-profit crisis stabilization agency. After receiving her bachelor's degree in 2010, Rachel worked as a Response-to-Intervention coordinator at a middle school in southern Maine. These experiences contributed to her interest in school-based mental health and furthering the field surrounding the support for students at-risk for emotional and behavioral disorders in schools. In 2012, she and her husband moved to Louisiana where she entered graduate school in the Department of Psychology at Louisiana State University. She expects to graduate with her master's degree in May 2015 and continue work towards her doctorate in School Psychology.