The Journal of Extension

Volume 42 | Number 5 Article 18

10-1-2004

Family Violence Education in Public Waiting Rooms

Patrick Day
University of Nevada Cooperative Extension, dayp@unce.unr.edu

Molly Latham
University of Nevada Cooperative Extension, lathamm@unce.unr.edu

Geoffrey K. Leigh
University of Nevada Cooperative Extension, leighg@unce.unr.edu

Recommended Citation

Day, P., Latham, M., & Leigh, G. K. (2004). Family Violence Education in Public Waiting Rooms. *The Journal of Extension, 42*(5), Article 18. https://tigerprints.clemson.edu/joe/vol42/iss5/18

This Research in Brief is brought to you for free and open access by the Conferences at TigerPrints. It has been accepted for inclusion in The Journal of Extension by an authorized editor of TigerPrints. For more information, please contact kokeefe@clemson.edu.

October 2004 // Volume 42 // Number 5 // Research in Brief // 5RIB7

Family Violence Education in Public Waiting Rooms

Abstract
Accepting the premise that video instruction is a powerful tool for American audiences, the project discussed here explored the feasibility of using television and videotapes to provide education relevant to family violence and violence prevention to waiting room audiences. Using commercially available videos, volunteer coordinators played the videos to clients of a large social services agency in Las Vegas, Nevada over a period of 18 months. At the end of each viewing, a survey measured the impact of the videos on the audience. Results of the surveys supported the efficacy of this instructional method in providing education to large groups.

Patrick Day
Area Extension Specialist
dayp@unce.unr.edu

Molly Latham
Area Extension Specialist
lathamm@unce.unr.edu

Geoffrey K. Leigh
Area Extension Specialist
leighg@unce.unr.edu

University of Nevada Cooperative Extension
Las Vegas, Nevada

Video instruction is a powerful tool for American learners of all ages. Currently, the average American child or adolescent spends more than 21 hours per week viewing television, not all of which is educational or even positive (American Academy on Pediatrics, 1999). Adults in households with televisions also are affected by the onslaught of video information, resulting in a culture dominated by television and comprised of "visual learners" (Strommen, 1998).

While much of the material offered on television is primarily for entertainment, The Effective Public Health Practice Project in Canada has found the use of video instruction to be useful in teaching mandatory programs in public health issues. The public's familiarity and comfort level makes video an important tool for health educators because it encourages and emotionally involves an audience, personalizes the issues, overcomes difficulties with literacy, and engages populations which prefer information in a visual format.

Cooperative Extension professionals at Utah State have recognized the benefits of video instruction for sensitive social education topics. Recognizing that hectic schedules, family responsibilities, and discomfort with sharing family problems in public or with strangers can get in the way of parents in crisis, community access cable has been used to teach parenting education classes (Dennis, Lee, & Jensen, 1995).

Programs such as this rely on advertising to stimulate interest for the program, and then learners choose to watch a particular program in the privacy of their home. In this scenario, exposure to the educational program is dependent upon the potential learner recognizing his or her own need for such information and taking the necessary action to view the program.

Exposure to an educational video on a topic relevant to the current environment or situation of the potential learner recognizes and utilizes the learning impact of the "teachable moment." The VOICES/VOCES program from the Center for Disease Control is a video-based HIV/STD prevention program designed to encourage condom use and to improve condom negotiation skills (O'Donnell,

San Doval, Duran, & O'Donnell, 1995). Participants viewed the videos while visiting an STD clinic at a time when a person is more motivated to change behavior. After viewing the video, the participants in the survey had increased knowledge, had more realistic assessment of personal risk, and had fewer repeat STD infections.

The large population of family violence victims in need of information and education on available legal responses makes this topic ideal for media (video) instruction. The FBI estimates that, annually, a woman is beaten by her intimate partner every 15 seconds, for an estimated total victim population of three to four million women in the United States. In addition, there is a large child abuse problem in this country, with an estimated 963,000 victims of abuse and neglect in 1997, or approximately 109 cases being reported every hour in this country (National Clearinghouse, 2002), adding to the critical need for family violence educational intervention.

Video education is just one component of a multimedia approach that could enhance community efforts to address this problem, (Hillis, 1998). Video is the richest form of multimedia to present an entire program or shorter bites of information to raise awareness and refer to additional information. Yet little is known about the effects of such video education methods, especially in a social service setting.

The project discussed here explores the feasibility of using television and videotapes to provide education relevant to family violence and violence prevention to waiting room audiences. The study addresses the following questions:

- Will it be practical to conduct education regarding family violence using videotapes in a public waiting room?
- Will this method have an impact on the viewing audience, and will they report the possibility of change in the way they respond to anger as a result of watching the videos?

Methods

Four focus groups held at a large social service agency indicated the need for materials related to family violence. The project subjects were clients of this social service agency in Las Vegas, Nevada. There were a total of 27 participants in the four groups, and their demographic composition is reported in Table 1.

Table 1.
Demographic Composition of Focus Group Participants

Gender	African American	Hispanic	Native American	White	Total by Gender
Female	7	5	1	6	19
Male	3	2		3	8

This agency agreed to test the use of family violence videos for delivering topical, relevant educational content to waiting room audiences. The clients would view the videos while waiting to be called for appointments with various social service staff. Due to the limitations of available staff, the agency decided to use agency volunteers to inform waiting room audiences of the available videos on family violence intervention and prevention, and to request that adults complete a short survey after watching the videos.

The videos selected are from a catalog of professionally produced products designed for the mass market. The production company produces quality products based on current research and practices in social issues. The videos focus on generic issues of family violence and avoid an emphasis on any particular type of client. The research team purchased the videos specifically for this project.

The team conducted a preliminary training session with the volunteer coordinators responsible for task assignment of the volunteer work force. This training consisted of previewing the videos to be shown, providing training in the collection of questionnaires, and stressing the importance of confidentiality for study participants. After the training, questionnaire forms were distributed, and the volunteers were trained in their completion and collection.

The survey instrument consisted of a one-page survey containing 6 questions (Figure 1). These questions covered possible ways the videos may have been of benefit to the participants; whether they prefer to watch videos, TV, or both in waiting rooms; and whether they might be interested in attending free violence prevention classes in the community if they were offered.

Figure 1.
Survey Questions

1. The videos gave me a better understanding of issues that relate to anger and violence.	**Yes __**	**No __**
2. The videos helped me to look at other ways to manage my child's anger.	**Yes __**	**No __**
3. The videos helped me look at new ways to manage my own anger.	**Yes __**	**No __**
4. I consider the educational videos an additional benefit offered at Clark County Social Service.	**Yes __**	**No __**
5. While waiting for service, I prefer to watch:	**Educational videos __** **Regular TV __** **Both __**	
6. Anger management and violence prevention classes are available at no cost. Would you attend a free class if offered in your community?	**Yes __**	**No __**

In order to ensure complete anonymity, volunteers were used to conduct the surveys after a video was shown. The participants then placed their completed surveys in one of three collection boxes for pickup by project staff. The three boxes were in different locations to make it convenient for client response and increase client anonymity. The volunteer staff never saw the completed surveys, nor did they ever see which box the participants used because they were placed in areas removed from the waiting area where the volunteers worked.

In addition to the confidentiality issue, every effort was made to ensure that the participants did not feel coerced to complete the survey in order to receive services. The survey had a prominent disclaimer that read: "This is strictly a voluntary program. Your participation or nonparticipation in this program will have no effect on the decision by the Social Service Department to grant or to deny you services or assistance." To reinforce this disclaimer, the surveys were collected separate from service interview areas, away from eligibility staff.

The project took place more than 18 months. Approximately 500 surveys were given to the agency, and a total of 126 completed surveys were returned. A number of surveys were misplaced or lost at the agency, so it is difficult to determine an accurate response rate. The overall participation rate of 25% was affected by the availability of volunteer staff, with several weeks passing without volunteer availability to show videos or to distribute surveys.

Nevertheless, there were enough responses returned to do some analysis of participant responses to the videos and the method in a waiting room setting. While the number of participants was lower than desired, the importance of their response relative to program planning should not be discounted, given the statistical significance of the responses from the survey.

Results

Of the 126 responses to the video survey, all but two provided some readable responses. In these two cases, the people could not hear the video. One of the two participants did not check any boxes, while the other checked the last two boxes anyway. Thus, we had 124 usable responses to the survey (including the one who checked the last two questions).

There were between three and 20 missing responses, with only three missing responses for the question about whether they would prefer to watch educational videos or regular television in the waiting room, and there were 20 missing responses on the questions about the video helping them manage their children's anger. All of the statistics were calculated only on the given responses for each question (pair-wise deletion) with no replacement used for missing data.

The very strong majority of the respondents found that the videos provided value in the following ways (Table 2).

- The videos gave them a better understanding of issues related to anger and violence (79%).
- The videos provided ways to manage their children's anger (70%).
- The videos gave them ways to manage their own behavior (77%).
- The videos were an additional benefit of the agency services (84%).
- The participants were interested in taking a prevention class if offered (64%)
- A slightly larger number of participants preferred watching regular television (46%), while others preferred videos (41%) or liked both (11%).

Table 2.
Frequencies and t-Test Significance

	Percentages		
	No	Yes	Sig.
1. Video gave a better understanding	14.3	78.6	.001
2. Ways to manage child's anger	14.3	69.8	.001
3. Ways to manage my anger	13.5	77.0	.001
4. Videos added benefit of service	8.7	84.1	.001
5. Attend a free class if offered	28.6	64.3	.001
6. Prefer to watch regular television		46.0	
Prefer to watch educational videos		41.3	
Like both		10.6	

The initial test of significance was a simple t-test of whether the respondents were likely to report that the videos provided useful information to those watching. For the first three questions, there was a significant difference between those who said they found that the videos gave them useful information about issues related to anger and violence, managing their children's anger, and looking at new ways to manage own anger ($p < .001$). In each case, participants who responded to the questions found that the videos provided a significant increase in information regarding family violence.

People also found the videos to be an additional benefit offered by social services for those in the waiting room ($p < .001$). People seemed to like the videos and took advantage of them while waiting for services at the agency. In addition, respondents were more likely to report being interested in a prevention class if one were offered.

In order to determine if the differences were due to watching preferences, a basic chi-square test was conducted using the three categories of watching preference with two categories of gaining benefit, learning ways to manage anger, considering the videos a benefit of service, and a desire to attend a free violence prevention class in the community (Table 3). There was a significant difference between those who preferred watching videos and learning ways to manage their children's behavior ($p < .001$) and managing their own anger ($p < .05$). There also was a significant difference ($p < .01$) between those who were interested in attending a free anger management class, with the vast majority wanting to attend, and those who preferred to watch videos instead of regular television. Those who preferred regular television also were less interested in attending free classes in the community. There was no significant relationship between gaining a better understanding or seeing the videos as an additional service and the viewing preference.

Table 3.
Crosstabs and Chi-Square Test for Significance

	Yes/No	TV	Video	Both	Sig.
1. Video gave a better understanding	No	9	8	0	.277
	Yes	43	43	13	

2. Ways to manage child's anger	No	3	15	0	.003
	Yes	44	32	12	
3. Ways to manage my anger	No	5	12	0	.034
	Yes	47	37	12	
4. Videos added benefit of service	No	3	8	0	.061
	Yes	53	39	13	
5. Attend a free class if offered	No	12	22	1	.003
	Yes	44	25	12	

Discussion

While those who preferred to watch educational videos in a waiting room seemed to get more ideas for dealing with issues in their lives and preferred to attend additional classes, there was no difference with those who preferred watching television for the general understanding of issues or seeing the videos as an additional benefit of the service. The videos were regarded as a benefit to the vast majority of clients in this service, whether or not they preferred watching such videos.

This perceived benefit has important implications relevant to the value of sharing educational information, at least with some clients, such as those who responded to this survey. Such a prevention method seems to have some impact on clients and is seen as desirable from their point of view, with only a small cost to an agency.

Further study will be necessary to test the impact of showing films on an on-going basis and with other topics. To evaluate the impacts, an agency simply could provide brief questionnaires for easy responses. This would ensure a constant stream of informational viewing opportunities. The agency staff would show the videos daily at different times with breaks in the content to ensure the "freshness" of information being provided.

While the videos were not shown in the privacy of the clients' homes, as with the Dennis et al. (1995) study, the processing of information was private. In this study, people watched and listened to the videos, incorporating information into their lives, without divulging personal information or history.

Similar to the study using STD videos (O'Donnell et al., 1995), the individuals in this study reported that the videos provided useful information and gave them ideas of how to change behaviors. While there is no measure as to actual changes in behaviors, it appears that such a method is useful in increasing information as well as increasing possible ways to change behavior in different sensitive topics.

One problem with this study was that volunteers were not always available to show the videos. If videos had been shown more consistently, there is greater likelihood that more people would have been reached. The availability of such staff or volunteers would take some commitment on the part of any agency to have such videos shown regularly. If such a small effort were made, it appears that an agency or office could increase the intervention that could take place with their clients.

References

Dennis, S. A., Lee, T. R., & Jenson, G. O. (1995). Using community access cable in an extension parenting education program. *Journal of Extension,* [On-line], 35(5). Available at: http://www.joe.org/joe/1995april/a5.html

Eiser, R. J., & Eiser, C. (1996). Effectiveness of video for health education: a review. *Health Education Authority*, London.

Hillis, B. J. (1998). Internet multimedia in domestic violence prevention. *Court Technology Bulletin,* [On-line] 10(3). Available at: http://www.ncsc.dni.us/ncsc/bulletin/V10n03.htm

National Clearinghouse on Child Abuse and Neglect (2002). Data from child maltreatment: Reports from the states to the national child abuse and neglect data system (MCANDS) and the national incidence study (NIS). Available at: http://www.acf.dhhs.gov/news/stats/caperps.htm

O'Donnell, L. N., San Doval, A., Duran, R., & O'Donnell, C. (1995). Video-based sexually transmitted disease patient education: Its impact on condom acquisition. *American Journal of Public Health*, 85(6). 817-822.