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Running head: DOMESTIC VIOLENCE COURT INTERVENTION PROJECT

Domestic Violence Court Intervention Project

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Wendy Jones

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Abstract

This research study examines the effectiveness of two domestic violence interventions to increase shelter use among women in a court advocacy program in upstate New York. The study found a significant advantage to offering a brief counseling component during an intervention, as opposed to only handing out an agency brochure and verbalizing shelter services to participants. Through qualitative inquiry rooted in Grounded Theory, the study accesses the impact of the criminal justice setting, direct observation, and the unstructured interview in acquiring pertinent screening information from victims. The study also uses Prochaska and DiClemente's (1982) "Stages of Change" to better gauge the readiness of each victim to make substantial and lasting changes in their relationship with the abuser. The study uncovered three potential areas for future research such as expanding service options for those victims who are not ready or willing to extricate themselves from the abuser. Second, preventing domestic violence earlier by directing preventative programs at children. Third, expanding what domestic violence workers look for during the screening process to measure the feasibility of including both family systems in the treatment plan especially if children are involved.

Domestic Violence Court Intervention Project

Literature Review

Much of the current research on domestic violence focuses on the problem of male perpetrated violence against women. Researchers continue to explore the answers to significant questions such as, How do we identify victims of domestic violence more accurately? When are women more amenable to intervention? Also, what type of interventions are more effective in safely extricating women from the violence, and reducing recidivism? Gauthier and Levendosky (1996) state "It is not possible to remain neutral about violence in relationships and to do so is unethical" (p. 412). The American violence epidemic has effectively and efficiently found its way from the streets of America, into the homes of America. The luxury of being complacent about domestic violence can cost lives.

Battery is the major cause of injury to women aged 14-45 causing more injuries than auto accidents, muggings, and rapes combined (Flitcraft & Stark, 1998). One half of reported domestic violence assaults result in serious bodily injury (AMA, 1992). In addition, one fifth of reported domestic violence assaults involved the use of a weapon (Flitcraft & Stark, 1998). Domestic violence statistics show that a significant number of domestic violence cases affect same sex couples, and men abused by female partners. However, male-on-female violence results in greater negative outcomes than any other types of relational violence, especially compared with female-on-male violence (Strauss, 1990). Statistics from the United States Department of Justice (1999) show that women are significantly more likely than men to be killed by an intimate partner. Women are also disproportionately victims of domestic violence and men are disproportionately the perpetrators (Browne & Williams, 1993). Regional surveys

support increased rates of domestic violence against women compared to men. In a sample of 3,604 respondents from the State of Washington (2000) researchers found that 23.6% of women reported experiencing domestic violence incidents compared with 7.5% of men (Washington State Department of Health, 2000). The largest most recent population survey in the United States was the National Violence Against Women Survey, sponsored jointly by the National Institute of Justice, and the Centers for Disease Control and Prevention (Tjaden & Thoennes, 2000a). Researchers found that a lifetime of prevalence of physical assault and/or rape at the hands of an adult intimate partner was 25% for women and 7.6% for men (Tjaden & Thoennes, 2000b).

Findings also showed that intimate partner violence against women was more often accompanied by emotional abuse and controlling behaviors than intimate violence against men. In addition, 45% of women versus 20% of men reported fear of serious injury or death at the hands of an intimate partner. Women sustained injury, required medical treatment, were hospitalized, sought mental health treatment, lost work time, reported domestic violence to the police, and obtained protection orders at a greater rate than did men (Tjaden & Thoennes, 2000b). Of all female victims of homicide in the U.S. 30% are killed by husbands or boyfriends, a total of almost 1,400 women each year. In addition, a woman in the United States is beaten by her husband or boyfriend every nine seconds (Flitcraft & Stark, 1998). In light of the prevalence of male domestic violence perpetrated against women by men, this study will focus on domestic violence perpetrated by men against women.

Definition of Terms

Walker (1979) defined battered women as those who suffer from physical, sexual, or

psychological abuse that is afflicted by someone with whom they are in an intimate relationship (p. 69). Other definitions of domestic violence are usually worded broadly enough to encompass a wide pattern of behavior such as threats, coercion, intimidation, and manipulation (Walker, 1979). Law enforcement more narrowly defines it as A an act by a member of a family against another member that is intended to result in physical harm, bodily assault, or a threat that reasonably places the member in fear of physical harm (Texas Department of Public Safety, 1998, p. 47). Many practitioners use the terms ADomestic Violence@ and ADomestic Abuse@ interchangeably (Walker, 1979). Domestic violence is physically and sexually abusive acts perpetrated against a woman by an intimate partner. These acts include, but are not limited to, threats of violence or acts of violence such as hitting, kicking, or other physical harm or forcing a woman to engage in sexual activity by use of physical coercion (Campbell & Samuelson, 2005).

Distinguishing between physical abuse as an act or acts and battering as a pattern is critical for effective treatment. Different types of abuse typically are indicative of different types of batterers and thus necessitate different types of treatment (Campbell & Samuelson, 2005). Physical abuse may occur primarily as an expression of emotion (e.g., anger, jealousy, fear) or it may occur with the intention of controlling and intimidating (i.e., instrumental violence), in which case it would be considered battering. Battering is most often perpetrated by men in an effort to control and/or punish and is usually accompanied by not only physical abuse but also emotional abuse (Campbell & Samuelson, 2005). The New York State Office for the Prevention of Domestic Violence (2000) explains that domestic violence is also perpetuated by the use of psychological and emotional control. The spectrum of these behaviors may include but are not limited to, constant criticism, verbal threats, over-protective behavior, excessive jealousy, or

undermining a woman's abilities as a wife, partner, or mother. This may also include exerting economic control over a woman by denying her access to bank accounts, credit cards, or cash. It may also include denying her access to a job, car, family, and friends (Jacobson, 1994). Research on same sex domestic violence, and female on male domestic violence is limited and will hopefully increase as social awareness broadens. In light of the prevalence of male on female domestic violence, this study will focus on this particular type of domestic violence.

Theoretical Beginnings

Strategies for fighting domestic violence have evolved as theoretical conceptualizations explaining domestic violence have changed (Herman, 1992). At one point in time, it was not only acceptable for a man to beat his wife, but highly expected (Campbell & Samuelson, 2005). It has only been in the last twenty years that women being beaten by their husbands have been widely considered an abhorrent, vicious, and violent assault against another human being in short-morally wrong (Herman, 1992). For almost two decades, the major explanations and treatment models for partner abuse have been based on social learning theory and feminist theory (Lawson, 2003). These models have focused almost exclusively on male to female violence with most explanations for female to male violence emphasizing the defensive nature of the violence (Strauss, 1990). From a social learning theory perspective, partner abuse is learned through observing that relational violence is effective in resolving conflicts and for maintaining control over a partner (Bandura, 1979).

Early theorists virtually ignored the fact that most victimization occurred without active collusion from the victim and when it did occur, it was self protective in nature (Evan & Flitcraft, 1998). Theorists portrayed a deep lack of appreciation for the impact of social roles and social

expectations pertaining to violence (Myers, 1995). Later Theorists e.g. Hindelang, Gottfredson, & Garofalo (1980) argued that >situational lifestyle factors= entered into the situation by explaining most victimization as simply a matter of being in the wrong place at the wrong time and failed to include social roles and expectations into the equation (Crowell & Burgess, 1996). Right up until the feminist socio-political interventions during the Civil Rights Movement of the 1960's and 1970's, intimate and controlling behaviors of men against women were viewed as no place for the state to legally interfere. Feminism named domestic violence and made its effects public (Knudson & Miller, 1991). Feminism, through its social constructionist stance kept the focus on social-cultural power differentials, most notably learned gender roles, economics, and reproduction issues. This latter focus on power differentials between men and women led to the successful drive to provide political and legal remedies against the batterer perpetrating the abuse (Roberts, 1999).

More recently, Knudten (1989) brought domestic violence theory more into line with feminist and social constructionist theory. This theorist listed numerous issues that are directly relevant to the situation of the battered woman. He concluded that: (a) violations of any sort are defined in terms of power over another (b) victims are perceived as culturally weak and easy targets, and should therefore not be blamed for their victimization (c) this requires time, emotional growth, and healing which will occur at different rates for different people. During the past twenty years, the social science and criminal justice fields have developed a multitude of interventions designed to deter abuse and rehabilitate abusers so they will not abuse again (Blocker & Wingfield, 1998). Central to these interventions has been the increasing role of the justice system to enforce laws that regard the use of violence against one=s intimate partner as a

criminal act. Thus, domestic violence is now viewed as not only a social problem, but also as a criminal justice problem (Zorza, 1992). This study will expand on this theory by using the criminal justice system as a catalyst for leading women into more comprehensive domestic violence services and treatments.

Domestic Violence Screening

Ineffective Screening Practices

Screening is understood as a shared and ongoing experience between the therapist and client and is integral to competent treatment (Waltz, 1995). However, many studies reflect a dismal outlook on the current state of domestic violence screening. The transition of domestic violence into the criminal courts has made effective screening of victims crucial for effective criminal prosecution (Gettelman, 2005). Many screening practices miss crucial identifying information (Weaver, 1998). In addition, many methods for effectively identifying domestic violence victims have been skewed by unqualified and ineffective practitioners (McCloskey & Grigsby, 2005). Several studies have examined domestic abuse screening practices and found that counselors lack knowledge or minimize potentially dangerous situations (Waltz, 1995). Cervantes, Harway & Hansen (1991), and Hansen and Harway (1993) conducted two mail surveys to determine counselors' domestic violence assessment knowledge. Via written case vignettes, counselors were asked to identify (a) the presence of serious violence (b) the immediate victim protection needs and (c) the intervention focus. Forty percent of responding counselors failed to address clearly depicted serious violence; the remaining respondents minimized the severity of the violence.

The second study by Harway and Hansen (1993) included an actual case vignette that

resulted in a domestic violence homicide. These findings supported speculation that counselors lacked domestic violence screening and intervention knowledge. Several studies have shown that ineffective screening and assessment is not limited to counselors. Studies have shown that a vast number of other delivery systems such as medical facilities, mental health facilities, and colleges which typically have the capacity to see a great number of women who are domestically abused fall short as well (Waltz, 1995). O'Leary and Murphy (1992) found that a majority of the 400 respondents (79%) only routinely screened women for domestic violence only if they presented with some evidence of injury. Fewer than 10% reported that they routinely screened their new patients. They also reported a lack of effective and appropriate intimate partner violence screening was striking among physicians, dentists, and nurses located in a Texas border community. Failure to screen was due to a generalized lack of understanding or education about the issue, as well as the lack of standardized routine screening tools (Solomon, 1995).

There is also evidence in the literature that in many cases a verbal assessment may not be sufficient to ascertain if domestic violence has occurred (Weaver, 1998). There is substantial evidence that screenings which rely on the victim's disclosure of domestic violence can be equally as ineffective (Weaver, 1998). It is often the case that given a victim's current situation and the paralyzing fear which she may be experiencing, that a client may find it difficult to raise the subject on her own (Weaver, Chu, Grob & Eisen, 1991). Two additional studies Weaver (1998) and (Weaver et. al (1991) found that the methods and wording used to assess the experiences of domestic violence in women, directly affected the reported frequency of violence detection. Detection increases when abused women are asked behaviorally specific questions (e.g. punched, kicked) rather than questions that label events (e.g. abuse, rape). Dill, Chu, Grob

& Eisen, (1991) also found that a written self report format was twice as likely to elicit reports of domestic violence, as was a verbal questioning format. It has also been shown that clients tend to self disclose painful and sometimes shameful material at a greater rate during face to face interviews than on paper and pencil questionnaires (Basta, Tan, & Sullivan, 1992).

Even though there are valid short term screening tools available for health care providers (e.g., Sherin, Sinacore, Xiao-Qiang, Zitter, & Shakil, 1998) the literature shows they are consistently not used. (Glick, Johnson, & Pham, 1998) surveyed 365 public and community-based agencies regarding their screening practices for domestic violence. This sample included hospital emergency rooms, public and community based medical clinics, counseling services, services for special populations (seniors, women, children, ethnic groups, gay/lesbians, and persons with disabilities, and domestic violence services. They found that 36% of the agencies in the sample had no protocols in place for screening women for domestic violence. Furthermore, 49% of the agencies reported that they did not routinely ask women about involvement in domestic violence. It is safe to conclude through the literature that there is a lack of effective screening protocols in many delivery systems.

Effective Screening Practices

Effective screening of domestic violence victims is crucial to developing effective domestic violence interventions (Waltz, 1995). There is a generalized consistency in the literature about what constitutes effective screening. The primary element should include an assessment of the victim=s current level of safety (Campbell & Samuelson, 2005). Safety assessment is fundamental to domestic violence screening, thus the term *threat of violence* is given equal weight as actual violence (Campbell & Samuelson, 2005). Even if threats do not

escalate into physical violence, they are emotionally abusive and greatly affect a woman=s perception of risk and safety (Campbell & Samuelson, 2005).

A lethality assessment provides a conceptual way for the therapist to determine, in aggregate, the lethality of the batterer on the basis of information obtained from the victim and any additional sources (Campbell & Samuelson, 2005). This assessment is grouped into six content areas: (a) severity of violence, (b) obsessive and stalking behaviors, (c) psychological risk factors, (d) other criminal behaviors, (e) failure of past interventions, and (f) other. A predominance of risk factors should help the therapist determine the severity of the situation and the urgency with which she or he must act (McCloskey & Grigsby). In addition, safety planning is a crucial element in helping a client plan for anticipated danger and violence. An individual plan identifies barriers to safety within the client=s environment (McCloskey & Grigsby). These may include a hidden cell phone, extra set of car keys, a bank account separate from the abuser, escape routes, and identifiable phrases that signal to children to exit the house.

Current literature points to the effectiveness of brief screening tools to effectively measure physical and psychological abuse (O=Leary, 1999). The most widely used instruments are the Conflict Tactics Scale (CTS) developed by Strauss (1979) and the Index of Spouse Abuse (ISA; Hudson & McIntosh, 1981); however, more recently, the Partner Violence Screen (PVS; Feldhaus, Koziol-Martin, Amsbury, Norton, Abbot & Lowenstein, 1997). This instrument has proven useful in screening. The length of the PVS directly addresses concern that there is too little time during the intake to screen for domestic violence. The PVS is short and takes 20 seconds to administer. When tested in an emergency room setting, prevalence rates for detection of domestic abuse using the CTS and the ISA were 24.3% and 27.4% respectively. The

prevalence rate for the PVS was 29.5%. In fact, the first question alone detected nearly as many victims as did the entire PVS (Feldhaus et al., 1997). The first question addresses physical assault, and the remaining two address a woman's perception of her level of safety. Women are asked the following questions: "Have you been hit, kicked, punched, or otherwise hurt by someone within the past year? If so, by whom?" "Do you feel safe in your current relationship?" and "is there a partner from a previous relationship who is making you feel unsafe now?" (Feldhaus et al., 1997, p.1358).

Fraser and McCloskey, (1997) offer another effective screening tool. It is the Mental Research Institute (MRI) Brief Therapy Stance. It is constructed through feminist theory and shares a common heritage of social constructionist. The MRI approach focuses on shared assumptions over "facts." In terms of direct, detailed feminist MRI application with battered women, the initial contact is crucial. At first contact, an effort is made to match the woman's language, viewpoints, and realities. The most effective technique is the overall stance and tone of the professional. The victim is perfectly justified in seeing no solutions, no way out, and feeling crazy and hopeless. Normalizing her experience gives her immediate relief. Secondary, is assessing her present level of safety (Fraser & McCloskey, 1997). This model makes use of collaborative problem solving and helping the client see solutions. Other brief therapies overly depend on solution "clarification" and "amplification" (Fraser & McCloskey, 1997). Most theorists assume that if the problem can be explicitly described, and exceptions to the problem can be identified, then the solution is to "do more of what is already working." In MRI, the professional enters into the woman's world view mindful that we influence clients whether we wish to or not (Fraser & McCloskey, 1997). Most of the current screening tools rely heavily on

client=s recall and verbal disclosure. There is significant research which verifies the importance of framing questions in a way that will assist in identifying domestic violence victims (Fraser & McCloskey, 1997). This study recognizes that there are problems with the frequency and accuracy of client disclosure, therefore, the study does not rely on it to assess if domestic violence has occurred. In the ABW Project there is little question whether domestic violence has occurred since women have already initiated domestic violence court interventions.

Domestic Violence Barriers to Leaving

The process of becoming violence free is extensive and contains many barriers. The process is often difficult and time consuming (Davis, 1994). Domestic violence barriers remain an area that has historically received very little research. There is still a prevailing myth that battered women could simply leave the abusive relationship if they wanted to (Davis,1994). This assumption not only ignores the many structural obstacles preventing women from leaving abusive partners, it also ignores the fact that many women do in fact leave their assailants, sometimes only to be beaten more severely or killed (Mahoney, 1991; Stark & Flitcraft, 1988). Wauchope (1988) suggested that individuals may act in a specific way to avoid potential catastrophes. Therefore, it could be that a victim may choose to remain in an abusive relationship in order to avoid possible punishing consequences associated with leaving that could be worse than the abuse itself. Leaving an abusive relationship may be punished in a number of ways.

A recent study conducted by Quick (1996) found that nearly three quarters of the women assaulted by their partners after leaving the relationship experienced severe physical abuse. The victim=s social system may also criticize the victim for leaving, which may function as a punisher

(Quick, 1996). This increased risk adds an additional barrier, and also ignores the religious and

cultural pressures many women face when making relationship decisions. (Quick, 1996).

Community Support and Advocacy

Several studies have found that both isolation and ineffective community responses to domestic violence contribute to a woman=s increased risk of abuse by partners and ex partners (Aguirre, 1985; Barnett & LaViolette, 1993; Crowell & Burgess, 1996; Greaves, Hepy & Wylie, 1988). Bybee & Sullivan (1999) conducted an intensive community-based advocacy intervention by assigning 278 battered women to an experimental or control condition. Participants were interviewed 6 times over a period of two years. The 10 week post shelter intervention involved training advocates to work 1-on-1 with women, helping generate and access the community resources they needed to reduce their risk of future violence from their abusive partners. Women who worked with advocates experienced less violence over time and reported higher quality of life and social support, and had less difficulty obtaining community resources. More than twice as many women receiving advocacy services experienced no violence across the two years post intervention compared with women who did not receive such services (Berjns, Gortner, Jacobson, Gottman, 1997).

Contrary to one prevailing view of battered women as dependent victims, there is ample empirical evidence that many women with abusive partners are active help seekers, fighting for their survival in the face of numerous obstacles. One comprehensive study of over 6,000 women from different shelters found that the women had made an average of six prior help seeking efforts (Gondolf, 1988). Wauchope=s (1988) nationally representative sample of 3,665 women found that two thirds of those battered had sought help at least once from friends, relatives, or

formal agencies within their communities. Three factors appear to influence the decision of

women to seek outside help to end the violence they are experiencing: the severity of the abuse, the number of resources a woman possesses, and the belief that such efforts will be successful (Sullivan et. al, 1992). Studies show that advocacy is a positive factor in helping women overcome domestic violence barriers. This study utilizes a trained counselor in the role of advocate to assist women in accessing community resources.

Criminal Justice Interventions

Criminal justice interventions promote separation and sanctions as a way of controlling domestic violence offenders (Zorza, 1992). The predominant theme in domestic violence interventions is safety, and this safety comes from leaving the abuser. However, most originate with the expectation that absolute safety comes only from leaving the abuser. The majority of therapists who work with victims of domestic violence understand that simply leaving a batterer will not stop violence (Zorza, 1992). 70% of domestic violence has been reported to occur after a woman leaves a relationship (Lewis & Fremoue, 2001). Police are the gatekeepers to the criminal justice system and consequently many interventions hinge on the attitudes of police towards domestic violence (Bazawa, 1988).

The Minneapolis Domestic Violence Experiment is the first study testing the effectiveness of police intervention strategies on domestic violence misdemeanor cases (Fagan, 1996). In this study, police were randomly assigned to arrest the suspect, order the suspect out of the house, or provide advice to the couple. Arrest was found to be the most effective strategy in reducing subsequent police involvement. Replication studies in five communities had mixed results leading to the conclusion that arrest per se would not stop subsequent assaults (Sherman,

1992). Serious unintended consequences can occur as a result of police interventions , including

retaliation against victims by their abusers, and the potential lack of cultural sensitivity to victims and perpetrators. Ford (1991) found that on the scene arrests resulted in higher risks of retaliation compared with warrants for arrest based on victim complaints. Protective orders are civil court orders that prohibit the offender from contacting the victim or their children, using physical abuse and the threat of physical abuse, or damaging personal property of the victim (Wallace, 1996). The order may provide for custody, visitation, support of minor children, and living arrangements (Wilson, 1997). Protective orders are successful in deterring repeated incidents of physical and psychological abuse among offenders who do not have a history of violent crime (Keilitz, Hannaford, & Efkenan, 1988). However, Harrell & Smith (1996) found that 60 percent of women with protective orders reported violations during the year after they were issued. This study takes place directly after a victim has filed an order of protection and is appearing in court for the first or second time to receive the order. This study recognizes that this is statistically one of the most dangerous times for a domestic violence victim. There are few studies which utilize this time period to transition women into the safety of a shelter.

Domestic Violence Shelters

The AShelter Movement@ originated to provide a place of safety for women in abusive relationships. Although the primary purpose of domestic violence shelters is to provide a place of safety for victims, they also provide additional services on the basis of their individual ideology (Krishnan & Hilbert, 1998). Ideology denotes Athe content of thinking characteristics.@ To provide a conceptual understanding of the relationship between ideology of shelters and how the various people within the situation perceive the purpose of shelter use, one can enlist the

definition of the helping situation construct suggested by Chatterjee and Hilbert (1987).

Within this framework, it is possible to envision multiple understandings of any helping situation. Whether one defines the helping situation of a shelter as a (a) place of respite or (b) a place of transition, suggests that the multiple approaches may exist based on the needs of the help seeker and on the role of the services. For some residents, the role or the purpose may be a brief respite from abuse before returning to the relationship. For other women, it may be an opportunity to transition away from the abuse temporarily or permanently. Understanding the needs of clients who indicate what they intend to do when they leave the shelter can help in implementing shelter based programming (Krishnan, Himbert, McNeil & Newman, 2004).

Women in violent relationships can be at risk for their physical well-being, as well their mental and emotional well-being. Besides providing a place of sanctuary and safety to women in abusive relationships, shelters potentially have a direct and unique opportunity to provide solutions that address the complex and extensive problems. Previous research in domestic violence shelters suggest that women who flee from their violent homes often report extreme exhaustion and indicate a need for rest and recuperation.

Purpose of Study

The purpose of this study is to assess the effectiveness of two separate domestic violence interventions to prompt women to utilize the services of a domestic violence shelter. These women will be approached on the day they appear in court to finalize plans to legally serve their abusers with orders of protection. Both interventions will entail a brief oral description of shelter services. However, the second intervention will involve a brief counseling intervention performed by a trained counseling intern. This intervention will seek to gather

information about the woman=s individual story, as well as impart general information about

domestic violence. The intervention will also establish a personal connection between counselor and victim. It is believed that the counseling intervention will prove more effective in empowering women to seek out the services of the shelter. These services include a 24 hour hotline, one on one counseling, support groups, or emergency residential services for a period not to exceed two months.

The interventions will reflect some of the concepts explored in this literature review such as brief screening and assessment protocols, counselor advocacy, use of domestic violence shelter to get transitional support. This study will hopefully lead to greater understanding of domestic violence and answer some of the following questions: Do interventions with a counseling component increase the likelihood that a victim will seek out additional services? Are women who file for orders of protection more susceptible to seeking out the services of a domestic violence shelter? Are court interventions more effective in increasing participation in domestic violence shelters? Answers to these question will help move the understanding of domestic violence forward.

Method

This method session is divided into 6 primary categories and 17 sub categories. First, an analysis of the research methodology utilized in this study is presented. This includes an examination of the advantages and disadvantages of using this particular method for this study. Second, the project overview and setting are discussed. Third, the process used for obtaining project participants is explained, with an emphasis on purposeful sampling, and maximum variation sampling. Fourth, the researcher as the primary instrument is detailed including their

role and qualifications. Fifth, the process of data collection and analysis for the study are

explained. This explanation includes direct observation, interviewing, coding and categorizing.

Sixth, methods for establishing study trustworthiness through credibility, transferability, and dependability.

Research Methodology

This project utilized quantitative and qualitative research to gain insights that neither type of analysis could provide alone. A strong emphasis was placed on qualitative research rooted in Grounded Theory. Qualitative research consists of a set of interpretive material practices that paint an individual picture of those being studied (Kirk & Miller, 1986). The ability of qualitative research data to more fully describe a phenomenon is an important consideration not only from the researcher=s perspective, but from the reader=s perspective as well. Lincoln and Guba suggested that "If you want people to understand better than they otherwise might, provide them information in the form in which they usually experience it." The subjective and ambiguous nature of interpreting the experiences of victims of domestic violence, fits well within the parameters of qualitative research. In addition, measuring the feasibility of an intervention to increase the number of women seeking a particular type of service, benefits from a quantitative analysis.

Grounded Theory developed as a reaction against positive theories which had become more removed from the social phenomena that they were supposed to explain (Strauss, & Corbin, 1990). Grounded Theory was an attempt by humanists to tie social science data more closely to the beliefs and concerns of participants, so that social-science practitioners would find in theory a more congenial guide to the problems of practice (Strauss & Corbin, 1990). Grounded Theory is

concerned with or largely influenced by emic understandings of the world. It utilizes categories

drawn from respondents themselves and tends to focus on making implicit belief systems more explicit (Strauss, Anselm & Corbin, 1990).

The theory fits well within the constructs of this project for a number of reasons. First, a major tenet of Grounded Theory is that data does not have to be literally textual. Data can be informally obtained by direct observation, conversation, and interviews (Glaser & Strauss, 1967). The informal counseling and direct observation component of this study offers a vast array of information in which to begin the process of theory development. Second, domestic violence as an area of study is still in an infancy stage. Grounded Theory places a high emphasis on theory as process; that is, theory as an ever-developing entity, not as a perfected product (Strauss, Anselm & Corbin, 1990). Concrete domestic violence theory is limited and open to inquiry. Third, the ambiguous nature of the domestic violence population means that strict adherence to time and number restrictions can be a detriment to obtaining research information. Grounded Theory researchers are never sure at the beginning of the study how many groups or situations they will need to compare (Strauss, Anselm & Corbin, 1990). Grounded Theory is compatible with the often unpredictable nature of the criminal justice system, and domestic violence victims and their perpetrators. The absence of outcome studies of interventions with abused women reflects the unique characteristics of domestic violence service delivery. Much service delivery is provided within a refuge context, where women arrive in crisis and may stay for varying periods of time. In this context, services need to be very flexible and responsive to the woman=s situation (Gelles, 1979).

Fourth, Strauss and Corbin (1990) argued that Aqualitative methods can be used to obtain

the intricate details about phenomena such as feelings, thought processes, and emotions that are difficult to extract or learn about through more conventional research methods. Fifth, this project uses both quantitative and qualitative data. Therefore, Grounded Theory techniques can be used for analytical description or to combine grounded theory with survey research. Glaser and Strauss (1967) contended that the integration of field and survey methods constitutes a new style of research that opens enormous opportunities for improving our social research strategies. Sixth, Grounded Theory is similar to Feminist Theory in its avoidance of theoretical oppression and emphasis on individual empowerment (Heppner & Heppner, 2004). Since domestic violence primarily impacts female victims, these issues are relevant to understanding their experiences.

There are disadvantages to Grounded Theory that are worthy of noting. First, it involves coding, tracking, organizing and synthesizing a large volume of often conflicting data. Making sense out of a vast array of dialogue, behavioral patterns, and inferences is difficult and time consuming. The time constraints of this project have significantly impacted results. More extensive triangulation methods could have been used and compared with more time. Second, this is the student researcher's first qualitative study and many of the characteristics of it were new and unfamiliar. Grounded Theory does not rely on strict adherence to a rigid set of techniques and procedures. A more structured methodology with an emphasis on objective rather than subjective data would have proven a less daunting task than this did. Theory construction can be nebulous and speculative for a novice researcher. Grounded Theory is also a relatively new methodology often with conflicting procedures and analysis. In spite of the obstacles, it has a proven track record of value and credibility in theory construction.

Procedures

The project was implemented in the public safety building of a large city on the east coast. The major function of the facility is to conduct business affecting the safety of the public. It houses the city's family, criminal, drug, and civil courtrooms. It also houses main offices of the Sheriff's Department, City Police, and City Jail. Upon entering the building, all people (with the exception of some exempt employees) must pass personal objects through an x-ray machine. They must also be physically searched by walking through a metal detector. The study was conducted in the secured (locked) waiting area located in the domestic violence section of family court. The waiting room is accessible only to alleged domestic violence victims on the docket who are waiting to appear before the judge. They may bring their children or other support guest. The room is also accessible to court personnel such as judges, deputies, lawyers, law guardians, social workers, and additional support staff. It is necessary to show identification before being buzzed in. Alleged victims are called to appear before the judge by a deputy who physically escorts them into the courtroom. This judge adjudicates domestic violence cases only.

The waiting room is self contained with space for about thirty people. It contains referral information, reading materials, a television with videos, toys, a water tank, and two adjoining offices. The first office is a satellite office for the Chances Shelter. It has one full time employee, and a number of volunteers. Their major function is to accompany clients into court if they would like, and to explain the court process. The second office is for lawyers, shelter staff, law guardians, and DSS workers to privately meet with clients. This room was also used for study participants who wished to be a part of the study and speak to the researcher privately.

The study consisted of two, six-week domestic violence interventions. They were

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scheduled to run consecutively with a two-week gap in between each. The intent was to assess the effectiveness of each intervention to increase the number of women who transition from this court advocacy program, into comprehensive services offered by a residential domestic violence shelter. These services included calling on the 24 hot line, individual counseling, emergency housing, topic focused groups, and community support groups. The shelter will be referred to with the pseudonym of AThe Chances Shelter.® The first intervention utilized a brief interaction between researcher and subject. It was conducted before the subject went into court to see the judge. During this encounter, the researcher approached the subject and introduced herself. She then asked if the participant was a present or past client of the shelter. If they were not, the study proceeded. The researcher explained the process of informed consent and had the subject sign the form if they agreed to participate (See Appendix A). Shelter services were verbally explained to the participant, and an agency brochure was handed to them (See Appendix B). This brochure included a brief additional overview of shelter services. The interaction was cordial, but it was not extensive.

The second intervention involved a more extensive interaction between the researcher and participant. The subject was approached after they had seen the judge. This would ensure that the participant was not late going into court. The researcher introduced herself to the subject and asked if they were a former or present client of the shelter. If they were not, the study proceeded. The researcher explained the study, and informed consent issue (See Appendix C). If the participant agreed to participate, they signed a consent form. The researcher then gave a brief overview of agency services, and gave the participant a handout developed by the researcher and

the shelter manager (See Appendix D). It contained more detailed information about the stages of

grief, and shelter services. The researcher then began the unstructured, brief (15 to 20 minutes) interview. The interview was designed to function as an informal counseling session. It was intended to help the client bond with the researcher and feel heard and understood. The researcher then gave the participant her card with her agency phone number.

Participants

Purposeful Sampling

The dominant strategy for obtaining study participants was purposeful sampling. This methodology seeks information rich cases which can be studied in depth (Patton, 1990). This was useful for distinguishing the uniqueness and mutual patterns of commonalities.

Maximum Variation Sampling

This method captures and describes the central themes or principal outcomes that transcend a great deal of participant variation. It also captures core experiences and central shared aspects or impacts of a program (Patton, 1990). Participants were non-randomly selected from a large reservoir of clients who were involved in seeking orders of protection from a court advocacy program. From January through September of 2005, 748 clients were served. Out of this number 20 received follow up services at the AChances Shelter@ a domestic violence shelter. The goal of the study was to have 20 participants for each of the two interventions for a total of 40. The first intervention ran from January 5, 2006 to February 15, 2006. The second ran from March 1, 2006 to April 15, 2006. There was a two-week time span between interventions to avoid cross contamination.

Instruments

The most predominant method for obtaining data in this study was the effective use of the researcher. Lincoln and Guba (1985) identified the characteristics that make humans the instruments of choice for inquiry. Humans are responsive to environmental cues, and able to interact with the situation; they have the ability to collect information at multiple levels simultaneously; are able to perceive situations holistically; they are able to process data as soon as they become available; they can provide immediate feedback and request verification of data; and they can explore atypical or unexpected responses. The theoretical foundation under which the researcher conducted information was interpretivism and the belief that facts are not discovered by objective investigation but, rather are the social constructions of humans who understand the world through interpretive activity.

The acquisition of knowledge is based on the assumption that the observer and the observed are inseparable (Strauss, Anselm & Corbin, 1990). The concept of Theoretical Sensitivity was adapted by the researcher to provide optimum effectiveness for data collection. Theoretical Sensitivity refers to a personal quality of the researcher. It indicates an awareness of the subtleties of meaning of data. It refers to the attribute of having insight, the ability to give meaning to data, the capacity to understand, and capability to separate the pertinent from that which isn't (Strauss, Anselm & Corbin, 1990). Strauss and Corbin believe that theoretical sensitivity comes from a number of sources, including professional literature, professional and personal experiences.

Qualifications of Researcher

The researcher for this study was a graduate student currently in the last phase of

completing a Master of Science in Counselor Education degree. The researcher placed great

emphasis on demonstrating the major principles of Person Centered Therapy including genuineness, accurate empathy, and unconditional positive regard for participants. The researcher emphasized the skill of listening and allowing the participant to tell their own story. The counseling background of the researcher was seen as an optimum condition for soliciting useful and relevant information.

Data Collection & Analysis

Direct Observation

Observational data was used for the purpose of description of settings, activities, people, and the meanings of what was observed. This style of data collection provided a knowledge of the context in which events occurred, and enabled the researcher to see things that participants themselves are not aware of, or that they are unwilling to discuss (Patton, 1990). A skilled observer is one who is trained in the process of monitoring both verbal and non-verbal cues, and productively uses concrete, unambiguous, and descriptive language. The researcher began by noting affective, cognitive, and behavioral characteristics for each participant. The researcher was able to observe the participant's family (especially children) and its dynamics. It was also useful to observe what type of social network was available to the participant. Also, the researcher was able to speak to those significant individuals in the participant's life to gain more insight.

The participant's dress, speech, and demeanor were all noted by the researcher. By using the Transtheoretical Model of Behavioral Change, the researcher was able to get a better understanding of participants willingness to change the battering relationship (Prochaska & DiClemente, 1982). The first stage is Precontemplation, where a woman may minimize or deny

the source, extent, and consequences of the problem. The second stage is Contemplation which is marked by ambivalence. The cognitive dissonance between a loving and uncaring abusive relationship begins to grow, accentuated by the batterers inconsistent behavior (Prochaska & DiClemente, 1982). The next stage is Preparation. This is when the victim seeks out the best course of action, and prepares to carry it out. The Action stage is next, and involves confronting trepidations and fortifying efforts and goals of change (Prochaska & DiClemente, 1982). The next is Maintenance which involves making a change. However, it does not guarantee the change will be maintained. The final stage is Termination which means an empowering grasp of self-efficacy, self-confidence, and a positive self image (Prochaska & DiClemente, 1982).

Unstructured Interview

The most crucial form of data collection was gathered through a brief (15 to 20) minute unstructured interview. The information obtained in the initial interview was organized systematically to help identify significant patterns of behavior. Observations were condensed into four broad areas which were cognition, affect, behavior, and physiological functioning. In addition, the client=s readiness for counseling was assessed in terms of the stages of change. The researcher generally began the exchange by introducing herself and asking for permission to sit down. The researcher normally observed participants for a number of moments before approaching them. The conversation generally began by asking the participant some specific questions to assess their comfortable level of engagement. As their comfort level increased, the researcher decreased her questions, or moved to more open ended questions. The main objective of the researcher was to create a mutually engaging relationship where the participant felt comfortable enough to disclose information. The researcher sought information subtly and

unobtrusively. It was understood by the researcher that every piece of information was relevant

and important to the participant. The researcher took special care to uncover the participant's evaluation of their needs. In most cases, the participant gave the researcher their petition which detailed the events leading them here.

Note taking

Notes were not taken during the intervention process to preserve the spontaneity of the moment. However, the researcher did take care to take notes immediately following the session. These included written quotes, thoughts, behaviors, and interpretations.

Coding

The study placed an emphasis on finding emergent themes or variables that transpired through the process of data collection. Responses were coded and categorized to assist in data analysis. The most pervasive responses given by participants were categorized as either (E) or an (I). The E was for external and signified that it was characteristic of an external event that the participant could not control. An (I) signified a characteristic that was more internal and a characteristic of her individual insights. For example, if a participant made a comment that she feared retaliation by the abuser that was given an (E) and an (I). While she cannot control the behavior of her abuser, she can learn ways to lessen her anxiety around this issue. If she made a comment that this situation was having an impact on her sleeping, that was given an (I). It is a characteristic within the realm of her control. This was to help assess her present and future needs. The responses were then added up to get a better understanding of her current issues.

Categories & Core Categories

Categories are higher in level and more abstract than the concepts they represent. They are

generalized through the same analytic process of making comparisons to highlight similarities and

differences that are used to produce lower level concepts. Categories are the *Acornstones* of developing theory. The most frequent and consistent responses were assessed for frequency and similarity. Individual quotes and themes were consolidated to assist in emergent construction. It was anticipated that all of the information together could paint an individual and collective analysis of the groups. Analysis began with the identification from emerging themes extracted from the raw data. The goal was to create descriptive, multi-dimensional categories from which to form the framework for analysis.

Obtaining Trustworthiness

Ethical considerations

Women who have experienced or who are currently experiencing violence are a vulnerable population in terms of victimization status, their compromised physical and mental status, the documented gender bias of the criminal justice system, and the stigmatization that society inflicts on them (Liang, 2003). These factors were considered during the course of this study. Emphasis was placed on protecting the rights and privacy of participants. There were many ethical considerations made while implementing this study. Participation was strictly voluntary and participants were free to exit the study at any time. This was explained to all potential participants. Two informed consent forms were presented to participants depending on which intervention they were in. Study procedures were thoroughly explained along with maintaining the participants privacy and confidentiality. Special considerations were made to ensure that participants had an awareness of the need to have a safety plan for exiting the building, and conducting outside activities.

Credibility

Credibility for this study came less from sample size than on the richness of the information gathered and on the analytical abilities of the researcher (Patton, 1990). Triangulation was used by incorporating a simple quantitative measure. The project sought to ensure that existent reality or interpreted reality stood independent of the inquirer and could be described without distortion. Credibility for the study came from assuming the presence of multiple realities and attempting to represent these adequately. The project was enhanced by following all of the procedures for conducting research in the courts including background checks, references, and court procedures.

Dependability

The use of an inquiry audit was used to help assess dependability for this study. This study was given to the research committee of the AChances Shelter@ to examine both the process and product of research for consistency.

Transferability

The transferability of a working hypothesis to other situations depends on the degree of similarity between the original situation and the situation to which it is transferred. This study cannot specify the transferability of findings; it can only provide sufficient information for others to determine if it is applicable to other situations.

Models of Analysis Used

Paradigm model

This model was used to assist in the analysis and synthesis of information. The model transitions through Causal Conditions, Phenomenon, Context, Intervening Conditions,

Stages of change model

This model was used to assist in the assessment of participants' needs. Since all of the participants were in the Action and Maintenance phase certain generalizations could be used.

Landenburger's theory of domestic violence recovery

This model (1989) was used to help identify client needs and perceptions of their needs. It measures where a woman perceives herself regarding eleven issues commonly experienced by victims of domestic violence. 5 of these concern her relationship with the abuser. They are:

- 1.) Triggers of abusive incidents.
- 2.) Managing partner abuse.
- 3.) Attachment to the abuser.
- 4.) Views of the relationship and options.
- 5.) Managing loyalty to norms and her own beliefs.

Six of the issues concern her as an individual

- 6.) Accessing help.
- 7.) Feelings.
- 8.) Self -Identity
- 9.) Self-efficacy ability to be on her own.
- 10.) Mental health.
- 11.) Medical care for domestic violence injuries and stress.

Results

Quantitative Results

A quantitative assessment was used to verify if the actual number of women using

the shelter increased in one intervention, as opposed to the other. The study concluded with a total number of participants from both interventions of 37. The first had 22 participants who were given a verbal overview and brochure of shelter services. Of these, two followed up for additional services at the shelter. The second intervention had fifteen participants who engaged in the unstructured interview. Out of these, eight followed up with additional services. Out of the 15 participants in the second intervention eight were African American, two were Hispanic, and five were Caucasian. The mean age was 24. Six participants were employed, and nine were not.

Qualitative Results

The Paradigm model was used to assess collected data. The causal condition for the study was the perceived or actual threat of domestic violence. The Phenomenon (Core Category) was defined as increased shelter use. There were also the core categories of safety and behavior change. The context conditions are the criminal justice screening, counseling component, and criminal justice intervention. Action and Intervention Strategies include the identification of participant needs and ability to problem solve through advocacy or self advocacy. Data was organized with the underlying premise that shelter use would increase after four dynamics were satisfied. First, participants were identified as a victim of domestic violence. Second, participants were given information regarding shelter services and objectives. Third, they believed that a domestic violence shelter could meet their needs. Fourth, they were given assistance in uncovering what their immediate and future needs might be. The evidence from this study confirmed the fact that by the time a woman accesses the criminal justice level of intervention, she is well into the Action or Maintenance Stage of change. According to the Prochaska and

DiClemente victims at this stage make the changes for which they have prepared. They may seek

counseling, participate in a support group, or request that their partner seek treatment. A high level of activity marks this stage. The Maintenance Stage is full of adversity as victims fight not to return to the problems behavior. The victim=s readiness for change is a key determinate for seeking help. Change does not necessarily mean leaving the partner. It includes any activity that alters the abusive relationship. All of the participants were seeking orders of protection against an abuser. The majority were seeking temporary orders. Two were not granted orders by the judge because their abuse did not constitute Acriminal behavior.@ Once the interviews ended participant responses were coded and put into categories and core categories from the research notes.

Discussion

Study Conceptualization

This study developed from an analysis of current domestic violence literature. As I researched the issue, I categorized the research into five broad areas which included definition of the problem, extent of the problem, causes of the problem, treatment of the problem, and prevention of the problem. More specific themes and gaps emerged in the literature showing potential areas for more research, and a more comprehensive understanding of this type of abuse. A picture of domestic violence emerged which was drawn by the literature. It showed that domestic violence had taken a dramatic turn by moving into the jurisdiction of the criminal justice system. This philosophical shift meant that domestic violence had evolved into a different phenomenon with changing dynamics and consequences. Domestic violence became more public and more publicly embarrassing for victims. The necessity for finding more efficient and streamlined screening practices, court interventions, and more comprehensive support for victims

anchored this study. The literature showed that battery is the major cause of injury to

women aged 14-45, causing more injuries than auto accidents, muggings, and rapes combined (Flitcraft & Stark, 1998). One half of reported domestic violence assaults result in serious bodily injury (AMA, 1992). In addition, one fifth of domestic violence assaults involved the use of a weapon (Flitcraft & Stark, 1998).

The potential lethality of domestic violence warranted a study which addressed and acknowledged the seriousness of domestic violence first as a crime, and second, as a socially destructive phenomenon. The literature showed that many addressed it as simply a domestic problem. Little was written on the impact of gun availability, children retaliating violently against an abuser, or psychological interventions for men who hate women. Much of the literature revolves around assisting victims who awoke in the middle of the night only to return to an abuser in the morning. This study identified subjects who understood the criminal implications of the violence being perpetrated against them. This was different from many current studies directed at victims who have not yet made the consciousness shift from viewing their domestic partner as an abuser. Many of these victims were even further from making the consciousness shift of viewing their abuser as a criminal. This was the target population of this study. The literature also reflected the fact that women are significantly more likely than men to be killed by an intimate partner. Women are also disproportionately victims of domestic violence and men are disproportionately the perpetrators (Brown & Williams, 1993). Regional surveys support increased rates of domestic violence against women compared to men.

Findings also showed that intimate partner violence against women was more often accompanied by emotional abuse and controlling behaviors than intimate violence against men.

Women sustained injury, required medical treatment, were hospitalized, sought mental health

treatment, lost work time, reported domestic violence to the police, and obtained protection orders at a greater rate than did men (Tjaden & Stark, 1998). It is also evident that women are predominantly the ones left as primary care givers in cases of domestic violence. They are often left financially vulnerable in cases of domestic violence and pushed into poverty. This study used female victims of domestic violence for a number of reasons. They are in more physical danger from violence than their abuser. They are often left as the primary care giver when the relationship ends, and they often blame themselves for the violence rather than the perpetrator.

Identifying victims of domestic violence is a major obstacle in treating domestic violence. One of the biggest motivating factors impacting this study was an overwhelming amount of literature pointing to the ineffectiveness of current domestic violence screening and assessment. The data indicated that screening for victims of domestic violence was often lacking in effectiveness (Weaver, 1998). The transition of domestic violence into the criminal courts has made effective screening of victims crucial for effective criminal prosecution (Gettelman, 2005). Many screening practices miss crucial identifying information (Weaver, 1998). In addition, many screening efforts at identifying domestic violence victims have been skewed by unqualified and ineffective practitioners (McCloskey & Grigsby, 2005). Several studies have examined domestic violence abuse screening practices and found that counselors lack knowledge or minimize potentially dangerous situations (Waltz, 1995). There is also evidence in the literature that in many cases, a verbal assessment may not be significant to ascertain that domestic violence has occurred (Weaver, 1998). There is substantial evidence that screenings which rely on the victim disclosure of domestic violence can be equally as ineffective (Weaver, 1998). This study

addressed this issue by using a method for identifying victims which did not rely on self

disclosure, or ineffective screening protocols. The presence of participants at the intervention location indicated that they were victims of domestic violence, or at least perceived that they were. This study did not require that a participant have injuries, self disclose or not eventually drop charges against their abuser. It only required that they be present in the waiting room on the day of the scheduled intervention.

Since the area of domestic violence is still relatively new, there are many years of research ahead identifying and creating a vehicle for victims to obtain more centralized treatment and prevention services. The literature places the domestic violence shelter as currently the best option for women who are abused. Although the primary purpose of domestic violence shelters is to provide a place of safety for victims, they also provide additional services on the basis of their ideology (Krishman & Hikbert, 1998). Some shelters view leaving the abuser as the only option. Some view them as a place to empower women to take control over all areas of their life. Some even view shelter as simply a respite. The shelter used in this study does not view leaving the abuser as the only definition of a successful intervention. In fact, it is not an area which is dwelled on. This shelter views self actualization and self insight as the goal for women. A woman with better self esteem and self worth will make better more positive decisions. Domestic violence is merely a symptom of a bigger disease.

The instrument of measure for this study is both qualitative and quantitative. It is both objective and subjective. The second intervention did increase the number of women who went to the shelter. That was a success. However, both interventions provided a forum for learning about domestic abuse from women who live it. Their thoughts, experiences, behaviors and goals all

create a forum for understanding the disease of domestic violence. Understanding the precipitating

factors influencing the spread of the disease is crucial to treating it. In this case, the disease is a wounded self image and self concept. This study built on the strength of domestic violence shelters to provide services for participants to help themselves learn how they have a right to be treated. Effective teachers help students see the value of learning even outside of school. Effective doctors help patients learn the value of healthful behavior outside of their office. Effective ministers help people learn scripture so they develop faith outside of the church. This study was based on helping participants learn to transfer the energy, anger, pain, insight, and motivation they needed to get protective orders into self-determination to be used outside of the courtroom. This can translate into utilizing support groups, calling the shelter hotline, or seeking out individual counseling.

This self-determination can only come from understanding their needs, and having an avenue to get them met. There was a point in these women's minds when they realized they were not enough to manage their abuser's anger and the courts needed to step in. Somewhere they received information telling them the courts could help them more effectively. They also had to believe that if they did not get a protective order they would continually be at risk. This realization may have taken weeks, months, or even years for some. To use that information they had to trust the source that gave it to them. This study examined how effectively this process worked again. Did the intervention help them understand that getting a protective order was just one vehicle for protecting themselves and their children? That there is another step in the process, and that means getting more help. Did the study transmit the understanding that there are universal needs that all abused women have, and also individual needs they themselves have? Did the study help them

recognize their needs? Did they learn that understanding the abuser is secondary to self insight?

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Did the study transmit an understanding that there are internal personal factors they bring to the situation just as their abuser does that need resolution? Factors such as low self esteem, negative self image, and a family history of violence. Did the study provide an effective vehicle for providing them information that they could believe and a source they could trust. If so, what did it look like? How did I know? Did they tell me, or show me? These are the subjective factors that influence the perception of how successful the study was.

These factors were determined in a number of ways such as; participant=s verbal and non-verbal cues, ease with which they engaged the researcher, length of time they talked, and connections made to references stated by researcher. Factors such as intensity of engagement by guest accompanying victim, disclosure of personal information, and emotional vulnerability were also assessed. Significant impact was given to the way participant spoke about their abuser. For example, attention was given to the way participants spoke about their abuser. Some statements indicated if a physical, emotional, or custodial separation was present or imminent. The researcher assessed stated or implied influences which impacted participants likelihood of transitioning over to shelter.

Primary Research Questions

- 1.) Is there a causal relationship between a criminal justice screening and increased shelter use?
- 2.) Is there a causal relationship between a criminal justice intervention and increased shelter use?
- 3.) Is there a casual relationship between a counseling intervention and increased shelter use.

Hypothesis

The second intervention which involved the counseling intervention will prove to

be more effective in empowering women to seek out the services of a domestic violence shelter.

This hypothesis proved true.

Secondary Considerations

- 1.) Does giving victims more generalized written information about domestic violence increase the likelihood that they will seek out the services of a domestic violence shelter? No
- 2.) Are women who file orders of protection in need of special intervention services? Yes
- 3.) What are the priorities of women who file orders of protection? Safety from Revenge Tactics, Sole Custody, Joint Monitored Custody, Enforcement of Order.

Question 1

The first question was examined through the information obtained from the court, participant observation, self reports, and the unstructured interview. The question was as follows; Is there a casual relationship between the way participants were screened (through the criminal justice system) and increased shelter use? This study concluded that there is for a number of reasons. First, as the general literature shows screening for domestic violence screening has not been largely successful. This study was one hundred percent effective in screening for victims of of domestic violence. Mostly, because all of the participants had identified themselves as such. They had participated in two probation department interviews which recorded and verified certain information which they reported. There was no screening process to prove they were victims. It was effective because injuries were not required, a criminal conviction by the abuser was not required, nor was any proof required. There were women there who were denied orders of protection. This was because there was no proof of criminal behavior, but the court did not say abusive behavior did not exist. Therefore, many women who simply perceived that they were

living in an abusive situation qualified. In fact, women who may have difficulty identifying

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themselves as domestic violence victims did not have to. The fact that they were physically there spoke for them. I approached women with the assumption that they were domestic violence victims and I was never corrected. I never asked "Are you abused?" I asked "How were you abused." Many of the participants did not even share the abuse with close family members. One told me that "If her father knew the extent of the abuse, he would hurt the abuser." I concluded that since the majority of women did not openly admit the extent of the abuse to family and friends, it is not highly likely they would openly admit it to anyone other than law officials.

Four out of eight women reported that they feared more for their safety since obtaining a protective order. In fact, one participant told me in no uncertain terms that "since the judge had humiliated him, he told her he would have his cousins do something to her." Two participants were scared to walk to the bus stop. The criminal justice factor was important for participants to be identified. It also elevated the abuse to a level that was real to some participants. It is harder to deny that you are a victim and need help when the courts are involved.

Question 2

The question asked, "Is there a casual relationship between a criminal justice intervention and increased use?" Through my findings I have come to the conclusion that while a criminal justice intervention is more likely to bring attention to a woman's abuse, it does not necessarily mean that her attention will be drawn to the self improvement aspects of a shelter. In fact, for many women it made them more desperate to put other avenues in place such as obtaining full custody, and seeking other types of external factors in place permanently. Most of the participants were making arrangements in the abusers absence to make permanent measures which would

make returning to the abuser not a viable option. These were permanent things like finding an

apartment, a job, a lawyer, drug and alcohol rehabilitation, and sole custody. First, one of the prevailing factors that drives women into shelter is to attain physical safety from an abuser. One participant told me, "The fact that he's in jail meant she could sleep for the first time in months." Many of the participants indicated that their abuser had another wife or girlfriend. His anger was directed at the fact that she now had another spouse or boyfriend. One participant told me that her abuser was fine until he found out she was dating his brother. By the time most women initiate court procedures they are at the action stage or Maintenance stage well past a lot of women who come into shelter in crisis. They have withstood a process which involves two interviews and many chances to end the process. They have chosen to go forward. This study also helped conceptualize the understanding that anger often ignites action. Seeking a protection order is a sign of anger directed at the abuser. This anger could help launch the participant into other services that will help her own self sense of empowerment and advocacy.

Question 3

The question was "Is there a casual relationship between a counseling intervention and increased shelter use?" My findings have concluded that there is. In fact, most of the women who transitioned over to the shelter did so primarily because of emotional/mental reasons. Many participants showed great ease in sharing their stories with very little prompting. Almost all expressed gratitude that the researcher was there to lessen the anxiety of court. One participant said that she was going to "look me up when she got out of rehab." Another indicated that she "hadn't talked to anyone like this and she just met me." Five of the participants said they were very interested in individual counseling. One even said she wanted it to "figure out why she keeps

getting in this mess. Another participant didn't even talk to her children about the abuse. My

findings suggest that there is a very strong relationship between counseling and increased shelter use. In fact, my role became that of an advocate to many of the participants. I answered questions, found out information, and one participant even had me call her male boss and update him on what was happening. His comments to me were to tell her to take as long as she needs, the job isn't going anywhere. This seemed to give her more peace than getting granted a permanent order. The literature on domestic violence shows that women who worked with advocates experienced less violence over time and reported a higher quality of life and social support, and had less difficulty obtaining community resources (Berjns, Gortner, Jacobson, Gottman, 1997). There were many factors which I believe accounted for the success of the counseling intervention.

- 1.) The brief counseling relationship increased the rate that participants felt the therapeutic impact of empathy, active listening, unconditional positive regard, and universality which makes the client/counselor relationship successful.
- 2.) The client received an immediate reduction in tension and anxiety which came from the distraction from court proceedings and the counseling relationship.
- 3.) The client received information and insight from an individual they perceived as knowledgeable in domestic violence issues.
- 4.) The researcher was sanctioned by the court system which issued a badge and access to secured areas.
- 5.) The researcher was a trained counselor who through professional training was able to utilize effective tools of engagement such as asking open ended questions, probing, confronting, and silence.

6.) The researcher was housed at the shelter which made access to services more easily available.

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7.) Participants did not read the brochures, but found it much more difficult to ignore a real person in front of them.

8.) Most clients were in the Action or Maintenance Stage of Change which typically would make them more susceptible to seeking out the support services of a domestic violence shelter.

However, if they were in this stage without filing for a protective order their attention may not have been occupied with enforcement of the order. In these cases, the order actually escalated the need to make immediate physical changes as opposed to slow psychological ones.

Study Limitations

1.) The study sample was not representative of the diverse range of age and socio- economic characteristics reflected in the domestic violence population.

2.) Shortness of intervention time hindered data collection. Three hours once a week was not enough time to gather a wide variety of data to interpret.

3) Another study by a local university was being conducted at the same time in the waiting room. Although it had different objectives, it created some confusion for potential participants.

4.) The Chances Shelter operated at full capacity throughout the study. This meant that emergency residential services were not always available if a participant needed them.

5.) Grounded theory is difficult and time consuming for a novice researcher such as myself. Therefore, experience would have helped synthesize data more efficiently.

6.) The setting for the intervention was small and often loud. This may have hindered the rate at which participants disclosed information.

7.) Lawyers often came into the area and took participants in the middle of interviews.

This study showed that there are several areas of research to be explored. It highlighted the important role that the abuser and perpetrators= family system plays in the battering dynamic. This was particularly true if children were involved. Both family systems provided negative and positive contributions to the dysfunction. Finding a way to integrate them into treatment could prove instrumental in stopping the violence cycle. This was especially true because many of the abusers and victims came from violent homes. There is much research to be done in the area of brief therapy for domestic violence victims. The chaotic environment of abuse is chaotic and sporadic. Brief and effective interventions need to be utilized. There is also great potential to intervene with abusers at the court level. There are few studies directed at using the period of time when an abuser receives a protection order to do a counseling intervention.

This study also points out the implications for using the screening process to assess the children=s level of distress and move them into counseling services. Children have been largely ignored when it comes to domestic violence intervention. Intervening at the school level would be beneficial in ending cycles of violence. There is also the potential to study multi cultural issues pertaining to domestic violence. This would include collective international exploration of the issue of domestic violence. Comparing effective research on that level would be useful. This study also provided the framework for understanding that domestic violence is not merely a criminal justice problem, but an educational, medical, mental health, social service, and labor problem..

Summary

This study provided the framework for understanding that when it comes to domestic violence, there is no such thing as an overabundance of research. It also confirmed the hypothesis

that counseling in the area of domestic violence intervention has a circular effect impacting all

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other areas. It helps victims gain self awareness, advocacy, safety, and stability and information.

There are many dynamics to domestic violence that are not understood and deserve

comprehension. The way society views male on female violence, the influence of women entering

the workforce, and the divorce rate all effect domestic violence. It is a multi system problem that

will demand multi system treatments to solve it.

References

- Aguirre, B. E. (1985). Why do they return? Abused wives in shelters. *Social Work*, 30, 350-354.
- American Medical Association, Diagnostic and Treatment Guidelines on Domestic Violence, March, 1992.
- Bandura, A. (1979). The social learning perspective: Mechanisms of aggression. In A. Toch (Ed.), *Psychology of Crime and Criminal Justice* (pp. 298-336). New York: Holt, Rinehart & Winston.
- Barnett, O. W., & LaViolette, A. D. (1993). *It could happen to anyone: Why battered women stay*. Newbury Park, CA: Sage Publications, Inc.
- Bastu, J. W. S., Tan, C., & Sullivan, C. M. (1992). After the crisis: A needs assessment of women leaving a domestic violence shelter. *Violence and Victims*, 7, 167-275.
- Bazawa, E. (1988). Explaining variations in police responses to domestic violence: A case study in detroit and new england. Newbury, CA: Sage Publications, Inc.
- Berjns, S., Gortner, E., Jacobson, N., & Gottman, M. (1997). When women leave violent relationships: Dispelling clinical myths. *Psychotherapy, Theory, Research, Practice, Training*, 4(2), 231-235.
- Blocker, L., & Wingfield, D. A. (1998). Development of a certificate training curriculum for domestic violence counseling. *Journal of Addictions and Offender Counseling*, 18(2). Retrieved November 18, 2005 from EBSCO Host.
- Browne, A., & Williams, K. R. (1993). Gender, intimacy, and lethal violence: Trends from 1976-1987. *Gender and Society*, 7, 78-98.

Bybee, D. L. & Sullivan, A. (1999). Reducing violence using community based advocacy for

Domestic Violence Court 49

women with abusive partners. *Journal of Counseling and Clinical Psychology*, 67(1), 43-53. Retrieved November 21, 2005 from EBSCO Host.

Campbell, C., & Samuelson, S. L. (2005). Screening for domestic violence: Recommendations based on a practice survey. *Professional Psychology: Research and Practice*, 36(3), 276-282. Retrieved November 3, 2005 from EBSCO Host.

Cervantes, N., Harway, M., & Hansen, M.. (1991). Therapists= perceptions of severity in cases of family violence. *Journal of Counseling*, 6, 225-235. Retrieved November 3, 2005 from EBSCO Host.

Chatterjee, P., & Hilbert, H. (1987). Conceptual models of helping and their functions. *Journal of Applications and Social Science*, 11(Fall/Winter).

Crowell, N. A., & Burgess, A. W. (1996). Understanding violence against women. Washington, DC: National Academy Press.

Davis, J. W. (1994). Using safety planning as an approach to women defined advocacy. Hartford, CT: Legal Aid Society of Hartford County, Inc.

Dill, D. L., Chu, J. A., Grob, M.C. & Eisen, S. V. (1991). The reliability of abuse history reports: A comparison of two inquiry formats. *Comprehensive Psychiatry*, 32, 166-169.

Evan, S., & Flitcraft, A. (1998). Violence among intimates. An epidemiological review. *Handbook of Family Violence*, ed. Van Hasselt, et al, 1998.

Fagan, J. (1996). The criminalization of domestic violence: Promises and limits. Washington, DC: National Institute of Justice.

Feldhaus, K. M., Koziol-McLain, J., Amsbury, H. L., Norton, I. M., Lowenstein, S. R., & Abbot,

J. T. (1997). Accuracy of 3 brief screening questions for detecting partner violence in

Domestic Violence Court 50

the emergency department. *Journal of the American Medical Association*, 277, 1357-1361.

Flitcraft, A., & Stark, E. (1988). Violence among intimates: An epidemiological review:

Handbook of Family Violence, ed. V. D. Van Hassalt, et al.

Ford, D. (1991). Preventing and provoking wife battery through sanctioning: A look at the risks.

In D. D. Knudsen & J. L. Miller (Eds.), *Abused and battered: Social and Legal responses to family violence*, (pp. 191-209). New York: Aldine de Gruyter.

Fraser, J. S., & McCloskey, K. (1997). Using feminist mri brief therapy during initial contact with

victims of domestic violence. *Psychotherapy: Theory, Research, Practice, Training*, 34(4), 433-446. Retrieved November 3, 1005 form EBSCO Host.

Gauthier, I. M., & Levendosky, A. A. (1996). Assessment and treatment of couples with abusive

male partners: Guidelines for therapists. *Psychotherapy*, 33, 403-417.

Gelles, R. J. (1979). *Family Violence*. Beverly Hills: Sage Publications, Inc.

Gettelman, F. (2005). A new order in the court. *Mother Jones*, (30) 4, 49. Retrieved from

EBSCO Host December 11, 2005.

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory*. Chicago, IL: Aldine

Publishing Company.

Glick, B., Johnson, S., & Pham, C. (1999). 1998 Oregon domestic violence needs assessment.

A report to the oregon governors council on domestic violence: Oregon Health Division and Multinoman County Health Department.

Gondof, E. W. (1988). *Battered women as survivors: An alternative to learned helplessness*.

Lexington, MA: Lexington Books.

Greaves, L., & Heapy, N., & Wylie, A. (1988). Advocacy services: Reassessing the profile and

Domestic Violence Court 51

needs of battered women. *Canadian Journal of Community Mental Health*, 7(2), 39-51.

Hansen, M., & Harway, M. (1993). Therapist perceptions of family violence. *Battering and family therapy. A feminist Perspective*. Newbury Park, CA: Sage.

Heppner, J. L., & Heppner, M. J. (2004). *Writing and publishing your thesis, dissertation & research. A guide for students in the helping professions*. New York: Brooks/Cole.

Herman, J. L. (1992). *Trauma and recovery. The aftermath of violence from domestic abuse to political terror*: New York: Basic.

Hindelang, M., Gottfredson, M. R., & Garofalo, J. (1980). Toward a theory of personal criminal victimization. In E. Bitner & S. Messinger (Eds.). *Criminology review yearbook* (Pp. 613-646). Beverly Hills, CA:

Hudson, W. W., & McIntosh, S. (1981). The index of spouse abuse. *Journal of Marriage and the Family*, 43, 873-888, Retrieved November 21, 2005 from EBSCO Host.

Jacobson, N. S. (1994). Rewards and dangers in researching domestic violence. *Family Process*, 33(1), 81-85.

Keilitz, S., Hannaford, P., & Efkehan, H. S. (1998). The effectiveness of civil protective orders in legal interventions in family violence: Research findings and policy implications. (Pp. 47-49). Washington, DC: National Institute of Justice.

Kirk, J., & Miller, M. L. (1986). *Reliability and validity in qualitative research*. Beverly Hills: Sage.

Knudson, D. D., & Miller, J. L. (1991). *Abused and battered: Social and legal responses to family violence*. New York: Aldine De Gruyter.

Knudten, R. D. (1989). Criminal implications of victimology theory. *Clinical Sociology Review*,

Domestic Violence Court 52

6, 111-126.

Krishnan, S. P., Hilbert, J. C., McNeil, K., & Newman, I. (2004). From respite to transition:

Women=s use of domestic violence shelters in rural new mexico. *Journal of Family Violence*, 165-173.

Landenburger, K. (1989). A process of entrapment in and recovery from an abusive relationship.

Issues: Mental Health Nurse, 3, 309-227.

Lawson, D. M. (2003). Incidence, explanations, and treatment of partner violence. *Journal of*

Counseling and Development, 81(1), 19.

Lewis, S. F., & Fremoue, W. (2001). Dating violence: A critical view of the literature. *Clinical*

Psychology Review, 21(1), 105-127.

Liang, L. (2003). Research and evaluation of interventions with women affected by domestic

violence. *McNair Journal*, 15(2).

Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic inquiry. Beverly Hills, CA:

Sage Publications, Inc.

Mahoney, M. R. (1991). Legal images of battered women: Redefining the issue of separation,

Michigan Law Review, 90, 1-94.

McCloskey, K., & Grigsby, N. (2005). The ubiquitous clinical problem of adult intimate partner

violence: The need for routine assessment. *Professional Psychology: Research and Practice*, 36(3). Retrieved December 4, 1005 from EBSCO Host.

Myers, D. L. (1995). Eliminating the battering of women by men: Some considerations for

behavior analysis. *Journal of Applied Behavior Analysis*, 28(4), 493-507.

support. Albany: New York, 3-5.

O= Hanlon, W., & Weiner-Davis, M. (1989). In search of solutions. New York: W. W. Norton.

O=Leary, K. D. (1999). Psychological abuse: A variable deserving critical attention in domestic violence. *Violence and Victims*, 14, 3-23.

Patton, M. Q. (1990). Qualitative evaluation and research methods (2nd ed.). Newbury Park, CA: Sage Publications, Inc.

Prochaska, J. O., & DiClemente, C. C. (1982). Transtheoretical therapy: Towards an integrative model of change. *Journal of Consulting and Clinical Psychology*, 5, 390-395.

Quick, E. K. (1996). Doing what works in brief therapy: A strategic solution focused approach. New York: Academic.

Roberts, A. R. (1999). The criminal justice system can reduce violence against women. New York: Academic.

Sherin, K. M., Sinacore, J. M., Xiao-Qiang, I., & Zitter, R. F. (1998). A short domestic violence screening tool for use in a family practice setting. *Family Medicine*, 30, 508-512.

Sherman, I. W. (1992). The influence of criminology on criminal law: Evaluating arrests for misdemeanor domestic violence. *Journal of Criminal Law & Criminology*, 83(1), 1-45.

Shulman, I. S. (1987). A Paradigms and research programs in the study of teaching: A contemporary perspective. *Handbook of Research on Teaching*, ed. Merlin C. Wittrock, (New York: Macmillan, 1987).

Soloman, C. (1995). Talking frankly about domestic violence. *Personnel Journal*, 74(4), 62.

Retrieved November 18, 2005 from EBSCO Host.

techniques. Newbury Park, CA: Sage Publications, Inc.

Strauss, A., & Crobin, J. Eds. (1997). Grounded theory in practice: Thousand Oaks, CA: Sage Publications, Inc.

Staruss, M. A. (1979). Measuring intra family conflict and violence: The conflict tactics (ct) scales. *Journal of Marriage and the Family*, 41, 75-78.

Strauss, M..A. (1990). A sociological perspective on the cause of family violence. In M. R. Green (Ed.) *Violence and the Family* (pp. 7-31). Boulder, CO: Westview.

Strauss, M..A. (1990). How violent are american families?: Estimates from the national violence resurvey and other studies. In M.A. Strauss & R. J. Gekkes (Eds.). *Physical violence in american families: Risk factors and adaptations to violence*. New Brunswick, NJ: Transaction.

Texas Department of Public Safety (1998). *Crime in texas 1998. The texas crime report*. Austin: Texas Department of Public Safety.

Tjaden, P., & Thoennes, N. (2000a). *Extent, nature, and consequences of intimate partner violence: findings from the National Violence Against Women Survey (No. NCJ-18167)*, Washington, DC: U. S. Department of Justice.

Tjaden, P., & Thoennes, N. (2000b). Prevalence and consequences of male to female and female to male intimate partner violence are measured by the national violence against women survey. *Violence Against Women*, 6, 143-161.

U. S. Department of Justice, Bureau of Justice Statistics (BJS), 1984.

U. S. Department of Justice. Bureau of Justice Statistics (BJS), *Violence against women:*

Estimates from the redesigned survey, August 1995.

Walker, I. F. (1979). *The battered woman*. New York: Harper & Row.

Wallace, H. (1996). *Family violence: legal, medical, and social perspectives*. Needham Heights, MA: Allyn & Bacon.

Waltz, C. L. (1995). *Domestic violence training: An annotated bibliography*.

Journal of Family Violence, 10, 425-432.

Washington State Department of Health (2000, July 7). Prevalence of intimate partner violence and injuries. *Morbidity and Mortality Weekly Report*, 49, 313-316.

Wauchope, B. (1988). Help seeking decisions of battered women: A test of learned helplessness and two stress theories. Paper presented at the meeting of the Eastern Sociological Society, Durham, NH.

Waever, T. L., Chu, J. A., Grob, M.C., & Eisen, S. V. (1991). The reliability of abuse history reports: A comparison of two inquiry formats. *Comprehensive Psychiatry*, 32, 166-169.

Weaver, T. L. (1998). Method variance and sensitivity of screening for traumatic stressors. *Journal of Traumatic Stress*, 11, 181-185.

Wilson, K. J. (1997). *When violence begins at home: A comprehensive guide to understanding and ending domestic abuse*, Alameda, CA: Hunter House.

Zorza, J. (1992). The criminal law of misdemeanor domestic violence, 1970-1990. *Journal of Criminal Law & Criminology*, 83(1), 46-72.

Appendix A

Intervention 1- Informed Consent

STATEMENT OF INFORMED CONSENT

The purpose of this research is to increase the number of participants in the Court Advocacy Program who seek additional services at Alternatives for Battered Women (ABW) a domestic violence residential shelter located in Rochester, New York. The study will determine if two distinct interventions will lead to an increase in the number of these participants seeking additional services at ABW. The student researcher will compare the list of Court Advocacy Program participants against the database of ABW clients who contact the agency for services. This research study is also being conducted by me to complete the requirements for completing my masters thesis for the Counselor Education Department at the State University of New York at Brockport.

In order to participate in this study, your informed consent is required. You are being asked to make a decision whether or not to participate in the project. If you want to participate in the project, and agree with the statements below "please sign your name in the space provided at the end." You may change your mind at any time and leave the study without penalty, even after the study has begun.

I understand that:

1. I am being asked to participate in the research and my participation is voluntary. I have the right to refuse to answer any questions.
2. My confidentiality is guaranteed. If publication results from this research, I will not be identified by name.
3. There will be no anticipated personal risk because of my participation in this project.
4. My participation involves listening to a brief summary of the services offered by Alternatives for Battered Women, and taking an informational agency brochure. My participation is strictly voluntary.
5. Approximately fifty people will take part in this study. The results will be used for the completion of my masters thesis.
6. Data will kept in a data base at the secured Alternatives for Battered Women facility. The student researcher will compare the list of Court Advocacy Program participants against the database of clients who contact the agency for additional services. Results will be reported to the Alternatives for Battered Women Research Committee in group form only.

I am 18 years of age or older. I have read and understand the above statements. All of my questions about my participation in this study have been answered to my satisfaction. I agree to participate in the study realizing I may withdraw without penalty at any time during the intervention process. If you have any questions you may contact :

Primary Researcher:
Wendy Jones (585) 473- 2699

Faculty Advisors:
Dr. Susan Seem (585) 395-2258
Dr. Tom Hernandez (585) 395-5498

Name _____

Date _____

Appendix B

Intervention 1-Shelter Brochure

not deserve to be hurt.

Alternatives for Battered Women is a not-for-profit agency serving victims of family violence in Monroe County.

We offer:

- **HOTLINE** - 24 hours per day, seven days a week. TTY. Providing counseling, safety planning, referrals, advocacy and entry to shelter.
- **SHELTER** - 38-bed emergency shelter for women and children in physical or sexual danger from an intimate partner. Assistance with safe housing after shelter.
- **COUNSELING** - individual counseling, advocacy and referrals to gain safety and freedom from abuse.
- **SANA Y SALVA/SAFE AND SOUND** - services for Latina women in abusive relationships.
- **SUPPORT GROUPS** - four support groups, evening and daytime, held on a weekly basis. Child care provided.
- **CHILDREN'S SERVICES** - counseling, educational groups, play and art groups for children. Support and education for mothers.
- **COURT ADVOCACY** - ABW and Legal Aid Society collaborate to provide full-time court advocacy and legal representation to petitioners in Family and IDV Court.
- **DATING VIOLENCE EDUCATION** - teaching young adults about healthy dating relationships; presentations to youth throughout Monroe County.
- **OUTREACH AND EDUCATION** - education and training on domestic violence for community groups and professionals.

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How you can help.

Contributions.

The generosity of individuals, local groups, foundations, service organizations and religious communities supports the shelter and the women and children who come for help.

Abused women and children, seeking a better future at Alternatives for Battered Women,

depend on community support. You can donate money to the operating or endowment funds. A bequest can

help victims of domestic violence now, and in the future. Include Alternatives for Battered Women in your estate planning.

Volunteers.

We need volunteers to help with children, advocate in court, provide clerical support, educate our community and more. We offer training for volunteers.

Call 232-7353, Monday-Friday, 9:00 a.m.-5:00 p.m.



"Even though things went well in court, you helped make sure my safety plan was in place."

Stop the hurt.

Restore the HOPE.

Call Alternatives for Battered Women today.

585-232-7353 (TTY)585-232-1741 24 hours



ALTERNATIVES for Battered Women

Appendix C

Intervention 2- Informed Consent

STATEMENT OF INFORMED CONSENT

The purpose of this research is to increase the number of participants in the Court Advocacy Program seeking additional services at Alternatives for Battered Women (ABW) a domestic violence residential shelter located in Rochester, New York. The study will determine if two distinct interventions will lead to an increase in the number of these participants seeking additional services at ABW. The student researcher will compare the list of Court Advocacy Program participants against the data base of ABW clients who contact the agency for services. This research study is also being conducted by me to complete the requirements of my masters thesis for the Counselor Education Department at the State University of New York College at Brockport.

In order to participate in this study, your informed consent is required. You are being asked to make a decision whether or not to participate in the project. If you want to participate in the project, and agree with the statements below "please sign your name in the space provided at the end." You may change your mind at any time and leave the study without penalty, even after the study has begun.

I understand that:

1. I am being asked to participate in the research and my participation is voluntary. I have the right to refuse to answer any questions.
2. My confidentiality is guaranteed. If any publication results from this research, I will not be identified by name.
3. There will be no anticipated personal risks because of my participation in this project.
4. My participation involves taking a brochure highlighting the services at ABW, and some additional facts about domestic violence. I will also be asked to participate in a brief counseling session which may solicit some information about my current abuse and feelings pertaining to it. My participation is strictly voluntary.
5. Approximately fifty people will take part in this study. The results will be used for the completion of my masters thesis.
6. Data will be kept in a data base at the secured Alternatives for Battered Women facility. The student researcher will compare the list of Court Advocacy Program participants against the data base of clients who contact the agency for additional services. Results will be presented to the Alternatives for Battered Women Research Committee in group form only.

I am 18 years of age or older. I have read and understand the above statements. All of my questions about my participation have been answered to my satisfaction. I agree to participate in the study realizing I may withdraw without penalty at any time during the intervention process. If you have any questions you may contact:

Primary Researcher:

Wendy Jones (585) 473- 2699

Faculty Advisors:

Dr. Susan Seem (585) 395-2258

Dr. Tom Hernandez (585) 395-5498

Name _____

Date _____

Appendix D

Intervention 2- Researcher Brochure

This is a difficult time and court is not an easy place to be. Domestic Violence is physically, mentally, and spiritually draining. Healing from domestic violence involves grieving and self empowerment, which can often come in the following stages:



1.) Denial Stage: Minimizing the impact and importance of what has happened.

2.) Self Blame Stage: Believing that bad things happened to you because you caused them.

3.) Victim Stage: You continually see your self as powerless to impact the events happening in your life.

4.) Indignation Stage: You stop feeling hopeless and believe you can change your life.

5.) Survivor Stage: The realization hits you that you are alive, you are O.K., and you are back in the driver's seat.

Alternatives for Battered Women (ABW) is a place where you can get assistance, support, and understanding. The decisions you are making will impact you now, and years down the road.

Decisions like Counseling. Counseling provides:

*A place to talk *Someone who will listen *Help setting goals

*A place to learn about yourself *A link to resources

*Safety Planning *A place to learn you are not alone

Call ABW's 24 hour hotline at (585) 232-5200