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Intervention outcome differences for adult children of domestic violence

Donna Jo Diamond

Geneva Naomi Hannigan

INTERVENTION OUTCOME DIFFERENCES FOR ADULT CHILDREN OF DOMESTIC VIOLENCE

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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ABSTRACT

Families and individuals who experience domestic violence can suffer unhealthy psychological well being. The purpose of this study was to examine psychological well being, as measured by depression and anxiety in families who received treatment on a voluntary and an involuntary basis. It was hypothesized that those families who received an involuntary intervention would experience more positive outcomes and those families who received a voluntary intervention would experience healthier psychological well being than the involuntary families. The study consisted of two sample populations which consisted of 30 closed Child Protective Services case files and 30 participants who sought treatment voluntarily. Combined sample size was 60. The voluntary population served as the comparison group. The voluntary group data were gathered through self report surveys and the involuntary group data were gathered through a data abstraction tool from closed case files. Statistical findings of the data revealed support for the first hypothesis but not the second hypothesis indicating the involuntary intervention group had more positive outcomes as demonstrated by having less depression and anxiety

than the comparison group. Implications and limitations were discussed in addition to recommendations for future research.

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I, Donna Diamond, would like to acknowledge James Maher, Marlene Clark, Rosaline Tanishita and all the staff at the Barstow Counseling Center in their help, encouragement and support during this thesis project. Your help and all you have offered me have been beyond more than I know how to express. Thank you for all you have done for me!

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Both authors would also like acknowledge, and thank Dr. Rosemary McCaslin for her guidance, direction, and patience while advising this project! Dr. Mac's knowledge and experience were highly instrumental in the completion of this thesis.

DEDICATION

I, Donna Diamond, make two dedications for this project.I would like to thank my friend, cohort and co-author, Geneva Hannigan, for all her hard work, help, encouragement and support through the last two years and completion of this project. She has been an inspiration and I could not have done this without her! Thank you!

Secondly, I would like to thank the wonderful man in my life, my "miracle from God", Phil Hague, who has been my backbone, my rock, my net of support whose words and strength helped me to carry on when I didn't think I could. Words are not enough except that I love you so very much and thank you for being you!

I, Geneva Hannigan, dedicate this project to my best friend of sixteen years, and husband for almost one year Thomas Roberts. He enthusiastically encouraged and supported me in realizing a lifelong dream. When I wanted to give up, he reminded me of all the reasons I began the pursuit of a Master Degree in Social Work specializing in child welfare. When I believed I could no longer continue, he gave me the strength and inspiration needed to push a little further and try a little longer. Thank you honey! I love you with every fiber of my being.

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CHAPTER ONE

INTRODUCTION

Chapter One covered the problem statement, purpose of the study and significance of the project for social work practice. It addressed why this topic was being studied, with an overview of the issues and research methods that were used in addition to why the proposed study was needed and how the results could contribute or be a benefit to social work practice.

Problem Statement

Although domestic violence is typically thought of as victimization of women it is now known that this physical and psychological malice is not limited to females, and the sole perpetrators are not males. As a result, the term domestic violence has evolved to include additional labels such as spousal abuse, domestic abuse, relationship violence, family violence, and intimate partner violence. The evolution of the term serves as evidence that the victims of this phenomenon are not exclusively female, and the problem is not limited to traditional marriages and relationships (Aron & Olson, 1997; Danis, 2003).

Domestic violence affects all genders, cultures, ethnicities, and socioeconomic statuses. It is a serious preventable societal problem, and is associated with long-term psychological and emotional damage to children (Buckner, Bassuk, & Beardslee, 2004; Levendosky, Leahy, Bogat, Davidson, & von Eye, 2006). Furthermore, research indicates a strong association between domestic violence and child abuse, child neglect, and maltreatment. This association necessitates collaborative efforts between programs, agencies, practitioners, and other systems aimed at a durable resolution (Aron & Olson, 1997; Rivett & Kelly, 2006). Domestic violence gained significant attention in the 1970's and has been viewed as a major social problem for the last three decades (Cho & Wilke, 2005).

The importance of studying outcomes for domestic violence offenders in relation to the effects of treatment on children as adults is twofold. First, if intervention outcomes are more successful for self referred clients and their families than those offenders who are mandated for treatment, then this could be of vital importance for offenders, their families and the professionals who treat and work with this population.

Second, if intervention outcomes do not differ significantly between self referred and mandated client populations, then this could possibly demonstrate a need for further investigation as to why intervention outcomes do not vary between the two populations. This study presented research relevant to intervention outcomes in families and for adult children of domestic violence offenders forced into intervention versus those that sought help voluntarily.

Much literature is given to intervention outcomes for the offenders themselves according to Babcock, Green, and Robie (2004) although there is limited research on outcomes for adult children from domestic violent families. The problem of domestic violence and its effects on the family, including intervention outcomes and how it affects children when they reach adulthood, is a very important issue that deserves continued research and investigation. If the current study can show intervention outcome differences in voluntary versus involuntary families and its affects on adult children in addition to accounting for some of these differences, then this could be significant knowledge gained that

could be used by mental health practitioners who treat this population in mental health agencies and clinics.

Furthermore, the results could influence existing services in which there is immediate removal of a child or batterer from the home. It is important to current protocols to know whether or not immediate separation of children from parents is more traumatic, and causes greater long-term negative effects to children than does living in a violent home (Rivett & Kelly, 2006).

For example, object relations theory posits that a 'bad object' may be better than 'no object' at all when it comes to children's need to be loved and nurtured. Cooper and Lesser (2005) discuss a 'trauma bond' that children can form with a violent adult. This bond allows the child to maintain a state of 'feeling safe' even in the presence of parental violence. According to this concept, a strong bond with the abusive person is formed, and separation from this person can result in long-term negative psychologically damaging effects to the child. If the object of a child's security is suddenly gone from their life, the child feels alone, abandoned, powerless, and can result in problems with forming future interpersonal relationships. Perhaps it is better not to

separate a child from the home during intervention, but rather allow children to become involved in the healing process.

The results of this study provided important implications for current and future interventions utilized by child protective services, and related to batterers, children, and family unity. Differences in relationships between self referred and court mandated families will warrant further research to discover significant information that could lead to better outcomes related to family preservation, and improved emotional well-being in adults who endured childhood domestic violence (Buckner et al., 2004).

Purpose of the Study

The purpose of this study was to investigate intervention outcomes for domestic violence in families and adult children. This study targeted intervention outcomes of families and adult children from domestic violence homes for the purpose of comparing those self referred versus those who were mandated for intervention. The current study also examined outcome differences

between the two populations to gain insight into why differences exist.

The importance of studying outcomes for voluntary versus involuntary clients in domestic violence cases is important to the social services that monitor them, as well as to practitioners that treat offenders. Of added importance is how the family as a unit is affected if an abuser is abruptly removed from the home. If intervention outcomes vary significantly it could influence current practices and procedures that deal with batters, and the children who witness violence in their home (Daro, Edleson, & Pinderhughes, 2004; Rivett & Kelly, 2006).

An added important factor is the potential implication for further research regarding intervention methods, and current protocols pertaining to family unity or disunity throughout the process. This study may provide greater knowledge for improving interventions for domestic violence based on whether outcomes are better in voluntary versus involuntary participation.

Numerous studies highlight the negative impact that domestic violence has on children, and emphasize the need for effective intervention outcomes for perpetrators. Family violence contributes to negative social outcomes

in children such as delinquency, crime, teenage pregnancy, and homelessness. In addition, the physical and psychological injuries resulting from family violence extend far beyond the violent events themselves (Daro, Edleson, & Pinderhughes, 2004; Gondolf, 2000).

Crisis interventions and short-term preventions may alleviate the immediate situation, but treatment approaches to address the long-term consequences of family violence are greatly needed. In addition, most domestic violence programs are aimed at protection of children and women, and this social response oftentimes negates the importance of family preservation (Danis, 2003; Daro, Edleson, & Pinderhughes, 2004; Rivett, & Kelly, 2006).

Phillips, Burns, Wagner, and Barth (2004) found that children of parents who had been arrested are about twice as likely to experience emotional and behavioral problems. These findings indicate that disruption in family unity may contribute further harm to childhood development, and that interventions allowing the family to stay together could be more beneficial.

This study explored outcomes for families of domestic violence, and adult children from violent homes

regarding in which interventions were voluntarily and involuntarily applied. To gather information about these populations, quantitative and qualitative research methods were used. One method consisted of a survey in which participants were able to self-report via survey, and psychological self-reports.

The additional data were collected from the Department of Children's Services in San Bernardino County California by reviewing closed case files that included removal of a child or children from a home where domestic violence was a contributing factor. These data provided an overview of interventions, outcomes, and other information related to the degree of success toward family reunification, family preservation, and benefits or detriments to the children and parents involved.

Significance of the Project for Social Work

It was important to study intervention outcomes for voluntary clients of domestic violence to measure the efficacy of current treatment modalities utilized by private and community mental health practitioners. The value of investigating involuntary clients of domestic violence cases ensures program effectiveness of the

social service agencies that monitor these cases in child protection efforts. It is also important to understand how the family unit is affected when abusers or children are removed from the home.

Consideration and understanding of children's reactions to familial break-up due to the removal of any family member will provide a wealth of critical information to child welfare agencies. Additionally, an intervention that successfully ends domestic violence can lead to a decrease in the number of children placed in out-of-home care. The results can greatly affect an agency's decision to separate parent and child due to domestic violence.

If intervention outcomes vary significantly it could influence current practices and procedures applicable to families of domestic violence, the children who witness violence in the home, and the agencies providing resources toward the ultimate goal of family preservation. Knowing if intervention outcomes differ for adult children whose families received treatment through self referral versus mandated treatment for domestic violence could provide significant information regarding how differing interventions affect families, and why some

individuals and families are more resilient than others. More knowledge could be gained as to how to treat this population in addition to learning what factors are involved for families who have better intervention outcomes versus those who do not.

The three major theories that guided this research are object relations theory, social learning theory, and systems theory. As mentioned previously, object relations theory could aid in understanding whether separating a domestic violence perpetrator from the family contributes to greater developmental adversity in children. Social learning theory lends support to violence as a learned behavior, and corresponds with existing literature regarding the relationship between children of domestic violence who repeat the cycle in adulthood (Bandura, 1977; Cooper & Lesser, 2005; Jarvis, Gordon, & Novaco, 2005).

Systems theory focuses on the family rather than on an individual within the family. This theory posits that a change in one part of the system, or family, has an impact on all other parts of the system. Systems theory in an ecological framework provides a way to view all the dynamic processes of familial events, thus helping to

understand people, both individually and interdependent, and fits the 'person-in-situation' perspective, which is a concept central to the social work profession. Interventions from a family systems perspective focus on relationships within the entire family system rather than on one individual in the family (Cooper & Lesser, 2005; Daro, Edelson, & Pinderhughes, 2004; Zastrow & Kirst-Ashman, 2007).

Object relations theory, and social learning theory combined with systems theory in an ecological framework embraces the many systems concerned with domestic violence such as individuals, family, community, service agencies, and is the central component of generalist social work. The phases of the generalist model of social work that benefited from this study are the assessment and evaluation phases as both were informed regarding outcomes of voluntary versus involuntary domestic violence intervention.

The current study stated two hypotheses. First, it was predicted that there are more positive outcomes for families and adult children that received interventions involving DCS due to their many resources available to troubled families. Secondly, it was hypothesized that

those who sought voluntary treatment experience healthier psychological well being by experiencing less depression and anxiety, than those families who were mandated to receive treatment. Therefore, the research question explored in this study asked:

"What are the differences in intervention outcomes for voluntary versus involuntary interventions for families and adult children from domestic violence homes?"

CHAPTER TWO

LITERATURE REVIEW

Introduction

The literature review addressed several areas of domestic violence as it relates to the current study. These areas included what constitutes family or domestic violence, prevalence rates, intervention outcomes and recidivism rates for voluntary versus involuntary offenders, in addition to effects of violence on children who live in violent homes.

What Constitutes Domestic Violence

What constitutes domestic violence has not been easy to define. Intended physical, sexual, emotional and psychological harm directed towards a partner in an intimate relationship is one definition of domestic violence according to Bowen, Gilchrist, and Beech (2005). The exchange of violence between partners can include partners that are married, divorced, couples who live together, ex-partners and dating partners (Bowen et al., 2004). The act of domestic violence is not contained within the institution of marriage and is not confined to only married partners but to anyone who has been in an

intimate partnership outside of marriage whether the partnership was one of the past or present.

Another question that arises pertaining to domestic violence is whether it is considered domestic violence if the violence has only occurred one time. According to Cairns-Descoteaux, (2002) the act of domestic violence is considered abuse whether it has occurred only once, or on a weekly or regular basis over a long period of time. One shove or slap towards a partner or ex-partner is considered an act of domestic violence regardless of frequency and whether or not the act results in serious physical injury.

Prevalence Rates and History

Violence against women, especially in intimate relationships, which includes married and unmarried partners or couples, has gained significant attention since the 1970's (Cho & Wilke, 2005). During the 1990's the rate of domestic violence began to decline with an incidence rate of 7.5 women per 1,000 who were assaulted according to Cho and Wilke. Another study reports that over 1,300 deaths occur on a nationwide basis in the United States from domestic violence with almost two

million women being severely assaulted by their husbands or intimate partners (Lataillade, Epstein, & Werlinich, 2006). Yet the National Domestic Violence Hotline reports that four million American women will experience a serious assault by their partner during the span of one year (National Domestic Violence Hotline, 2007). These statistics are very conflicting in that one-source reports almost twice as many women being assaulted in the United States.

Other statistical information given by the National Domestic Violence Hotline include that 30% of women who experience abuse for the first time are also pregnant, 37% of women who were treated in hospital emergency rooms for assault injuries were injured by a former spouse, boyfriend or girlfriend, and one out of three women on a global level has been beaten or coerced in to having sex during her lifetime. Last, women of all races are vulnerable to violence by an intimate partner. Given the aforementioned statistics and information, no particular races of women are excluded from the possibility of experiencing domestic violence. On a global level, one-third of all women will experience some form of domestic violence in her life. This information alone

demonstrates the prevalence of domestic violence that occurs in intimate relationships and families.

Interventions and Recidivism Rates

There is a wealth of literature on intervention outcomes for domestic violence offenders, and how the violence affects the women and children in the home, but literature is sparse about the effects on adult children who come from domestically violent homes. The current study will attempt to build on current literature and will examine the outcomes for adult children whose families were either self referred for treatment or mandated for treatment.

In the treatment of self referred offenders, a study conducted by Bowen et al., 2005 found that there are small but significant effects which can be cost effective and reduce reoffending in voluntary compared to mandated offenders. If voluntary offenders have lower offending rates and offend less often, one can possibly conclude that intervention outcomes are more effective for the offender and involved family members. Another study has demonstrated that those offenders who voluntarily seek help and complete their intervention programs typically

have higher levels of anger, more self-awareness, attained more motivation to change as they learned more about the consequences of their violent behavior, were nonminority men, used less alcohol, and experienced more marital conflict (Chang & Saunders, 2002).

Additionally, another study conducted by Bowen and Gilchrist (2004) has shown the strongest single predictor of completing intervention programs was seeking help on a voluntary basis and that offenders who sought help on their own, did so out of fear of losing their partners. One could interpret this to mean that the offender is motivated to change, thereby leading to better intervention outcomes for themselves and their family. If the offender is willing to seek treatment out of fear of losing their family, one can suppose that the offender has some kind of family values and is willing to do what is necessary not to lose ones family but keep the family intact and united.

Court mandated offenders who complete an intervention program are less likely to re-offend and have a lower recidivism rate than those offenders who do not complete an intervention program (Bennett, Stoops, Call, & Flett, 2007; Gondolf, 2000). Offenders who

complete their programs have more successful outcomes than those who do not. In the study conducted by Bennett et al. (2007), 50% of offenders who entered an intervention program never completed the program, regardless of whether self-referred or mandated. Bennett et al. (2007) found, in a study including 899 men, that the overall domestic violence recidivism rate was 26.1% with 14.3% for completers of the intervention program and 34.6% for noncompleters. Another study on recidivism rates found that rates of reoffending during the year following completion of an intervention program ranged from 20% to 50% (Lee, Uken, & Sebold, 2007).

Although the focus of the current study is not on why self-referred or mandated offenders reoffend or are more apt to complete or not complete an intervention program, it can be helpful to know the variables involved because this information could possibly relate to, or be connected with intervention outcomes on offenders and their families.

Effects of Violence on Children

According to McDonald, Jouriles, and Skopp (2006) there are about 7 million children every year that are

witnesses to severe parental physical violence, and one million children accompany their mothers to shelters for safety. These authors examined Project SUPPORT, which is a program designed as an intervention for the high level of conduct problems found in children from families of domestic violence. The focus of their study was aimed at learning whether this program could reduce behaviors associated with conduct problems resulting from domestic violence and assist battered women to maintain independence from their abuser. They found that many women victims of domestic violence return to their abuser because they are not equipped to deal with their children's behavioral problems on their own.

Another study reported that domestic violence is a serious societal problem associated with long-term adverse effects for women as well as children (Levendosky, Leahy, Bogat, Davidson, & von Eye, 2006). Children living in homes with domestic violence are more likely to be abused than children in non-domestic violent homes. Additionally, women victims of domestic violence are more prone to neglect their children, and suffer with psychological and emotional problems. Furthermore, these children are at significantly greater risk for developing

conduct disorders and other serious emotional and social disorders, and are low academic achievers (McDonald, Jouriles, & Skopp, 2006).

No child or adult should live with domestic violence. The impact of domestic violence on children is substantial and also puts children at increased risk for being abused themselves in addition to having negative outcomes that manifest in behavior, social, emotional and academic problems (Lataillade et al., 2006). Children who witness and are exposed to domestic violence in the home are highly susceptible to experiencing mood disorders, anxiety disorders, and attention deficit hyperactive disorder along with noncompliant behaviors (Mattson & Ruiz, 2005). Any child who witnesses domestic violence, especially in their own home, is at greater risk to suffer a range of psychological and social problems which could have lasting affects throughout their adulthood lives. The impact on children who witness this kind of abuse is enormous (Buckner et al., 2004; Mattson & Ruiz, 2005; McDonald et al., 2006; Daro et al., 2004.

On the other hand, Fosco, Deboard, and Grych (2007) found that one-third of children who witness domestic violence in their homes do not experience any type of

psychopathology nor do they grow up to abuse their partners or children. Although one-third of children who have witnessed domestic violence in their homes appear to suffer no mental health problems and be resilient, there is still the issue of the other two-thirds of children who do suffer detrimental consequences from witnessing violence in their homes and how it affects their lives into adulthood.

One study states that over 10 million children per year witness violence in their homes and also demonstrate internalizing and externalizing behaviors which include anxiety, depression, impulsivity and aggression. This evidence implies that children who witness violence are more likely to have more behavioral and emotional problems that those children who do not witness violence in the home (Sullivan, Egan, & Gooch, 2004).

There is relevant research on the affects of domestic violence on children. Given the affects on children and that one-third of children do not suffer ill consequences it is important for social workers and mental health professionals to determine, if possible, what variables help children from violent families grow

into healthy young adults (Cairns-Descoteaux, 2002;Fergus & Zimmerman, 2005).

Theories Guiding Conceptualization

Some of the theories that have been used as theoretical guidelines for domestic violence research include attachment theory and social learning theory. A study conducted by Buttel, Muldoon, and Carney (2005) used attachment theory as its theoretical guideline and stated that domestically violent offenders demonstrated interpersonal dependency as a consequence of insecure attachment during childhood, which carried over into their adult relationships. According to this theory, insecure attachment would lead the offender to abuse his or her partner in order to feel in control and more securely attached.

Social learning theory emphasizes the importance of learning through observations and modeling of others behaviors, attitudes and emotional reactions (Bandura, 1977). Children who witness domestic violence are then more apt to learn violent behavior by watching violent behavior between the two parents or violent behavior toward one parent from the other parent. Additionally,

the child is learning the attitudes of both parents which could be confusing because the violent parent would be modeling a domineering and controlling attitude while the other parent could be demonstrating a weak and submissive attitude.

Bandura's social learning theory has also been applied to the understanding of aggression. This implies that children who witness aggression are more likely to learn aggressive behavior themselves (Bandura, 1977). This theory would certainly account for the aggressive behavior that some children of domestic violent homes demonstrate in childhood and adulthood.

The current study also used systems theory as its theoretical guideline. Systems theory posits that a change in one part of the system has an impact on all other parts of the system. Therefore, even a minor change in the family's environment, or in one individual's behavior, may resonate throughout the family system (Zastrow & Kirst-Ashman, 2007). In a case where the abuser, who is also the breadwinner, is removed from the family, then the non-abusing partner becomes concerned that the basic needs of her children will not be met if

the family separates (McDonald et al., 2006; Rivett & Kelly, 2006).

Summary

The current study's literature review has discussed several aspects of domestic violence. These aspects included what constitutes domestic or family violence, prevalence rates, intervention outcomes and recidivism rates, and effects on children. Also discussed were theoretical guidelines used in previous studies, in addition to the theoretical guidelines being used for the current study.

CHAPTER THREE

METHODS

Introduction

Chapter Three covered the study design, sampling, data collection and instruments, procedures, protection of human subjects and data analysis used for the current study.

Study Design

The purpose of this study was to investigate intervention outcomes for domestic violence in families and adult children throughout San Bernardino County in California. Specifically, this study targeted intervention outcomes for families and adult children from domestic violence homes for the purpose of comparing those who were self referred versus those who were mandated for intervention. The current study also examined outcome differences between the two populations to gain insight and explain why differences exist.

This study was a quasi-experimental posttest-only comparison group design with two dependent variables: type of intervention (self-referred and Department of Children Services involvement), and familial outcome and

individual psychological well-being or resilience. This research design allowed comparison of outcomes between domestic violence families that received intervention from the Department of Children's Services (DCS) in San Bernardino County, California to individuals and families of domestic violence who had no experience with, or intervention through the DCS. The group with no DCS involvement provided the comparison group for this study. The data came from two populations: from families who have participated in a voluntary intervention program and families where an intervention was mandated through involvement with the Department of Children's Services (DCS) in San Bernardino County, California.

To gather information, the study used quantitative and qualitative methods. Data for the comparison group were obtained by reviewing closed case files from the DCS in San Bernardino, California. Data for the opposing group consisted of participant self-reports using a survey design in addition to answering open ended questions to gather quantitative and qualitative data.

It was hypothesized that there are more positive outcomes for families and adult children whose families received intervention involving the DCS due to the many

resources available to troubled families. It was also hypothesized that those who sought voluntary treatment would experience healthier psychological well being by having less depression and anxiety than the DCS or involuntary group. Therefore, the research question explored in this study asked:

"What are the differences in intervention outcomes for voluntary versus involuntary interventions for families and adult children from domestic violence homes?"

Sampling

One sample was drawn from students at California State University San Bernardino that experienced domestic violence in childhood, in addition to participants from domestic violence programs and transitional housing facilities in San Bernardino County. The size of this sample population included 30 participants for the present study. This sample provided crucial quantitative data specific to outcomes for individuals and their families that had no involvement with DCS throughout their childhood experiences involving family domestic violence.

The questionnaire for the survey portion of the study used a survey designed to specifically to measure depression and anxiety for this sample population. The questionnaire included The Beck Depression Inventory, (Beck, 1996) and the Beck Anxiety Inventory (Beck, 1997), (See Appendix A). The Beck Depression Inventory measured depression in categories from normal to severe in addition to the Beck Anxiety Inventory that measured anxiety from low to high categories. Additionally, the researchers incorporated two questions designed specifically for this study that asked about experiences of familial domestic violence (See Appendix B). These questions ascertained participants as a self identified domestic violence witness or victim, as well as 'no involvement with the DCS'. These tools required exploratory factor analysis, and further investigation to determine the 'true' fit for this study.

The second sample comprised secondary data obtained by accessing closed case file records extracted from the Child Welfare Services/Case Management System (CWS/CMS) database at the Department of Children's Services (DCS) in San Bernardino County, California. The CWS/CMS system is an automated statewide system that keeps historical

data on families that have become involved with the DCS. The system maintains the specifics of familial demographic data, reason for DCS involvement, services received, exhaustive case notes, and detailed court reports. This sample population was limited to 30 cases to allow consistency with between groups data.

This provided an unobtrusive way in which to collect and analyze archival secondary data sets to show outcomes for families of domestic violence managed by the child welfare system. This data also provided quality sources of information at the micro-level, and quantitative data, because these data sets included demographic information for independent variables such as gender, ethnicity, and family size.

The qualitative data was in the form of case notes, contact notes, and court transcripts, thus was useful for defining and measuring the dependent variables on ordinal scales of intervention outcome, family reunification or non-reunification, and psychological effects (depression and anxiety) on the parents of children that were removed from their custody. These data were compared to the self-reported psychological states of adult children from domestic violence homes in the survey portion of this

study. This comparison offered credible information towards answering the research question.

This research sample included 30 closed cases files from San Bernardino County child welfare cases in which children were removed from parental custody based on 'failure to protect' as a result of family domestic violence between December 1, 2004 and January 31, 2005. A case by case study was conducted to review information relevant to this study and provided longitudinal data from December 1, 2004 through September 30, 2007. Reviewing cases during this time-frame ensured that each case had received the full range of family reunification services in compliance with California State law while providing the most current data possible.

The longitudinal data for this study is crucial due to the time-frames mandated by law for DCS to provide reunification services for families in which a child, or children has been placed in out-of-home care. Therefore, this study essentially reviewed the records of families for more than two years because California State law mandates that parents or legal guardians receive family reunification services for a minimum of 6-months to a maximum of 18-months.

Data Collection and Instruments

Content analysis was used for each identified case containing information relevant to domestic violence, child removal, and family reunification plans with the DCS. These qualitative data were assessed and translated into quantitative form for the purpose of statistical analysis. A case data abstraction tool, designed specifically for this study was used to record all pertinent quantitative and qualitative data related to the independent and dependent variables for analysis (See Case Data Abstraction Tool, Appendix C).

Two of the independent variables were voluntary clients that sought intervention not related to child welfare services, and involuntary clients that received intervention due to involvement with child welfare. The defined involvement with child welfare services were be based on allegations of 'failure to protect' in domestic violence cases. Nominal measures were used for independent variables consisting of demographic information such as age, ethnicity, and gender.

The dependent variables were intervention outcomes related to family reunification, and psychological and emotional well-being in voluntary and involuntary

interventions. These were measured on a nominal level and the dependent *t* test determined and compared the mean score for each group. Also, cross-tabulation and chi-square analysis indicated the strength of the relationship between the two types of interventions and the outcome of family retention. Additionally, the dependent variables were overall psychological well being as measured by the depression and anxiety levels and the amount and direction of change experienced by clients after a program's services in adult survivors of domestic violence throughout childhood. A dependent *t* test was used to calculate and compare mean scores between the samples, and a test for the significance of potential change required Fisher's exact test.

Procedures

Data was gathered in two ways. First, data was gathered from students at California State University San Bernardino, and participants in two domestic violence programs and one transitional housing unit in San Bernardino County. Instructors in the College of Social and Behavioral Science were asked to allow students to participate in the current research study for extra

credit. Additionally, students were informed by a posted flyer (Appendix D) on the psychology bulletin board in the Psychology Department. Students were also recruited from the Women's Center, and the School of Business via posted flyers. Data from these participants were collected in conference room 402A in the Social and Behavioral Sciences Building on January thirtieth and thirty-first, and February first, fourth and fifth of 2008 from 8:00 a.m. to 11:00 a.m. and 5:00 p.m. to 7:00p.m.

It was expected that participation in the survey study would take 60 minutes or less and each participant was provided a debriefing statement (Appendix F). Every participant was free to excuse themselves at any time during the survey in the unlikely event it evoked uncomfortable thoughts, memories, feelings or emotions resulting from questions contained in the survey.

The second set of data was collected from the Department of Children's Services in San Bernardino, California using closed cases obtained from the State of California's automated Child Welfare Services/Case Management System (CWS/CMS) by one of this study's authors. This information was coded and transferred to an

Excel spreadsheet to accommodate data input to the statistical analysis software SPSS.

Protection of Human Subjects

The confidentiality and well-being of all survey participants in this domestic violence cohort study were of critical concern. Participants were informed that involvement was entirely voluntary, that all responses were completely anonymous, and that no specific identifying information would be collected. It was further explained that there were no right or wrong answers, participants could work at their own pace, and were free to withdraw at any time. The questionnaire was administered in a group setting, and in a quiet and private location. Additionally, all participants were afforded the opportunity to ask questions at any time throughout the process.

Participants were informed that a numeric system would be used to sort generic demographics such as gender and age for the purpose of inputting data for statistical analysis in a computerized software program. A cover letter explaining the purposes, methods, and any potential risks was attached to each informed consent and

debriefing statement. Participants provided consent for the researchers to use the data obtained in the questionnaire by placing an 'X' in the specified area on the informed consent (See Appendix E). The debriefing statement included how interested participants could obtain a summary of the nature, results, implications, and conclusions of the research (See Appendix F).

The relevant CWS/CMS information was recorded on an excel spreadsheet without identifying information to protect the identity of the families examined. The demographics and all other identifying information were transposed to a numeric coding system to delineate the independent variables of interest. Once the data was transferred to the SPSS program for analysis in the spreadsheet it was shredded to insure anonymity and confidentiality for this sample population.

Data Analysis

Quantitative procedures were used to analyze data from the survey questionnaire and the CWS/CMS cases. Content analysis was also used to translate CWS/CMS qualitative into quantitative data variables. To compare the variables from cases in which children were removed,

and then reunified, the data was analyzed statistically utilizing confirmatory factor analysis, univariate and bivariate (Chi-Square), statistical analysis (Independent and Dependent T Test Means).

For the survey, the relationships that were examined among variables included correlation and interpretive associations. The study sought to identify any relationship between depression and anxiety measurements and whether or not intervention was mandated or self referred in the two samples.

Additionally, survey respondents' disclosure of involvement with child welfare services were assessed by the researchers. This helped explain aspects of the relationship between exposure to domestic violence, and the impacts to overall mental health, especially if child removal occurred, and whether family reunification services were, or were not successful. The outcomes could contribute to theory development and inspire a need for more refined empirical research regarding the "best practice" for families of domestic violence.

Qualitative procedures were used for open ended questions which participants answered. On analysis of the data, categories were defined and the data placed in its

identified category. It was expected that some of the constructs would include any past or current psychological problems such as depression and anxiety, signs of resiliency and participant feelings or opinions or regarding how voluntary or mandated interventions helped or hindered their families, and affected them individually from childhood into adulthood.

Depression and anxiety were defined as stated in respective Beck's Inventory and Anxiety Scales. The depression inventory consisted of 21 questions. Each question had four answers ranked in numerical value of zero to three. The numerical values for each question and answer were added up to obtain a total score. The scores were then respectively placed in categories and ranked none, mild, moderate and severe.

The anxiety inventory consisted of 21 symptoms of anxiety. Next to each symptom were four rows that ranked the symptoms as not at all, mild, moderate and severe with numerical values of zero to three, respectively. All columns were summed to achieve the total score. The scores were placed in the respective categories as listed above to determine an anxiety level.

Summary

Chapter Three discussed the methods by which the study was conducted. Discussed were study design, sampling, data collection, instruments and procedures in addition to protection of human subjects and data analysis. Furthermore, implications of study design and expected emerging concepts were also discussed.

This study provided a preliminary exploration and comparison of the intervention outcomes for self referred and mandated individuals, from families of domestic violence.

CHAPTER FOUR

RESULTS

Introduction

Chapter Four explains the findings of the current project. Analysis and comparison results of both population samples are explained including frequencies and bivariate analyses that were conducted to determine the relationships between the independent and dependent variables.

Presentation of the Findings

The current study consisted of two sampled populations. The first sample were closed case files of families that received intervention through the Department of Children's Services which served as the involuntary sample of the current study (n = 30). The second sample consisted of adult children that received intervention on a voluntary basis, and had self identified as experiencing domestic violence. This sample served as the voluntary sample and comparison group for the current study (n = 30). Total sample size for both groups combined is 60.

One hundred percent of the combined samples were female (n = 60). This resulted by excluding the male partner from each of the DCS case files, and by random selection of the voluntary sample population. The ages for the involuntary group sample ranged from twenty-two years to thirty-eight years with a mean age of 30.73. Ethnicity included an equal distribution of Caucasians and Hispanics (36.7%) each, as well as African Americans (16.7%) and others (10.0%) for the remainder of the involuntary group.

Education level included 53.3% with a high school education or equivalent followed by 33.3% with some high school, 10.0% with some college and 3.3% with an Associate Degree. Of this sample 43.3% were employed and 56.7% were unemployed. Reunification percentage showed 53.3% of the cases being reunified and 46.7% of cases that were not reunified. The percentage who showed signs of depression equaled 50.0%, and anxiety was measured at 20 percent.

Frequency counts were tabulated for the involuntary group to look at depression, anxiety and reunification of this group. Fifty percent had severe depression, 36.7% moderate, 10.0% mild followed by 3.3% with no depression.

Additionally, of this group 46.7% had mild anxiety, 20.0% moderate anxiety and 33.3% severe. Of this group, 20 cases or 66.7% were not reunified and 10 cases or 33.3% were reunified.

The second sample which serves as the voluntary group ranged in age from twenty-one years to sixty-six years with a mean age of 39.30 years. Ethnicity included 50.0% Caucasian, 33.3% Hispanic, 10.0% African-American and 6.7% other. Education frequencies showed 6.7% with some high school, 60.0% high school education or equivalent, 16.7% some college 3.3% Associated Degree, 3.3% some graduate education and 6.7% Masters Degree. Employment frequencies demonstrated 83.3% as unemployed and 16.7% employed. The dependent variable, depression, was measured as 60.0% being depressed and 40.0% not being depressed. The second dependent variable, anxiety, was measured as 56.7% experiencing anxiety and 43.3% not experiencing or having anxiety.

A bivariate correlation analysis was conducted on both populations combined to measure if there was a correlation between both depression and anxiety, as ranked by the Beck scales and voluntary intervention. It was anticipated that these results would demonstrate an

association between both dependent variables and the independent variable. Pearson's Correlation indicated no significant correlation between depression and voluntary status ($r = -.036$, $p = .787$). Anxiety was significantly correlated with voluntary status ($r = -.437$, $p = .000$). Voluntary participants were more likely to demonstrate anxiety than involuntary participants.

A nonparametric correlation test, Spearman's rho, was conducted for the involuntary sample group, which included both reunified and non-reunified CPS cases. This test served to demonstrate if there was a correlation between anxiety and depression in the involuntary group, and their reunification status. Depression was not significantly correlated with reunification status ($r = -.008$, $p = .964$). Anxiety also was not significantly correlated with reunification status ($r = .284$, $p = .128$). These findings suggest there is no correlation between anxiety and depression within the involuntary group, and reunification status.

Chi Square tests were conducted to measure the relationships between the dependent variables (depression and anxiety) and independent variables (voluntary and involuntary intervention groups) by measuring differences

between those who experienced depression and anxiety by yes or no categories. It was shown that the voluntary group all experienced depression (n = 30) though the expected count was 25.0. For the involuntary group the observed count was 20 with an expected count of 25.0 for those who had experienced depression while those who did not experience depression were 10, with an expected count of five. The combined group count totaled 50 in the observed count who had experienced depression with only 10 in the observed count who did not experience depression. A significant relationship was found (chi square = 12.000, p = .001, df = 1).

Furthermore, for anxiety, the voluntary group observed count was 17 with the expected count at 16.0 for those who had experienced anxiety. There were 13 who had not experienced anxiety with an expected count of 14.0 for the voluntary group. The involuntary group had an observed count of 15 and expected count of 16.0 for those who had experienced anxiety while the observed count for those who did not experience anxiety was 15 and the expected count 14.0. No significant relationship was found (chi square = .268, p = .605, df = 1.). These findings suggest there are significant relationships

between the dependent variables, (depression and anxiety) and the independent variable (voluntary and involuntary intervention).

Summary

Chapter Four presented the statistical findings of the current study. Both sample populations were analyzed as a whole and independently with the voluntary sample serving as the comparison sample. Frequencies, bivariate analyses, correlations and Chi square statistic tests were conducted to determine the current findings.

The findings revealed a positive correlation between anxiety and between the voluntary intervention. Chi square findings demonstrated a significant relationship with depression and the voluntary group. Frequency findings revealed that the involuntary group only experienced a 33.3% reunification rate with the whole group experiencing varying levels of depression and anxiety.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter serves to explain the findings of the current study, whether the hypotheses were supported or not and implications of the current findings. Additionally, limitations, recommendations and the conclusion are discussed as they are related to Social Work Practice, Policy and Research.

Discussion

The purpose of this study was to investigate intervention outcomes for domestic violence in families and adult children. Two intervention types were examined which included those families who were mandated for intervention through the Department of Children's Services (DCS) and those who were self referred. A second purpose of the current study was to examine potential outcome differences between the two sample populations to gain insight into why differences exist.

Additionally, the current study stated two research hypotheses. It was predicted that there would be more positive outcomes for families and adult children whose

families received intervention involving the DCS due to the many resources available to troubled families. It was also hypothesized that adults who had endured domestic violence in childhood, and sought voluntary treatment as adults would experience healthier psychological well being by experiencing less depression and anxiety than those mandated for treatment due to DCS involvement.

The results supported the first hypothesis though not the second hypothesis. These findings did not reveal that the voluntary group experienced healthier psychological well being by experiencing less depression and anxiety than the involuntary group; therefore the second hypothesis is unsupported.

Results for the involuntary group demonstrated no significant correlation between anxiety, depression, and reunification whereas being in the voluntary group was positively correlated with anxiety. The results also indicated that the involuntary group experienced less depression than the voluntary group. These results should be carefully interpreted due to the small sample size of the current study.

One implication as to why the involuntary group experienced less depression could be that more services

and resources were available. Because intervention and treatment is mandated, then it is possible that treatment would be completed by those families ordered for interventions. This possible explanation helps support the evidence found in a study by Lee et al. (2007) which claims those who are mandated for treatment are likely to complete their treatment program.

Another implication of these results could also be that those involved with CPS, especially in cases of child removal from the home, have a managed case plan that must be followed for reunification. Part of this plan could entail providing services that the parent needs in order to obtain and retain the child. Having more available resources and services could be another explanation for the lower depression levels for this group.

The second hypothesis was unsupported. It was expected that those who sought a voluntary intervention would experience healthier psychological well being by having less depression and anxiety than the involuntary group.

The implications of the results discovered could be that even though intervention was voluntary, needed

services might not have been available or known to those families as compared to the involuntary families for whom services are readily available. Furthermore, it could be implied that lack of services and resources to voluntary families could have a longer lasting psychological impact including experiencing long term depression and anxiety. This could be one explanation as to why the second hypothesis was not supported, in that, the voluntary group did not experience better outcomes by having less depression and anxiety than the involuntary group.

A second implication could be that even though intervention was voluntary, it was not necessarily successful. Type of program intervention and evaluation were not measured in this study, though it could be implied that if the type of program intervention experienced by the voluntary families was not completed nor had a positive outcome for the family, then this could additionally affect anxiety as experienced by those families in the voluntary group. Because intervention is voluntary, there is no requirement or mandate for treatment to be completed. A study conducted by Bowen and Gilchrist (2004) revealed that those who seek help on a self referred basis are more likely to complete a

treatment program. This study did not measure if treatment was completed or not, so it can only be implied that incomplete treatment could account for higher anxiety results in this group.

Limitations

Several limitations exist for the current study. Two limitations include sample size and gender. The study had hoped to have a combined sample size of 80 or more participants, including closed CPS case files. The actual sample was smaller than expected resulting in a combined sample size of 60 participants. The small sample size represents a small number of voluntary participants in addition to closed case CPS files which could have had an impact on the study's results. Additionally, the small sample size for the involuntary group (DCS) was not representative because CMS/CWS does not have a specific code to delineate domestic violence as the key-contributing factor in child removal.

A second limitation is gender. There were no males considered in the current study. The voluntary intervention group was randomly selected. The data in this sample were gathered primarily at domestic violence

programs which served women and one male. The male chose not to participate in the study. To keep the variables consistent closed CPS case files considered only the female caregiver. Though gender was not a dependent variable for this study, future research should include both genders as to reduce any perceived gender bias.

A third limitation was the use of self-report for the voluntary sample. These participants self reported when measuring for depression and anxiety, using the Beck Depression Inventory and Beck Anxiety Scale. Self-report on these scales could be inaccurate due to participant knowledge about the nature of these tests. Over reporting or under reporting of depression and anxiety would have an impact on the accuracy of results for this study.

Recommendations for Social Work Practice, Policy and Research

There is vast research on many aspects of domestic violence including types of intervention and intervention outcomes. Through conducting the literature review for the current study, the authors discovered there is little research on the outcomes of adults who experienced or witnessed domestic violence as children. Much research is

given to the effects domestic violence has on children though not to how those effects impact them as adults.

This study examined possible differences in anxiety and depression levels on adult children who received intervention either voluntarily or involuntarily. To further expand on the current research, social workers should continue to investigate why and how some adult children experience less depression and anxiety than other adult children who have experienced domestic violence. The knowledge gained from this type of research could have important implications which could possibly be helpful in applying more effective interventions for those who experience domestic violence.

Additionally, more research is needed on male adult children who experience domestic violence. One of this study's limitations was that the entire sample was female. If future research discovered that more female adult children of domestic violence experienced more depression and anxiety than male adult children, then this too could serve as important knowledge in applying more effective interventions for this population. Gender could be taken into account in the applied intervention and social work and mental health practitioners could

possibly discover that not all interventions are effective for both genders.

Domestic violence is an expansive area in the field of social work. All aspects of domestic violence should continue to be explored as further research will provide social work with much needed knowledge about domestic violence, and its effects on children and families.

Conclusions

A large body of research has been conducted on domestic violence in relation to the perpetrators, victims, interventions and psychological factors. This study sought to look at intervention outcome differences in those families and adult children who have witnessed or experienced domestic violence, particularly those who were mandated or self-referred. This study claimed that those who sought a voluntary intervention would experience healthier psychological well-being, as measured by less depression and anxiety than those who were mandated for treatment. There were no statistical findings to support this hypothesis. Possible explanations and implications given were that this population might not have received services that were

needed in addition to treatment program incompletion. Also considered was the possible inaccuracy of self-reporting on Beck's depression and anxiety inventories.

The current study did demonstrate a positive correlation between anxiety, and the voluntary intervention, with possible explanations given for the positive correlation result.

The current study found that the mandated group experienced more positive outcomes as measured by less depression. Possible explanations are the resources and services available to this population, and the assumption that a mandated treatment program was more than likely completed, resulting in better outcomes.

Limitations of the study included the small sample size in addition to the involuntary sample not being representative of domestic violence cases that were drawn from closed DCS files. Other limitations include that this study consisted were only of females. The last limitation given was the way data was collected in the form of self-report surveys and how self reporting inaccuracies can impact research findings.

Given the findings of the current study, it was shown that those families, who are mandated for treatment involving DCS, have better outcomes as measured by experiencing less depression. Absolute facts cannot be stated as to why this is, and careful assumptions need to be considered when giving possible explanations for the findings.

It should not be inferred or concluded that because a family is involved in a mandated program for domestic violence, that they will have a better outcome as compared to a family that voluntarily seeks help. Factors such as type and effectiveness of treatment should be considered, and service and resource availability, in addition to treatment program completion. All should be taken into consideration when looking at psychological well-being outcomes for families of domestic violence.

APPENDIX A

BECK DEPRESSION AND ANXIETY SCALES

Roche

Beck Depression Inventory

Baseline

V 0477 CRTN: _____ CRF number: _____ Page 14 patient initls: _____

BDI

Date:

Name: _____ Marital Status: _____ Age: _____ Sex: _____

Occupation: _____ Education: _____

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the one statement in each group that best describes the way you have been feeling during the **past two weeks, including today.** Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

1. Sadness
- 0 I do not feel sad.
- 1 I feel sad much of the time.
- 2 I am sad all the time.
- 3 I am so sad or unhappy that I can't stand it.

2. Pessimism
- 0 I am not discouraged about my future.
- 1 I feel more discouraged about my future than I used to be.
- 2 I do not expect things to work out for me.
- 3 I feel my future is hopeless and will only get worse.

3. Past Failure
- 0 I do not feel like a failure.
- 1 I have failed more than I should have.
- 2 As I look back, I see a lot of failures.
- 3 I feel I am a total failure as a person.

4. Loss of Pleasure
- 0 I get as much pleasure as I ever did from the things I enjoy.
- 1 I don't enjoy things as much as I used to.
- 2 I get very little pleasure from the things I used to enjoy.
- 3 I can't get any pleasure from the things I used to enjoy.

5. Guilty Feelings
- 0 I don't feel particularly guilty.
- 1 I feel guilty over many things I have done or should have done.
- 2 I feel quite guilty most of the time.
- 3 I feel guilty all of the time.

6. Punishment Feelings
- 0 I don't feel I am being punished.
- 1 I feel I may be punished.
- 2 I expect to be punished.
- 3 I feel I am being punished.

7. Self-Dislike
- 0 I feel the same about myself as ever.
- 1 I have lost confidence in myself.
- 2 I am disappointed in myself.
- 3 I dislike myself.

8. Self-Criticalness
- 0 I don't criticize or blame myself more than usual.
- 1 I am more critical of myself than I used to be.
- 2 I criticize myself for all of my faults.
- 3 I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes
- 0 I don't have any thoughts of killing myself.
- 1 I have thoughts of killing myself, but I would not carry them out.
- 2 I would like to kill myself.
- 3 I would kill myself if I had the chance.

10. Crying
- 0 I don't cry anymore than I used to.
- 1 I cry more than I used to.
- 2 I cry over every little thing.
- 3 I feel like crying, but I can't.

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Subtotal Page 1

Continued on Back

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11. Agitation
- 0 I am no more restless or wound up than usual.
- 1 I feel more restless or wound up than usual.
- 2 I am so restless or agitated that it's hard to stay still.
- 3 I am so restless or agitated that I have to keep moving or doing something.

12. Loss of Interest
- 0 I have not lost interest in other people or activities.
- 1 I am less interested in other people or things than before.
- 2 I have lost most of my interest in other people or things.
- 3 It's hard to get interested in anything.

13. Indecisiveness
- 0 I make decisions about as well as ever.
- 1 I find it more difficult to make decisions than usual.
- 2 I have much greater difficulty in making decisions than I used to.
- 3 I have trouble making any decisions.

14. Worthlessness
- 0 I do not feel I am worthless.
- 1 I don't consider myself as worthwhile and useful as I used to.
- 2 I feel more worthless as compared to other people.
- 3 I feel utterly worthless.

15. Loss of Energy
- 0 I have as much energy as ever.
- 1 I have less energy than I used to have.
- 2 I don't have enough energy to do very much.
- 3 I don't have enough energy to do anything.

16. Changes in Sleeping Pattern
- 0 I have not experienced any change in my sleeping pattern.
- 1a I sleep somewhat more than usual.
- 1b I sleep somewhat less than usual.
- 2a I sleep a lot more than usual.
- 2b I sleep a lot less than usual.
- 3a I sleep most of the day.
- 3b I wake up 1–2 hours early and can't get back to sleep.

17. Irritability
- 0 I am no more irritable than usual.
- 1 I am more irritable than usual.
- 2 I am much more irritable than usual.
- 3 I am irritable all the time.

18. Changes in Appetite
- 0 I have not experienced any change in my appetite.
- 1a My appetite is somewhat less than usual.
- 1b My appetite is somewhat greater than usual.
- 2a My appetite is much less than before.
- 2b My appetite is much greater than usual.
- 3a I have no appetite at all.
- 3b I crave food all the time.

19. Concentration Difficulty
- 0 I can concentrate as well as ever.
- 1 I can't concentrate as well as usual.
- 2 It's hard to keep my mind on anything for very long.
- 3 I find I can't concentrate on anything.

20. Tiredness or Fatigue
- 0 I am no more tired or fatigued than usual.
- 1 I get more tired or fatigued more easily than usual.
- 2 I am too tired or fatigued to do a lot of the things I used to do.
- 3 I am too tired or fatigued to do most of the things I used to do.

21. Loss of Interest in Sex
- 0 I have not noticed any recent change in my interest in sex.
- 1 I am less interested in sex than I used to be.
- 2 I am much less interested in sex now.
- 3 I have lost interest in sex completely.

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Subtotal Page 2
Subtotal Page 1
Total Score

NR15645

Beck Anxiety Inventory

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

	Not At All	Mildly but it didn't bother me much.	Moderately - it wasn't pleasant at times	Severely – it bothered me a lot
Numbness or tingling	0	1	2	3
Feeling hot	0	1	2	3
Wobbliness in legs	0	1	2	3
Unable to relax	0	1	2	3
Fear of worst happening	0	1	2	3
Dizzy or lightheaded	0	1	2	3
Heart pounding/racing	0	1	2	3
Unsteady	0	1	2	3
Terrified or afraid	0	1	2	3
Nervous	0	1	2	3
Feeling of choking	0	1	2	3
Hands trembling	0	1	2	3
Shaky / unsteady	0	1	2	3
Fear of losing control	0	1	2	3
Difficulty in breathing	0	1	2	3
Fear of dying	0	1	2	3
Scared	0	1	2	3
Indigestion	0	1	2	3
Faint / lightheaded	0	1	2	3
Face flushed	0	1	2	3
Hot/cold sweats	0	1	2	3
Column Sum				

Scoring - Sum each column. Then sum the column totals to achieve a grand score. Write that score here _____ .

Interpretation

A grand sum between **0 – 21** indicates very low anxiety. That is usually a good thing. However, it is possible that you might be unrealistic in either your assessment which would be denial or that you have learned to "mask" the symptoms commonly associated with anxiety. Too little "anxiety" could indicate that you are detached from yourself, others, or your environment.

A grand sum between **22 – 35** indicates moderate anxiety. Your body is trying to tell you something. Look for patterns as to when and why you experience the symptoms described above. For example, if it occurs prior to public speaking and your job requires a lot of presentations you may want to find ways to calm yourself before speaking or let others do some of the presentations. You may have some conflict issues that need to be resolved. Clearly, it is not "panic" time but you want to find ways to manage the stress you feel.

A grand sum that **exceeds 36** is a potential cause for concern. Again, look for patterns or times when you tend to feel the symptoms you have circled. Persistent and high anxiety is not a sign of personal weakness or failure. It is, however, something that needs to be proactively treated or there could be significant impacts to you mentally and physically. You may want to consult a counselor if the feelings persist.

Data Abstraction Tool

Dependent Variables

1. Reunification Status:

Reunification: (0) No Reunification: (1)

Child Removal Date: _____ Reunification Date: _____

Independent Variables

2. Parent Information:

Dependent Variables (move to top with DV's?)

3. **Survey Results of Psychological Health Testing in Self-Reported Adult Children from Domestic Violence Homes:**

Trauma:	Mild (0)	Moderate (1)	Severe (2)	None (3)
Depression:	Mild (0)	Moderate (1)	Severe (2)	None (3)
Anxiety:	Mild (0)	Moderate (1)	Severe (2)	None (3)

4. **Survey Results of Opinions Regarding the Intervention Received in Self Reported Adult Children From Domestic Violence Homes:**

00. If you and/or your family voluntarily sought help for domestic violence, what was the outcome, and what was most beneficial and least beneficial about the help received?

00. If you and/or your family were forced to seek help for domestic violence, how were you forced, what was the outcome, and what was most beneficial and least beneficial about the help received?

APPENDIX B

QUALITATIVE QUESTIONS

Qualitative Questions for Survey

00. If you and/or your family voluntarily sought help for domestic violence, what was the outcome and what was most beneficial and least beneficial about the help received?

_____

_____

_____

_____

_____

00. If you and/or your family were forced to seek help for domestic violence, how were you forced, what was the outcome and what was most beneficial and least beneficial about the help received?

_____

_____

_____

_____

_____

APPENDIX C

CASE DATA ABSTRACTION TOOL

Item Booklet

John Briere, PhD

Please read all of these instructions carefully before beginning. Mark all of your answers on the accompanying answer sheet and write only where indicated. DO NOT write in this item booklet.

On the answer sheet, please write your ~~name,~~ the date, your age, your sex, and your race in the spaces provided.

This questionnaire contains 100 items describing experiences that may or may not have happened to you. Please circle the one answer that best indicates how often each of the following experiences have happened to you **in the last 6 months**.

Circle 0 if your answer is NEVER; it has not happened at all in the last 6 months.	(0) 1 2 3
Circle 1 or 2 if it has happened in the last 6 months, but has not happened often.	0 (1) 2 3
	0 1 (2) 3
Circle 3 if your answer is OFTEN; it has happened often in the last 6 months.	0 1 2 (3)

If you make a mistake or change your mind, **DO NOT ERASE!** Make an "X" through the incorrect response and then draw a circle around the correct response.

Please answer each item as honestly as you can. Be sure to answer every item. You can take as much time as you need to finish the TSI.

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0	1	2	3
Never			Often

In the last 6 months, how often have you experienced:

1. Nightmares or bad dreams
2. Trying to forget about a bad time in your life
3. Irritability
4. Stopping yourself from thinking about the past
5. Getting angry about something that wasn't very important
6. Feeling empty inside
7. Sadness
8. Flashbacks (sudden memories or images of upsetting things)
9. Not being satisfied with your sex life
10. Feeling like you were outside of your body
11. Lower back pain
12. Sudden disturbing memories when you were not expecting them
13. Wanting to cry
14. Not feeling happy
15. Becoming angry for little or no reason
16. Feeling like you don't know who you really are
17. Feeling depressed
18. Having sex with someone you hardly knew
19. Thoughts or fantasies about hurting someone
20. Your mind going blank
21. Fainting
22. Periods of trembling or shaking
23. Pushing painful memories out of your mind
24. Not understanding why you did something
25. Threatening or attempting suicide
26. Feeling like you were watching yourself from far away
27. Feeling tense or "on edge"
28. Getting into trouble because of sex
29. Not feeling like your real self
30. Wishing you were dead
31. Worrying about things
32. Not being sure of what you want in life
33. Bad thoughts or feelings during sex
34. Being easily annoyed by other people
35. Starting arguments or picking fights to get your anger out

2

0	1	2	3
Never			Often

In the last 6 months, how often have you experienced:

36. Having sex or being sexual to keep from feeling lonely or sad
37. Getting angry when you didn't want to
38. Not being able to feel your emotions
39. Confusion about your sexual feelings
40. Using drugs other than marijuana
41. Feeling jumpy
42. Absent-mindedness
43. Feeling paralyzed for minutes at a time
44. Needing other people to tell you what to do
45. Yelling or telling people off when you felt you shouldn't have
46. Flirting or "coming on" to someone to get attention
47. Sexual thoughts or feelings when you thought you shouldn't have them
48. Intentionally hurting yourself (for example, by scratching, cutting, or burning) even though you weren't trying to commit suicide
49. Aches and pains
50. Sexual fantasies about being dominated or overpowered
51. High anxiety
52. Problems in your sexual relations with another person
53. Wishing you had more money
54. Nervousness
55. Getting confused about what you thought or believed
56. Feeling tired
57. Feeling mad or angry inside
58. Getting into trouble because of your drinking
59. Staying away from certain people or places because they reminded you of something
60. One side of your body going numb
61. Wishing you could stop thinking about sex
62. Suddenly remembering something upsetting from your past
63. Wanting to hit someone or something
64. Feeling hopeless
65. Hearing someone talk to you who wasn't really there
66. Suddenly being reminded of something bad
67. Trying to block out certain memories
68. Sexual problems
69. Using sex to feel powerful or important
70. Violent dreams

0	1	2	3
Never			Often

In the last 6 months, how often have you experienced:

71. Acting "sexy" even though you didn't really want sex
72. Just for a moment, seeing or hearing something upsetting that happened earlier in your life
73. Using sex to get love or attention
74. Frightening or upsetting thoughts popping into your mind
75. Getting your own feelings mixed up with someone else's
76. Wanting to have sex with someone who you knew was bad for you
77. Feeling ashamed about your sexual feelings or behavior
78. Trying to keep from being alone
79. Losing your sense of taste
80. Your feelings or thoughts changing when you were with other people
81. Having sex that had to be kept a secret from other people
82. Worrying that someone is trying to steal your ideas
83. Not letting yourself feel bad about the past
84. Feeling like things weren't real
85. Feeling like you were in a dream
86. Not eating or sleeping for 2 or more days
87. Trying not to have any feelings about something that once hurt you
88. Daydreaming
89. Trying not to think or talk about things in your life that were painful
90. Feeling like life wasn't worth living
91. Being startled or frightened by sudden noises
92. Seeing people from the spirit world
93. Trouble controlling your temper
94. Being easily influenced by others
95. Wishing you didn't have any sexual feelings
96. Wanting to set fire to a public building
97. Feeling afraid you might die or be injured
98. Feeling so depressed that you avoided people
99. Thinking that someone was reading your mind
100. Feeling worthless

4

APPENDIX D

PARTICIPANT FLYER

DOMESTIC VIOLENCE SURVEY

Investigators: Graduate Students-Social Work

Restrictions: This study is restricted to persons from 'domestic violence home' past or present. Please be assured that ALL responses are STRICTLY CONFIDENTIAL and will adhere to the ***ethical standards*** of the National Association of Social Workers and the American Psychological Association.
Open to all students who are *18+ years or older.*

Description: Participant will complete surveys and short questionnaire

Duration: 30-45 minutes
Surveys may also be obtained by contacting researchers at one of the emails listed below and returned in a sealed envelope via inter-campus mail or by attending one of the sessions listed below.

Location: Social and Behavioral Sciences Building Conference Room 402A (4th floor)

Date: January 30 & 31 and February 1,4, and 5, 2008

Time: 8:00 a.m. to 11:00 a.m. and 5:00 p.m. to 7:00 p.m.

Extra Credit: Psychology students may be eligible for extra credit as determined by individual instructors. Extra credit slips will be given at the time of survey.

Contact: diamond@csusb.edu or hannigag@csusb.edu

APPENDIX E

INFORMED CONSENT

INFORMED CONSENT

The study in which you are being asked to participate is designed to investigate family and personal intervention outcomes for families of domestic violence. This study is being conducted by Donna Diamond and Geneva Hannigan under the supervision of Dr. Rosemary McCaslin, Department of Social Work at California State University, San Bernardino. This study has been approved by the Department of Social Work Sub-Committee of the Institutional Review Board of California State University, San Bernardino.

In this study you will be asked to complete a two part survey. The first part is a short socio-demographic questionnaire. In the second part you will be asked to respond to several questions pertaining to domestic violence, including your role, experiences, feelings and opinion related to family domestic violence as a child, and/or adult. You will also be asked to write two brief statements related to any form(s) of intervention or therapy, that you or your family participated in related to your experience with domestic violence.

The questionnaire should take about 45-60 minutes to complete. All of your responses will be anonymous. Your name will not be recorded or reported with your responses. All data will be reported in group form only and will be destroyed once the data have been analyzed. You may receive the group results of this study upon completion on September 30th, 2008 at the following address location:

California State University San Bernardino
5500 University Parkway
San Bernardino, CA 92407-2397
Pfau Library

Your participation in this research study is totally voluntary. You are free not to answer any question and withdraw at any time during this study without penalty. When you have completed the questionnaire you will receive a debriefing statement describing the study in more detail. If you are a psychology student and your instructor has authorized extra credit for participating, you will receive a slip for ____ units of extra credit. Potential benefits of this study include improvements and revisions of existing domestic violence interventions to produce more favorable outcomes.

Although there are no foreseeable risks to you associated with participating in this study, the attached debriefing statement has the name and phone number of whom you may contact to help discuss any concerns you may experience from answering this questionnaire.

If you have any questions or concerns about this study, please feel free to contact Dr. Rosemary McCaslin at (909) 537-5507.

By placing a check mark in the box below, I acknowledge that I have been informed of, and that I understand, the nature and purpose of this study, and I freely consent to participate. I also acknowledge that I am "At Least 18 Years of Age".

Place a check mark here ☐ **Today's date:** _____

APPENDIX F

DEBRIEFING STATEMENT

Debriefing Statement

The study you have just completed was designed to investigate counseling outcomes with families that have experienced domestic violence. The outcomes of families that seek and choose some form of therapy often varies from families that are required to participate in an intervention program. We are highly interested in comparing the successfulness between voluntary and involuntary interventions and the overall effects each may contribute to family preservation and the psychological and emotional well-being of family members. Additionally, if outcome differences do exist, we are interested in knowing why and to what degree.

Thank you for your participation in this study. If you have any concerns about this study, please contact Dr. Rosemary McCaslin at (909) 537-5507. If you are interested in learning about the group results of this study, please contact the PFAU Library after September 2008.

If you have experienced any concerns by participating in this study, please contact the CSUSB counseling center at (909) 537-5040.

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ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

   Assigned Leader: Geneva Hannigan

   Assisted By: Donna Diamond

2. Data Entry and Analysis:

   Team Effort: Geneva Hannigan & Donna Diamond

3. Writing Report and Presentation of Findings:

   a. Introduction and Literature

      Team Effort: Geneva Hannigan & Donna Diamond

   b. Methods

      Team Effort: Geneva Hannigan & Donna Diamond

   c. Results

      Team Effort: Geneva Hannigan & Donna Diamond

   d. Discussion

      Team Effort: Geneva Hannigan & Donna Diamond