EFFECTIVENESS OF SCHOOL-BASED PREVENTION PROGRAM IN ADDRESSING INTIMATE PARTNER VIOLENCE

Anna Victoria Trieu
California State University - San Bernardino, avtrieu@gmail.com

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EFFECTIVENESS OF SCHOOL-BASED PREVENTION PROGRAM
IN ADDRESSING INTIMATE PARTNER VIOLENCE

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Anna Victoria Trieu
June 2017
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Approved by:

Dr. Janet Chang, Faculty Supervisor, Social Work

Dr. Janet Chang, M.S.W. Research Coordinator
ABSTRACT

Intimate partner violence (IPV) as it stands today still exists in many violent cases involving intimate relationships. Intervention programs seek to address this issue, however, fails to meet their intended outcomes to reduce prevalence rates of IPV. The research study evaluated the use of a prevention program and measures its effectiveness among high school students. This study sought to explain IPV prevention programs, making it explanatory and necessitates a quantitative research design. This study used secondary data analysis to assess effectiveness of this particular prevention program. Data was collected from 130 high school students within the Inland Empire who completed pre-surveys and post-surveys. Through data analysis, the study found the prevention program was effective by increasing the high school students’ knowledge about local resources for those experiencing IPV, specifically where to go for help. Another key finding revealed a majority of the participants were able to correctly define types of relationships and communication styles. However, the prevention program does not necessarily assess for participants’ knowledge on how to address conflict in a healthy manner, as measured by questions asked within the pre-surveys and post-surveys. This is not to say this particular prevention program was not effective in some areas. Still, there is room for improvement as far as future research; collaboration with seasoned researchers, school administrators, and social workers; and policy recommendations on this topic of school-based IPV prevention program.
DEDICATION

To my significant other, Chan Shin. He is my rock and constantly reminds me of my own strength. This simple phrase, “You’ll get through it” helped me surpass my own doubts and accomplish so much.

To my sister, Andrea Trieu. She is the jelly to my peanut butter.
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 CHAPTER ONE

INTRODUCTION

Problem Statement

Intimate partner violence (IPV) intervention programs as they are currently working have not been effective in addressing the prevalence of IPV and in achieving desired outcomes. For instance, recidivism rates of these intervention programs range from 21 to 40% within a 6- to 12-month follow-up period demonstrating its ineffectiveness (Hamel & Nicholls, 2007), meaning the perpetrators who have participated in intervention programs engage in the same violent behavior. Again, the effectiveness of IPV intervention programs is in question since the prevalence of IPV continues to exist. Currently, there are very few interventions that have been proven to be effective, which necessitates further assessment of these interventions and implementation of prevention programs (World Health Organization [WHO], 2016). Universal prevention programs already show much more promise in its effectiveness and achieving intended outcomes (O'Leary & Smith Slep, 2011). Despite these efforts, what is unclear is the effectiveness of these prevention programs. Since schools work with limited resources, we need to be sure these prevention programs are effective.

Many of the cases among families involve issues where IPV exists, which puts a significant strain on social workers. According to the U.S. Department of
Health & Human Services (USDHHS), domestic violence is considered a form of maltreatment toward children due to the emotional impact children endure. If the child’s safety is involved, social workers and other professionals are mandated to report this to Child Protective Services (CPS) (2016). Of the 3.6 million alleged maltreatment cases reported in the United States, 39% of those cases involved incidents of IPV and are either forwarded to law enforcement or referred out to community resources (USDHHS, 2016). This amount of cases becomes unmanageable at a micro level, which can lead to problems such as quality of services provided to clients and social worker burnout due to feeling overwhelmed by the amount of cases they need to address.

In this study, the term IPV will be used interchangeably with the terms dating violence and domestic violence since they are commonly used throughout research. IPV includes psychological abuse, nonsexual violence, sexual violence, and physical violence while in a relationship (Cornelius & Resseguie, 2006). This unwarranted aggression against partners often starts in junior high school and continues into high school. Unfortunately, IPV starts as early as 12 years old, and almost 35% of senior high school students reported engaging in IPV (O’Leary et al., 2011). In order to achieve the intended outcomes of IPV intervention programs, one needs to provide the younger population with the necessary skills early in their development to prevent IPV from occurring. Therefore, the way to achieve the intended outcomes of intervention programs
would be through educating during one’s youth by providing school-based prevention programs (ABA, 2016).

Purpose of the Study

The purpose of this study is to assess the effectiveness of a prevention program implemented at a high school within the Inland Empire, which was provided by a domestic violence agency within Los Angeles County.

In order to evaluate the effectiveness of prevention programs in a way that maximizes the limited resources schools and social services agencies have, it is important to assess if these programs are effective. The Expect Respect Prevention Program and the Bystander Programs taught its participants healthy behaviors and promoted confidence in intervening in situations that may lead to IPV. The specific programs mentioned have been implemented in many different states and have shown to be effective (Ahrens, Rich, & Ullman, 2011).

Nonetheless, there needs to be more research done to evaluate whether or not these programs will have the same results in other cities within the Inland Empire. To address this question, this study will look at one prevention program provided within the Inland Empire in a local high school. The challenge here was not being able to find other agencies with established preventions programs. With that being said, this program does appear to have its own set of strengths that will demonstrate its “promise” and effectiveness.
Upon researching prevention programs in the Inland Empire, there appears to be a limited amount of studies that have evaluated these programs. With the research that is available, the programs are not school-based. House of Ruth, a domestic violence shelter based in Claremont, CA, provides a children’s program that teaches them to learn other strategies to violence and to manage their anger in a constructive manner. This particular agency has also developed comprehensive school-based prevention programs that emphasizes the promotion of healthy relationships, bullying and teasing, and conflict resolution (House of Ruth, 2016). In addition, California State University, San Bernardino (CSUSB) mandates all students to complete End Sexual Violence Training to promote the safety and well-being of the campus. Options to complete training include trainings online, events on campus, and bystander workshops (CSUSB, 2016). Although there is no material discussing the effectiveness of these programs, social workers should be aware of what is available so they can determine if more prevention programs are needed in a particular area.

Many studies discuss a particular limitation of their program being that it does not consider environmental factors outside of an individual’s relationship. In a recent study, San Bernardino County, in collaboration with the California Pan-Ethnic Health Network (CPEHN), has determined that social and environmental factors directly impact the health of children. Some of these social and environmental factors included poverty and school safety. They recommend implementing policies for programs that will focus on bullying and teen dating
violence since it is so prevalent in many school settings (CPEHN, 2012). It is of extreme importance to have San Bernardino’s prevention programs strive in averting its youth from engaging in violence as their initial reaction to conflict and to avoid developing a tendency towards violence and violent relationships (Cornelius et al., 2007).

Significance of the Project for Social Work Practice

It is important to recognize the need for this study because the recidivism rates of intervention programs continue to be an issue. The ineffectiveness of the intervention programs keeps the rates of IPV steady. As previously stated, failure to reach the intended outcomes of intervention programs contribute to the maintenance of reported cases of IPV and validates why social workers must recognize the need to embrace a proactive approach to the issue of IPV.

Prevention programs provide children with several skills, including teaching them how to effectively address conflict through non-violent strategies (Wolfe & Jaffe, 1999). Without these skills, children continue to practice unhealthy behaviors within their social and intimate relationships. These unhealthy behaviors increase their chances of engaging in additional, unhealthy behaviors, which may lead to violence, whether it be physical, mental, emotional; these are all forms of IPV. Individuals who do not learn alternative ways of addressing conflict are at risk for involvement with social services and/or law enforcement. Social work practice is affected at a micro level because rates of
IPV will either stay the same or increase over time. It is imperative implemented prevention programs are effective across all age groups so social workers do not experience high levels of burnout since efforts will be reduced to intervene with perpetrators of IPV. Social work practice can also be affected at a macro level through social policy because more efforts can be made towards researching the components of prevention programs in order to ensure it is effective.

With the results of my proposed study, social workers will hopefully be able to be more receptive of a different, more positive strategy in interacting with at-risk youth, which include elementary, middle school, and high school-aged individuals. Knowing the benefits and results of prevention programs will impact and further validate a change in social work practice.

The generalist intervention process for social work practice consists of the beginning, assessing, planning, implementing, evaluating, and terminating stages of intervention with a client. The beginning stage is especially impacted because the first initial encounter with the perpetrator and/or victim would not occur, which then stops the other stages from becoming necessary. Dating violence and domestic violence incidences would cease to be a problem. Social workers would be able to continue their proactive approach to educate individuals with the necessary skills to engage and develop healthy relationships that do not include any type of violence.

Proving the effectiveness of utilizing prevention programs with students increases the likelihood of individuals engaging in nurturing a healthy
relationship. With more data on the Inland Empire’s successes with prevention programs, this can lead to a more positive perspective in looking at social relationships. Essentially, prevention programs will be set in place to do away with any issues of dating violence and domestic violence from transpiring. The study will address the research question: Is this school-based IPV prevention program effective for high school students within the Inland Empire?
CHAPTER TWO
LITERATURE REVIEW

Introduction

The following is a review on the literature surrounding the issues of dating violence and domestic violence and the reactive utilization of intervention programs to address the issues of IPV. The literature review will touch on the issues of dating violence, prevention programs in the United States, age-specific prevention programs, and the theories conceptualizing the creation of prevention programs to stop violence from occurring within intimate relationships.

Dating Violence

As previously stated, dating violence is psychological abuse, nonsexual violence, sexual violence, and physical violence while in a relationship (Cornelius et al., 2006). Unfortunately, dating violence affects 1 in 10 teens while in a relationship (House of Ruth, 2015). This means these individuals did not learn or practice healthy behaviors at a young age in regards to being in a relationship. Dating violence affects all populations and negatively impacts their sense of self-worth.

The literature states victims of dating violence continue to stay in violent relationships for many reasons, including love, confusion, belief in changing their partner, denial, shame/guilt, fear of retaliation or harm, emotional dependence,
low self-esteem, false hopes, peer or family pressure, isolation, economic
dependence, fear of being "outed", and lack of information or resources (House
of Ruth, 2015). This speaks to how significant it is to address dating violence
before it affects individuals in relationships. In order to successfully tackle this
problem, discussion of the effectiveness of prevention programs is necessary.

Prevention Programs in the
United States

School-based prevention programs are known by many different names,
such as intervention programs. In a sense, all these programs are in response to
an event or after something has happened. In this study, the prevention
programs developed for a number of reasons, which include negative
physiological and mental health impacts intimate partner violence has on
individuals in a relationship. In fact, IPV was determined to be a “significant
public health problem” (Capaldi & Langhinrichsen-Rohling, 2012). However, the
critical component of these prevention/intervention programs and main foci of this
study is to stop dating violence before it ever occurs and identifying effectiveness
of prevention programs. Many prevention programs target at-risk youth and/or
individuals that have experienced violence in their lives (Ball, Kerig, &
Rosenbluth, 2009). As an effort to address this limitation, this study focuses on
teaching younger individuals necessary preventative strategies to foster healthy,
non-violent relationships. Since there is limited research on the factors explicitly
defining the development of a healthy relationship, the term will be defined
through several sources. Individuals in a healthy relationship have healthy communication and decision-making skills they can use across several high-pressure situations and behaviors, including personal safety and injury prevention, healthy growth and sexuality, and substance use and abuse (Antle, Sullivan, Dryden, Karam, & Barbee, 2011; Wolfe, Crooks, Jaffe, Chiodo, Hughes, Ellis, Stitt, & Donner, 2009).

When researching school-based prevention programs, it is crucial to understand the reason why dating violence itself needs to stop. Unfortunately, almost half the incidents of dating violence happen on school grounds. Not only does this make it that much more critical for these prevention programs to be effective, teen dating violence is known to cause serious side effects, including: injuries, decreased academic performance, and increased risk for substance use and risky behavior (Ball et al., 2009).

**Effectiveness**

The effectiveness of some of these programs were measured using the Conflict in Adolescent Dating Relationships Inventory, a scale in which participants responded with a yes or no depending on the statement (e.g., “While you were having an argument…I pushed, shoved, or shook him/her”) (Wolfe et al., 2009). This methodological scale is limited though because the responses are self-reported, which means individuals may have answered untruthfully to appear more positive to the researcher. Many of these programs speak to the limitation of being able to measure effectiveness as a result of the prevention
program and instead speak in terms of “promise.” Through a 25-item measure, one study was able to determine their prevention program was effective in changing an individual’s attitudes about dating violence (Cornelius et al., 2007). However, a limitation to this measurement was there was no follow-up on their attitudes about dating violence over time.

One prevention program implemented in Austin, Texas, the Expect Respect Support Groups, targets at-risk youth (middle- and high-school aged students) who have suffered domestic violence or sexual abuse and/or have witnessed parental violence. These groups are implemented with the goal of preventing dating violence from happening again. Expect Respect determined some aspects of their program to be effective, which included the development of positive peer relationships and healthy relationship skills (Ball et al., 2009). Additionally, in a systematic review of 53 studies, it was determined that programs were effective in regards to violence reduction in multiple school environments, regardless of socioeconomic status, crime rate, or ethnicity (Guide, 2014). In general, studies demonstrate school-based prevention programs are effective across all school settings and diverse populations (DHSS, 2007).

Benefits

The benefits of these prevention programs varied. Students of the Expect Respect Prevention Program learned about behaviors that would sustain healthy relationships, and there were less reports of incidents of dating violence (Ball et
Parts of the Bystander Programs reported they had more confidence in intervening if they were observing a situation that may lead to dating and/or sexual violence (Ahrens, Rich, & Ullman, 2011). Overall, participants of prevention programs learn skills to have a healthy relationship without any type of violence.

Age-Specific Prevention Programs

Upon research, there was a limited amount of literature focusing on prevention programs that have been implemented for a specific age group. Many of the conducted research on prevention programs focus on individuals in middle- and high-school students (Antle et al., 2010; Ball et al., 2009; Wolfe et al., 2011). However, from the available research, a prevention program, The Safe Dates Project of Foshee, was conducted with the freshman classes of 20 public high schools. Through these violence prevention programs, the study concluded the youth participants were able to consciously engage in healthy behavior by making nonaggressive decisions to resolve their problems. This particular prevention program hones in on this population of individuals who have certain lifestyle choices, which is influenced in large part by their age (Wolfe et al., 2011). Since IPV is more prevalent among younger individuals, it makes sense that prevention programs appear to show more promise amongst this population (O’Leary et al., 2011). Depending on the age group, the designated curriculum
and terminology within prevention programs needs to be altered so it is age-appropriate (A. Solis, personal communication, October 18, 2016).

Although there is a gap in the literature regarding age-specific prevention programs, it is still important to make note of the research that is available. In a 1999 research study, Wolfe delineates between three different approaches to addressing domestic violence prevention – primary, secondary, and tertiary prevention. Within these strategies, he also separates them into life stages – infants and preschoolers (0 to 5 years), school-aged children (6 to 12 years), adolescents and high-school age youths (13 to 18), and adults (18 years and older). In primary prevention, infants and preschoolers are taught about prevention by nurses and paraprofessionals who educate their parents about domestic violence. School-age children are made aware of violence and other ways to resolve conflict through education. Adolescents are taught similarly about prevention, however, the education emphasizes becoming familiar with dating violence and developing healthy, intimate relationships. Lastly, adults learn best through public education in the form of campaigns, which promotes bringing awareness to domestic violence (Wolfe et al., 1999).

Theories Guiding Conceptualization

One prominent theory guiding conceptualization of these prevention programs is the Life Course theory. Life Course theory focuses on different life stages that influence an individual’s development and helps to identify risk
factors that may lead to maladaptive behaviors, such as dating violence. When developing prevention programs, it is important to look at it through the life course perspective because it specifies what stage is best to intervene and what age it will be effective. The World Health Organization (WHO), an agency specializing in international public health, believes prevention programs are most effective for younger age groups; implementation of these prevention programs disrupts the trajectory of these individuals by stopping them from developing unhealthy, violent behaviors (WHO, 2010). As previously mentioned, teenagers have already shown signs of IPV making it necessary for prevention programs to be implemented at a young age (House of Ruth, 2015).

The Ecological Model is also important when developing preventative strategies to address intimate partner and sexual violence. This model considers the influence of societal, community, relationship, and individual factors on whether or not someone engages in dating violence. At the individual level, some students may be more likely to become victims of dating violence and/or perpetrators of violence due to their personal experiences (WHO, 2010). For this reason, many prevention programs have targeted at-risk populations to address this dynamic. These individuals may have developed this violent behavior because it is their way of coping. The Expect Respect Prevention Program noted that although participants were able to improve their personal relationships, the social environment of these participants were still abusive (Ball et al., 2009). Therefore, from an ecological perspective, other outside factors must be
considered. At the relationship level, it is important to look at an individual’s friends and family since they have a huge influence on how an individual views dating violence. This affects the type of transactions individuals have when interacting with others involved in their social environment. The community level of the ecological model looks at environmental influences, including schools. In order to bridge the societal gap created between various societal levels, which include gender inequality, religion, culture, norms, and economy, these components must be brought to the forefront of concern (WHO, 2010). This relates to specific areas not having equal access to prevention programs because of the simple fact that it is not offered. A comprehensive perspective like this promotes the uniqueness of the individual, which some prevention programs do not consider (WHO, 2010).

Summary

The current literature focuses on the issues of IPV. Although there is minimal literature specific to the Inland Empire, House of Ruth has provided genuine results from their own programs to demonstrate the necessity for prevention programs. To better understand the scope of the issue of dating violence and domestic violence and ineffectiveness of intervention programs, it is important to discuss prevention programs within the United States and in the Inland Empire. Creating awareness of the positive results of prevention programs further necessitates emphasis on the characteristics influencing the development
of successful prevention programs. As prevention programs become the norm, it is the hope that cases of violence in relationships will gradually subside.
CHAPTER THREE

METHODS

Introduction

This study measures the effectiveness of a single IPV prevention program provided to high school students in the Inland Empire. This chapter will cover the research methods used to carry out this study. The sections discussed in this chapter include: study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The objective of this study seeks to examine the effectiveness of an IPV prevention program that was administered to high school students. This is an explanatory research project, which necessitates a quantitative research design. These results provide a numerical picture as evidence of the effectiveness of this particular prevention program. In this study, pre-surveys and post-surveys were administered to the group members of this prevention program. However, these surveys contain a mix of quantitative and qualitative questions regarding what the students have learned about dating violence, their emotions, and qualities that make up a healthy relationship. Since the topic of IPV can be sensitive and trigger negative emotions within participants of the prevention programs, it was important to allow participants to express their opinion about the program and for
the students to ask any additional questions by providing open-ended questions within the survey. However, a limitation to using this method is how it may be different from the research methods other intervention programs are using to measure the effectiveness of their programs. The research question asks if the high school participants will be able to demonstrate their understanding of healthy relationships and of IPV, demonstrating this prevention program was effective with this particular age group.

Sampling

Participants are Inland Empire high school students enrolled in a psychology course. This Inland Empire high school reached out to a domestic violence agency within Los Angeles County to implement their prevention programs. This high school contacted the agency to receive prevention education and is a willing entity of the implementation of this prevention program. This study utilizes non-probability sampling because the students are only able to participate in the IPV programs if the school is choosing to implement them, which does not give all students equal chances of being selected for this sample. The sampling criteria consists of the students from this Inland Empire high school who were able to participate in the prevention program offered at their school. Altogether, there were 66 participants. Participants of this program are of high school age and of various ethnic backgrounds and socioeconomic status. Some participants were technically involuntary since the school asked for the
prevention program to be provided to their students through class instruction. The sampling method utilized in this study is non-probability sampling because each student within this population does not have an equal chance of being selected to participate.

Data Collection and Instruments

The research design used in this study was that of a pre-experimental design since a single group of students is observed before and after they have participated in the prevention program. Data has been collected from students from a high school within the Inland Empire; they are not being compared to a control group. The participants were given a survey prior to participating in the prevention program. Once the participants completed the program, the post survey was administered to measure different components of the prevention program.

The independent variable of this study is the implementation of the prevention program; the level of measurement for this variable is nominal, dichotomous. For this study, the dependent variable used to measure effectiveness of the prevention program is the number of correct answers students receive on the post-survey distributed by its facilitators. The survey asks the students questions about what they have learned and whether or not they know how common dating violence is in teens, the definitions of different types of relationships, and knowing where to go if people need help. Since some of the
questions included in the survey are open-ended, this qualitative data will also be used to find themes and patterns with the students’ responses.

The strength of using this method makes the data more generalizable to the population since the sample size is large. A limitation to this method was the use of the open-ended questions within the survey instrument. Since students were able to express in their own words, it was difficult to compare students’ responses and to transcribe them accurately.

Procedures

Data was gathered by soliciting IPV/prevention services agencies within the Inland Empire. Agencies were contacted via email and/or telephone, for meetings to be scheduled, and for statistics to be obtained from each agency’s prevention programs. Among all IPV/Prevention services contacted, one meeting proved to be beneficial. An approval letter was obtained from this agency in order to review and use their collected data. The prevention manager from this agency provided the study with already collected information. The provided data was used to answer the research question of the study. In order to analyze effectiveness of this prevention program, I looked through pre- and post-surveys and gathered themes through both quantitative and qualitative analysis. After obtaining the already collected data from the agency, analysis of the data will determine if the high school students truly achieved the desired outcomes of this prevention program.
Protection of Human Subjects

Since the data being used in this study has already been collected, this means the data was not being directly collected from the participant and their identities have already been protected. This protected the confidentiality and anonymity of these human subjects. The participating domestic violence/prevention agency had the choice to voluntarily participate and provide the data they have collected. This participation was provided in written form as an approval letter from the agency and will be included in the appendix.

Data Analysis

The quantitative procedure that was utilized to answer the research question of this study was secondary data analysis. Secondary data analysis was required for this study because no new data was personally collected by the researcher. The researcher did not distribute instruments to the specific population this study sought to analyze.

As previously stated, the survey instrument utilized for this prevention program consisted of open-ended questions, which necessitated utilizing a qualitative data analysis approach for this component of the survey. The qualitative data gathered from the participants’ responses to the open-ended questions were analyzed in order to identify themes and patterns to the information provided through the implemented prevention program. Univariate analysis was also used for the qualitative data being that it was tracked by the amount of times the identified themes and patterns occur. This provided the
study with a simple numerical list of the themes and patterns and how many
times participants described the same themes and patterns.

Secondary data analysis of the collected data will be analyzed through
Statistical Package for the Social Sciences (SPSS). The collected data was
analyzed by running multiple chi-square tests for the students who participated in
the prevention program and completed the pre-surveys and the post-surveys.

Summary

In summary, this chapter presents the purpose of the study to evaluate the
effective of this agency’s prevention program with these particular high school
students enrolled in the psychology course. The specific purpose of the proposed
study is also discussed by providing the research method utilized in this
particular study; the study included both quantitative and qualitative data that was
analyzed simultaneously to address the research question. This study also
mentions this data has already been collected by a domestic violence agency
within the Inland Empire so the participating high school approved for this agency
to conduct studies on human subjects and to prove confidentiality and anonymity
of the participants will be protected. The collected data from the surveys the
agencies administered were analyzed to measure effectiveness and to note
common themes and patterns within participants’ responses.
CHAPTER FOUR

RESULTS

Introduction

This chapter will present the major findings within the quantitative data regarding participants’ perception of dating violence, relationships, self-esteem, knowledge, and communication. Additionally, this chapter will present major findings of the qualitative data and identify its major themes from participant responses to “stereotypes from society for men and women” and “qualities [that] make up a healthy relationship”.

Presentation of the Findings

The following tables provide the results from collected quantitative data of this research study. The tables with quantitative data show which variables were significant from the study’s surveys. Additionally, context will be presented from the collected qualitative data to identify specific themes that appeared in the participants’ responses in the completed surveys. These responses were categorized into multiple themes including: what women should do versus what men should do, and characteristics of healthy relationships. These identified themes also possess subthemes. Within the major theme of gender stereotypes, the subthemes include: female and male norms, equity, and appearance. Within the major theme of healthy relationships, the subthemes include: non-violent
communication, trust, respect for one another, emotional support, and understanding of one another.

In the study, there were 130 surveys completed. Of these surveys, 66 of the surveys were pre-surveys and 64 were post-surveys. The student participants of the study were high school students in a psychology class. The pre-surveys and post-surveys do not match as they were not numbered, and two students were not present when the post-survey was distributed at the last session of the prevention program.

The pre-survey used in the study contained a combination of multiple choice, Likert scale, close-ended and open-ended questions. The purpose of the pre-survey was to obtain a baseline from the completed pre-surveys. With the results of the pre-surveys, a comparison could be made to the results of the post-surveys in order to determine effectiveness of the prevention program. The pre-survey multiple-choice questions asked the participants to provide an answer to: “How common do you think dating violence is in teens?”, “I know how to be a good listener to my friends and have healthy friendships”, and “I know where people can go for if they have problems.”

Dating Violence

Of the 66 pre-surveys, 20% of the participants responded with the correct answer (Table 1). Of the 64 post-surveys, 20% of the participants responded with the correct answer (Table 1). This demonstrates there was no difference in the amount of individuals that answered correctly following the prevention program.
Table 1. Participant Responses on Dating Violence

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pre-survey N (%)</th>
<th>Post-survey N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>How common is dating violence in teens?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 in 3 (Correct answer)</td>
<td>13 (20)</td>
<td>13 (20)</td>
</tr>
<tr>
<td>1 in 5</td>
<td>30 (45)</td>
<td>25 (39)</td>
</tr>
<tr>
<td>1 in 10</td>
<td>17 (26)</td>
<td>14 (22)</td>
</tr>
<tr>
<td>1 in 20</td>
<td>4 (6)</td>
<td>2 (3)</td>
</tr>
<tr>
<td>Missing</td>
<td>2 (3)</td>
<td>10 (16)</td>
</tr>
<tr>
<td>Total</td>
<td>66 (100)</td>
<td>64 (100)</td>
</tr>
</tbody>
</table>

Relationships

Of the 66 pre-surveys, 76% of the participants responded “Yes” to “I know how to be a good listener and have healthy relationships”, 20% of the participants responded with “I’m not sure”, and 3% did not respond with an answer (Table 2). In both the pre- and post-surveys, 1% of the participants responded “No” to “I know how to be a good listener to my friends and have healthy relationships” (Table 2). Of the 64 post-surveys, 81% of the participants responded “Yes”, 13% responded “I’m not sure”, and 5% did not respond with an answer to the same statement (Table 2).

Table 2 also presents the participants’ responses on the following statements: “A healthy relationship means…”, “An unhealthy relationship means…”, and “An abusive relationship means…” by matching these statements to their correct definition. Based on the participants’ responses from the pre-surveys, over 90% of participants correctly defined a “healthy relationship”, close
Table 2. Participant Responses on Relationships

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pre-survey N (%)</th>
<th>Post-survey N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know how to be a good listener to my friends and have healthy relationships.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>50 (75.76)</td>
<td>52 (81.2)</td>
</tr>
<tr>
<td>No</td>
<td>1 (1.51)</td>
<td>1 (1.6)</td>
</tr>
<tr>
<td>I’m not sure.</td>
<td>13 (19.7)</td>
<td>8 (12.5)</td>
</tr>
<tr>
<td>A healthy relationship means…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1*</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>2** (Correct answer)</td>
<td>62 (93.94)</td>
<td>59 (92.2)</td>
</tr>
<tr>
<td>3***</td>
<td>2 (3.03)</td>
<td>2 (3.1)</td>
</tr>
<tr>
<td>An unhealthy relationship means…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1*</td>
<td>5 (7.58)</td>
<td>3 (4.7)</td>
</tr>
<tr>
<td>2**</td>
<td>2 (3.03)</td>
<td>2 (3.1)</td>
</tr>
<tr>
<td>3*** (Correct answer)</td>
<td>57 (86.36)</td>
<td>56 (87.5)</td>
</tr>
<tr>
<td>An abusive relationship means…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1* (Correct answer)</td>
<td>59 (89.39)</td>
<td>58 (90.6)</td>
</tr>
<tr>
<td>2**</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>3***</td>
<td>5 (7.58)</td>
<td>3 (4.7)</td>
</tr>
<tr>
<td>Missing</td>
<td>2 (3.03)</td>
<td>3 (4.7)</td>
</tr>
<tr>
<td>Total</td>
<td>66 (100)</td>
<td>64 (100)</td>
</tr>
</tbody>
</table>

1* What one partner says does, and if the other partner tries to change this, there will be consequences.
2** They make decisions together and hold each other to the same standards.
3*** One or both partners sees their desires or decisions as more important.

to 90% of participants correctly defined an “unhealthy relationship”, and close to 90% of participants correctly defined an “abusive relationship”. Similarly, based on the participants’ responses from the post-surveys, over 90% of participants correctly defined a “healthy relationship” and an “abusive relationship”, and close
to 90% correctly defined an “unhealthy relationship” (Table 2). The other participants either incorrectly defined these terms or did not answer at all.

**Self-Esteem**

Table 3 focuses on participants’ responses to statements pertinent to their perception of their self-esteem. When participants responded to “I feel good about who I am”, almost half (45.5%) responded with “Most of the time”; over 30% responded with “Some of the time”, and almost 20% responded with “All of the time”. To this same statement, 0 participants responded with “None of the time”. When participants were asked to respond to “I think negatively about myself”, almost 80% of participants responded with “Some of the time”, 15.1% responded with “Most of the time”, and almost 8% responded with “None of the time”. No participants responded with “All of the time” to this statement. Lastly, participants were asked to respond to “I feel guilty when someone wants me to do something and I say ‘No’”; almost half (46.9%) of the participants responded with “Some of the time”, about 26% responded with “Most of the time”, almost 20% responded with “None of the time”, and about 8% responded with “All of the time”. “I never say no” was not given by any participants.
Table 3. Participant Responses on Self-Esteem

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pre-survey N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel good about who I am.</td>
<td></td>
</tr>
<tr>
<td>All of the time</td>
<td>13 (19.7)</td>
</tr>
<tr>
<td>Most of the time</td>
<td>30 (45.5)</td>
</tr>
<tr>
<td>Some of the time</td>
<td>23 (34.8)</td>
</tr>
<tr>
<td>None of the time</td>
<td>0 (0)</td>
</tr>
<tr>
<td>I think negatively about myself.</td>
<td></td>
</tr>
<tr>
<td>All of the time</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Most of the time</td>
<td>10 (15.1)</td>
</tr>
<tr>
<td>Some of the time</td>
<td>51 (77.3)</td>
</tr>
<tr>
<td>None of the time</td>
<td>5 (7.6)</td>
</tr>
<tr>
<td>I feel guilty when someone wants me to do something and I say “No.”</td>
<td></td>
</tr>
<tr>
<td>All of the time</td>
<td>5 (7.6)</td>
</tr>
<tr>
<td>Most of the time</td>
<td>17 (25.8)</td>
</tr>
<tr>
<td>Some of the time</td>
<td>31 (46.9)</td>
</tr>
<tr>
<td>None of the time</td>
<td>13 (19.7)</td>
</tr>
<tr>
<td>I never say no.</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Total</td>
<td>66 (100)</td>
</tr>
</tbody>
</table>

Knowledge

Data collected on participants' knowledge about “where people can go for help if they have problems” revealed more participants of this prevention program knew where people could go if an individual were having problems following the program. According to Table 4, over 80% of participants responded with “Yes” to “I know where people can go for help if they have problems” on the post-survey. While on the pre-survey, 33% responded with “Yes” to this statement – almost a 50% increase in participants' knowledge from pre-surveys to post-surveys.
Table 4. Participant Responses on Knowledge

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pre-survey N (%)</th>
<th>Post-survey N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know where people can go for help if they have problems.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>22 (33.33)</td>
<td>52 (81.25)</td>
</tr>
<tr>
<td>No</td>
<td>22 (33.33)</td>
<td>2 (3.125)</td>
</tr>
<tr>
<td>Maybe</td>
<td>21 (31.82)</td>
<td>8 (12.5)</td>
</tr>
<tr>
<td>Missing</td>
<td>1 (1.52)</td>
<td>2 (3.125)</td>
</tr>
<tr>
<td>Total</td>
<td>66 (100)</td>
<td>64 (100)</td>
</tr>
</tbody>
</table>

Communication

The results from the pre-survey and post-survey demonstrate whether or not there was a change in participants' ability to define “aggressive”, “assertive”, and “passive” communication (Table 5). The results of the pre-surveys show over half (59.09%) of the participants correctly defined “aggressive” communication; over half (54.55%) of the participants also were able to correctly define “assertive” communication. Similarly, exactly half (50%) of the participants correctly defined “passive” communication.

In comparison to the post-surveys, there is an increase of participants correctly defining each type of communication from the pre-surveys. The results of the post-surveys show almost 70% of participants responded with the correct answer to each term (Table 5).
Table 5. Participant Responses on Types of Communication

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pre-survey N (%)</th>
<th>Post-survey N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggressive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1*</td>
<td>6 (9.1)</td>
<td>3 (4.68)</td>
</tr>
<tr>
<td>2**</td>
<td>16 (24.24)</td>
<td>11 (17.19)</td>
</tr>
<tr>
<td>3*** (Correct answer)</td>
<td>39 (59.09)</td>
<td>43 (67.19)</td>
</tr>
<tr>
<td>Assertive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1* (Correct answer)</td>
<td>36 (54.55)</td>
<td>43 (67.19)</td>
</tr>
<tr>
<td>2**</td>
<td>12 (18.18)</td>
<td>5 (7.81)</td>
</tr>
<tr>
<td>3***</td>
<td>13 (19.7)</td>
<td>9 (14.06)</td>
</tr>
<tr>
<td>Passive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1*</td>
<td>19 (28.79)</td>
<td>11 (17.19)</td>
</tr>
<tr>
<td>2** (Correct answer)</td>
<td>33 (50)</td>
<td>41 (64.06)</td>
</tr>
<tr>
<td>3***</td>
<td>9 (13.64)</td>
<td>5 (7.81)</td>
</tr>
<tr>
<td>Missing</td>
<td>5 (7.57)</td>
<td>7 (10.94)</td>
</tr>
<tr>
<td>Total</td>
<td>66 (100)</td>
<td>64 (100)</td>
</tr>
</tbody>
</table>

1* Straightforward and open expression of a person's needs, desires, thoughts, and feelings, while still considering and respecting the needs of others.
2** Afraid of confrontation and do not feel they have the right to make their wishes and desires known, allows others to choose.
3*** Expressing needs and desires that do not care about the feelings of others and are selfish and unwilling to compromise.

Chi-Square Test

Chi-square tests were completed to search for significant differences between variables within the pre- and post-surveys. The results revealed there was no significant differences between any of the variables except for Knowledge (Table 4). A chi-square test was performed to examine the relation between participants' knowledge of where to go pre-survey and participants' knowledge of
where to go post-survey. The relationship between these variables was significant, \((x^2 = 34.605, \text{df} = 2, p = 0)\) (Table 6). Participants of this prevention program have increased knowledge of where people can go for help if they have problems with IPV.

Table 6. “Where People Can Go” Chi-Square Test

<table>
<thead>
<tr>
<th>Asymptomatic Significance (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-Square</td>
</tr>
<tr>
<td>34.605</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>.000</td>
</tr>
</tbody>
</table>

**Gender Stereotypes**

One major theme identified through the surveys’ collected qualitative data was gender stereotypes. Based on participants’ responses, a few subthemes emerged including: female and male norms, equity, and appearance.

Prior to the implementation of this prevention program, a pre-survey was distributed and participants were asked to respond to: “Women should…”; a little over half of the participants (56%) responded and identified expected norms of women. One participant responded, “Women should be expected to do everything and please their partner/spouse in whatever they say”. Many participants responded, “Women should be housewives”. In contrast, another participant responded with, “I don’t feel that women are obligated to do anything”. 

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In regards to equity, 6 participants (9%) responded with answers relevant to this particular subtheme. One participant responded, “Women should both be equal, no more or less than each other”. Lastly, some participants provided responses involving appearance. Many participants answered with “Women should have a nice body; always look pretty; be beautiful and skinny” and so forth.

On the pre-survey, when participants were asked to respond to: “Men should…”, over sixty percent of the participants (64%) responded and identified expected norms of men. Many participants responded, “Men should be strong; work; and make money”. Through further observation of this statement, 5 participants (8%) responded with relevant answers to the subtheme of equity. One participant in particular responded with, “Men should be able to share their feelings without being judged”. About 15% of participants provided responses pertaining to men’s appearance. Many of the responses included: “Men should be fit; have a good body; have abs; be masculine”, etc.

Following the termination of this prevention program, a post-survey was distributed where participants were asked to respond to the same statement. While looking through the post-surveys, 73% of the participants responded with answers relevant to expected norms of women and 72% of the participants responded with answers relevant to expected norms of men. As far as the subtheme of equity, only 8% of the participants responded to this statement by identifying elements of equity for both women and men. In regards to appearance, 34% of the participants responded with answers relevant to this
subtheme for women; 25% of the participants responded with answers relevant to this subtheme for men.

Qualities of a Healthy Relationship

A question on the pre- and post-survey asked for the participants to respond to: “What qualities make up a healthy relationship?” Many themes emerged based on participants’ responses including: 1) communication, 2) trust, 3) equity and 4) understanding of one another. First, in terms of communication, participants identified non-violent communication as a significant quality in order to foster a healthy relationship. Many participants (40%) responded with communication being a quality required in a healthy relationship. Secondly, over two-thirds of participants (42%) identified trust as being another quality of a healthy relationship. Thirdly, 21% of participants responded and believed having equity is essential in a healthy relationship. Finally, 10% of participants responded and identified understanding of one another as a quality of a healthy relationship.

Summary

This chapter highlighted the frequency and percentage data gathered from both the pre- and post-surveys. The tables presented focused on the quantitative data that were separated into the following categories, including: dating violence, relationships, self-esteem, knowledge and communication. Chi-square tests were also completed to determine significance between variables of the collected pre- and post-surveys. Additionally, this chapter also addressed major themes.
identified through collected qualitative data pertaining to gender stereotypes and qualities of a healthy relationship.
CHAPTER FIVE

DISCUSSION

Introduction

This chapter will discuss the major findings as presented in Chapter 4. Limitations of the study and recommendations for social work practice, policy, and research will also be presented. This chapter will then conclude with a summary of the discussed findings.

Discussion

The collected data from this study could be categorized into knowledge and perception of the previously identified themes. Participants demonstrated their knowledge by defining different types of relationships and communication styles and responding "yes", "no", or "maybe" to knowing where people could go when they have problems. The study found the prevention program was effective in teaching the high school students about where individuals can go when they are experiencing problems in their relationship. As presented by House of Ruth (2015), individuals in violent relationships tend to stay with one another due to a lack of knowledge about resources. As such, prevention programs may impact the likelihood of individuals seeking services because they will have obtained knowledge through the program about where to go if they find themselves in a violent relationship.
One goal of this study was to see if participants of prevention programs are able to correctly define a healthy relationship and which communication style goes hand in hand with the correct definition. The study found the majority of participants in both pre-surveys and post-surveys correctly defined “aggressive”, “assertive”, and “passive” communication. With that being said, results of the study appear consistent with other studies’ findings expressing individuals in a healthy relationship have healthy communication skills to address different issues (Antle et al., 2011; Wolfe et al., 2009). It is the hope that since the participants can define the different communication styles, they are able to identify when there is an issue and then practice healthy communication skills within their relationships. It is also true these participants are high school students, and therefore, due to their age, they have had ample time to learn the definitions of these communication styles. However, this does not ensure these individuals possess knowledge of how to engage in a healthier form of communication, such as “assertive” communication.

The study revealed most participants assumed dating violence in teens was less common. However, dating violence actually happens more often than the participants perceived. Although participants were not aware of the correct response in which dating violence occurs between 1 in 3 teens, the number of responses for the other choices (1 in 5 teens; 1 in 10 teens; 1 in 20 teens) evidently decreased from the pre-survey to the post-survey. According to Cornelius & Resseguié’s (2007) study, their prevention program was effective in
regards to changing participants’ attitudes about dating violence. This is consistent to the collected results of this study in that participants’ perception of the prevalence of dating violence also changed after taking part in the prevention program.

A major finding of this study was identified as self-esteem. In regards to self-esteem, this study revealed most participants felt positively about themselves. When participants were asked to respond to “I think negatively about myself”, not all the responses were positive. Moreover, the data demonstrates participants think positively about themselves more times than they think negatively about themselves. The last statement participants were asked to respond to as far as Self-Esteem was “I feel guilty when someone asks me to do something and I say ‘No.’” A majority of the participants felt some sense of guilt when saying no to someone. With these statistics, it is imperative to mention how these participants perceive themselves influences how confident they feel about intervening when observing a situation likely to turn into an incidence of dating violence (Ahrens et al., 2011). Since most participants answered more positively, it is more than likely the participants would intervene in such situations that could lead to dating violence.

Limitations

Although this study revealed one statistical significance and several themes, it is important to consider the limitations of this study. One noted limitation to this study was that the pre-surveys and post-surveys were not
matched, thus making impossible to measure effectiveness by individual participant’s responses. Oddly enough, another notable limitation to this study was that the questions that focused on self-esteem included in the pre-survey was not included on the post-survey. For this reason, the benefits or lack thereof to participants’ self-esteem before and after the implementation of the prevention program cannot be measured. Another limitation found in this study is the lack of accurate demographic information of the participants. While this study utilized pre-surveys and post-surveys that can usually be used as an effective comparative tool, an additional limitation was the lack of usable data previously collected by this individual domestic violence agency. Another limitation to the study was inaccessibility to collected data from prevention programs provided by other agencies within the Inland Empire.

Recommendations for Social Work Practice, Policy, and Research

As per the findings of the study, the prevention program was only significantly effective in teaching the participants about resources for individuals who are experiencing IPV. For this reason, the first recommendation is for agencies implementing prevention programs within schools to work collaboratively with research consultants. The agency and the research consultant will have the opportunity to develop an instrument that possesses applicable elements, which would guarantee the instrument measures effectiveness of the prevention programs. This would ensure evaluation of the
prevention program is well-planned long before the program is implemented to students. Another recommendation that goes hand in hand with ensuring a prevention program possesses more promise would be to hold focus groups where individuals who work closely with students could share their perspective on what would work best with those students. This focus group would include social workers, school administrators, and other agencies and/or groups who have implemented prevention programs or are thinking of creating one.

The unmatched surveys of this study made data analysis difficult as far as measuring effectiveness. Since this has been made apparent, it is important to mention that without a useful instrument to measure effectiveness, the research findings appear to be irrelevant to previous findings. With that being said, there is also limited research on prevention programs showing effectiveness. Most focus on the “promise” of the prevention program. As such, more research needs to be done on this specific topic. This will provide more empirical data for review by individuals who are interested in this topic. The hope is that this study will demonstrate the importance for social workers to undertake this task and to also advocate its importance.

The last recommendation relates to policy. As social workers, it is important to remember that social policy influences many aspects of service to the client population. For this reason, social workers are expected to engage in social work practice at a macro level, such as lobbying for a change in social policy. At a macro level, social workers could advocate for the standardization of
prevention programs, making it easier to compare the programs and to measure at which age or population these prevention programs have the most impact. Additionally, social workers can also promote change by addressing the issue of IPV prevention programs at a micro level. Social workers need to make this issue known to different agencies where social workers are employed. It would be significantly valuable for social workers to take responsibility to help at-risk populations by being proactive in implementing IPV prevention programs that can effectively teach students healthy communication skills and make sure these programs are made in a way that measures effectiveness.

Conclusions

This study demonstrated most of the high school students that participated in the prevention program have a positive outlook on themselves. However, most of them also do not realize how common dating violence is among their peers and the similarity of identified gender stereotypes among them. The study also concluded these same students can correctly define healthy, unhealthy, and abusive relationships. The students believe communication and trust are important components to having a healthy relationship. In the study, most participants were able to correctly define the different types of communication styles, however, there were no questions addressed about whether or not the participants were aware of how to engage in each communication style. After the prevention program concluded, participants revealed they now were more
familiar about where individuals could go for help, especially in regards to dating violence. To address some of the limitations of the study, recommendations were made in regards to future research on this topic; collaborative work with research consultants, service agencies, and social workers; and policy work. Through these recommendations, it is the hope that more will be done to address the issue of IPV before it has a chance to occur within intimate relationships so that individuals will be able to live a safe and healthy life.
APPENDIX A

IRB APPROVAL LETTER
Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

Proposal is:

☑️ approved

☐ to be resubmitted with revisions listed below

☐ to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

☐ faculty signature missing

☐ missing informed consent ☐ debriefing statement

☐ revisions needed in informed consent ☐ debriefing

☐ data collection instruments missing

☐ agency approval letter missing

☐ CITI missing

☐ revisions in design needed (specified below)

Committee Chair Signature ___________________________ Date 2/9/17

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student
APPENDIX B

AGENCY APPROVAL LETTER
November 16, 2016

To whom it may concern,

Anna Trieu has requested to complete a research project with House of Ruth. She will be conducting research about our agency, specifically dealing with our Prevention and Community Education Program. Ms. Trieu will be using data from both our current (2016-17) and most recent fiscal years (2015-16).

Our Prevention Education Manager, Ashley Solis has spoken with the student and will provide the data needed to complete this research study. I understand that this research project will be published and used in her research project to complete her Masters in Social Work at CSUSM. If you have any further questions or concerns, please feel free to contact Ashley at 909-623-4364, extension 5008.

Thank you,

Pat Bell

Pat Bell, Director of Development
House of Ruth
REFERENCES


U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's


