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THE STUDY OF SELF-EFFICACY IN LATIN FEMALE  
IMMIGRANTS ATTENDING A SUPPORT GROUP  
AT A COMMUNITY BASED AGENCY

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

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

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by  
Leslie Maldonado

June 2003

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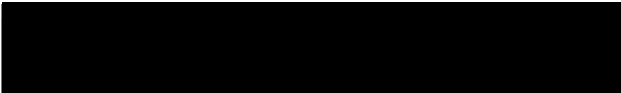

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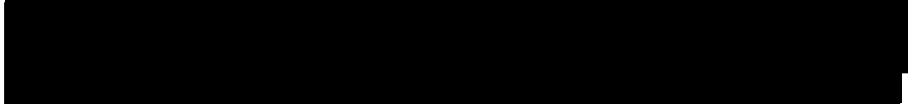
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by  
Leslie Maldonado  
June 2003

Approved by:

  
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5/30/03  
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## ABSTRACT

The focus of this study is the effectiveness in increasing self-efficacy and self-esteem levels, parenting skills, awareness about domestic violence issues, and the overall effects of these on the quality of life of at-risk Hispanic female immigrants attending a support group at a community agency. A pre and post-test design was used to evaluate this support group. The author hypothesized that the skills taught in this group would improve the client's self-efficacy, self-esteem, increase their parenting skills, and enhance their knowledge on issues related to domestic violence. Findings from the analysis showed that there was improvement in all these areas. A trend in the results suggested that although not all findings were statically significant, client's quality of life was enhanced as a result of their exposure to this group. Community based agencies and all other agencies providing similar services can benefit from the model used to assess formal outcomes for this type of treatment. Findings about this program's outcome provide valuable insight for social work clinicians working with at-risk populations.

## ACKNOWLEDGMENTS

I wish to express my sincere appreciation to Olivia Sevilla, director of the B.F.C.S. Inc. community agency, Dr. Rosemary McCaslin, and Dr. Guillermo Henry for their important contributions throughout every phase of my M.S.W. education. Special thanks to Dr. Huang Troang whose input and guidance over the past year have shaped me both professionally and personally.

I also wish to thank my mentors and colleagues at the California State University of San Bernardino, for their invaluable help in the planning, analysis, and writing stages of this project.

Finally, I wish to give my most heart-felt thanks to my husband, Henry Maldonado, for his support and dedication to our family during the three years of my endeavors. To my children Danielle, Paul, Timothy and Paloma without whose patient understanding, support and love I could not have been able to accomplish my goals.

## DEDICATION

This project is dedicated to all the Hispanic female immigrants, who leave their home countries in search for better lives. You are my heroes and my inspiration.

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## CHAPTER ONE

### INTRODUCTION

#### Problem Formulation

The problem of domestic violence is widespread in the United States. While abuse to men by women, and mutual violence, occurs within abusive relationships, the majority of domestic violence cases involve men's abusive behaviour toward women, and that abuse has serious consequences such as physical injury, depression, alcohol and drug addictions, and suicide, or homicide (Cantos, Neidig, & O'Leary, 1991; Vivian & Langhinrichsen-Rohling, 1994; Walker, 1979; Loring & Smith, 1994).

Few studies in the literature address the experience of abuse among Hispanics and/or other ethnic minority groups. Anecdotal accounts of the experience of culturally diverse women suggest they may encounter additional barriers in obtaining services to help them end abusive relationships (Andrade, 1982; Ginoro & Reno, 1986; Kanuha, 1994). Cultural beliefs and values, immigration status, economic resources, educational opportunities, discrimination, and language are factors identified as barriers in accessing services for the Hispanic immigrants (Delgado, 1995; Juarbe, 1995; Richie & Kanuha, 1993).

Considering these factors is essential to the planning of services for Hispanics.

Bilingual Family Counseling Services Inc., (B.F.C.S.) is a non-profit agency serving the community of Ontario, San Bernardino County, in Los Angeles-California. This agency focuses primarily on serving the monolingual Hispanic community in the area. The present study's goal is to look at one of the support groups run by the agency. This group addresses the needs of females in abusive relationships, who have a low sense of self-efficacy, and who attend this group to increase their sense of self-efficacy as well as to improve their quality of life.

Emotional and physical abuse of Latinas by their husbands/male partners is deeply woven into the tapestry of Latino culture in the United States. Abused Latinas in this country are women who represent each of the Latin American countries. Although the phenomenon is not unique to their status as immigrants, the abusive behaviors they are victims of, were imported at the time of migration. Once in the U. S. Latino domestic abuse takes on its own persona, aided by acculturative factors and social and economic levels in which the new immigrants find themselves in (Perilla, 1995).

Bilingual Family Counseling Services, Inc. provides different levels of counseling services to the San Bernardino county residents, in Los Angeles-California. The agency has five main programs: 1) The out-patient drug and alcohol counseling program; 2) The Focus West, family preservation program; 3) The C.P.S. (Child Protective Services) - high-risk children and families program; 4) The Prevention program; and 5) The G.R.I.P. (Gang Reduction and Intervention Program) program.

The Prevention program is designed to serve the clients who for many reasons do not meet the criteria for any of the other programs at the agency. However, still in need of counseling services, they are offered short-term counselling services through this program.

The criteria for admission into this program are the following: the client does not have insurance coverage, the client is going through life transitional difficulties such as acculturation, partner relational issues, parent-child relational issues, co-dependency to alcoholic partner's issues, etc.; The client does not have substance abuse related problems, is not in the system (C.P.S., Probation, Parole, etc.), does not meet the zip-code requirements; however, they have to be residents of the San Bernardino county, which allows them to receive

services. The program provides the client with 10 to 12 weeks of individual or family counseling, along with the opportunity to attend Parenting classes and Support groups.

Normally the waiting list for individual and/or family counseling under this program (Prevention Program) is 8 to 12 weeks long. To alleviate the long waiting periods for clients, the agency's director decided to emphasize in opening up more support groups. These groups are geared to serve specific populations that appear to be at higher-risk. One such population is the monolingual Spanish-speaking women, who have a hard time finding counseling services in their language of origin. This may be one of the reasons why there is a high demand for services at this agency, and such a long waiting list.

At the end of 1999, a support group for these women was initiated. This group put together women with similar characteristics. These characteristics generally involved females living with husbands or partners with substance abuse issues, were enduring domestic violence, had difficulty child rearing, and were developing symptoms such as depression and anxiety, which ended up affecting their sense of self-efficacy in all areas of their lives (From Agency's Census Reports).

The most common aspects on these clients' lives are that nine out of ten of them are immigrants, have low SES status, have children under 18 years of age living at home, and due to the language barrier are isolated from the community (From Agency's Census reports). Usually their initial contact with the agency occurred as a result of them getting involved with law-enforcement agencies due to domestic violence issues or because their children were having trouble at school or with the law (substance abuse, truancy, etc). At time of intake most of them are experiencing symptoms of depression and anxiety, fear, lack of confidence, low self-esteem, and a low sense of self-efficacy. Some of them present with a substance abuse issues of their own, which may have become their way of coping with their lives.

The general theme for treating these clients was to increase their sense of self-efficacy, which became one of the agency's goals. According to Durand and Barlow (1996) self-efficacy is defined as "one's perception of having the ability to cope with stress and/or life challenges" (p. 232). To achieve this goal, B.F.C.S. started a support group for immigrant women. The group started running on October of 1999. The intervention was applied through a 16-week curriculum taught in the group, using a

psycho-educational theoretical approach. Six to ten women attended this group at any given cycle. All participants had to meet the agency's criteria for admission in order to participate in the group.

Basic life skills were taught in this support group. These skills were divided into four major groups, 1) education, awareness, and legal resources related to domestic violence, 2) Basic Parenting skills, 3) Self awareness and various topics that promoted self-esteem, and 4) Problem solving and communication skills; All topics geared to the enhancement of the client's sense of self-efficacy.

The curriculum used for this group, was developed based on the client's needs and interests. It was modified and enhanced according to the needs of each incoming group of clients, and will continue to be revised every end of the cycle. The group facilitator, who is also the researcher on the present study, has witnessed visible growth in the participants as they go through the 16-week cycle. However, the effectiveness of the skills taught in this group was never formally measured. The agency's director and the group facilitator decided to conduct the present research study to determine if this intervention is effective and appropriate for this population.

As mentioned in the above paragraph, the main treatment goal for this support group was to increase the client's self-efficacy. The curriculum taught by the group facilitator was geared to promote the assertion of the internal locus of control of these clients. Locus of control has been defined by Derlega, Winstead, and Jones (1991) as "the belief that our behavior can have an impact on our environment and that we are capable of controlling outcomes through our own behavior" (p. 245-246).

This researcher hopes to obtain results that will enhance the social work practice at this agency. It is also hoped that the data will promote agency attention to Bandura's self-efficacy concept, as well as to the need for treatment-outcome measures for the interventions provided (Schultz & Schultz, 1996). The implementation of concepts such as self-efficacy may benefit clients and social workers. It is hoped that more opportunities will open up for expansion of these concepts and for the formulation of new ones (Furstenberg & Rounds, 1995).

More importantly, according to the agency's census for 2001, the populations this agency serves are in high numbers Hispanic, monolingual Spanish speaking. B.F.C.S. serves mostly the poor of the South Ontario community (70% Hispanics, 18% Caucasians, 10% African American, and 2%



other populations), where this agency is one of the very few that provided services for the monolingual Spanish-speaking clients.

In the Working with Women of Color study, Gutierrez states that in looking at the big picture in the field of social work, Latino, Black, Asian American, and Native American women of color constitute a large proportion of most social work caseloads. Roughly, they constitute 20% of the total female population in the U.S. Further more, the literature suggests that racism and sexism are the biggest barriers restricting the opportunities for advancement of these disadvantaged populations; Social workers need to be properly trained to deal with both the psychological and concrete problems of their clients. They also need to be trained to draw from their client's strengths, such as their culture and ethnic back-ground (Gutierrez, 1990).

The present study attempted to look more closely into the needs of female Hispanic immigrants, going through the process of acculturation in the American culture. The literature is very limited in this particular arena. This study's researcher is attempting through this project to fill in the existing gap in the literature, with the vision of service delivery improvement, higher quality of

specialized programs, and treatment/interventions for this particular population.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

Most people immigrating to the United States do so because they consider America the land of opportunities. According to Wilson, one of the most underreported stories of the 1980's has been the steady increase in immigration to the U.S., every year thousands of people enter the U.S. hoping to find a better life. However, these immigrants face a series of obstacles, which only get intensified by the existent racism and prejudice in this society (Wilson, 1991).

Flaskerud and Uman, state that the challenge of the acculturation process is a big source of stress for the immigrant. The immigration experience in itself exacerbates many negative aspects in the immigrants' lives, such as excessive drinking and violence in the home. Flaskerud and Uman also state that the immigration and acculturation process disrupts the emotional and social well-being of the person, even though; in many cases it seems to improve their financial situation (Flaskerud & Uman, 1996). For instance, the literature shows that immigrant's alcohol abuse increases after

immigration. It is estimated that after immigration Hispanics in this country drink at least twice and probably three times the rate of the general population (Grossman, 1990). Further more, the higher the level of acculturation the higher the level of alcohol abuse related problems (Grossman, 1990). As Villarroya and Baguera (1994) found, a relationship exists between immigration status, locus of control, cultural context, and the quality of life for the immigrant person. Further more, if illegal immigrants are considered in this discussion, then it is necessary to look into how the status of residence and the line of work these people have propels a negative shift in their internal locus of control (Villarroya & Baguera, 1994).

People migrate because of economic and political circumstances. As much as 80 million people move from one country to another every year, either due to authoritarian regimes, hunger, and/or poverty. Immigration patterns may be forced or voluntarily chosen, bringing to the table many issues to be considered. Issues such as how the immigration process affects the immigrant's quality of life, and which areas get most affected (Flaskerud & Uman, 1996). The present study focused on immigrant populations that voluntarily migrate to the U.S.

In the 1990's, nine percent of the American population was made of immigrants. It is projected that by the 2040's it will increase to 25%. A very big number of the American population then will be composed of immigrants and/or children of immigrants (Breton et al., 1999).

Scholars are reassessing the interactions of diverse racial ethnic groups in America now more than ever. As the economic polarities in the world get more and more distant, America and free enterprise become the only hope for many poor people in the world. The poorest in this country can be considered reach in third world countries as resources and services, though limited, are extensive if compare to what third world countries offer to their citizens (Wilson, 1991).

In a study on female Hispanic immigrants conducted by Hernandez (1995), Hispanics born in the U.S. constitute the fastest growing minority group in the United States. Their numbers increased in 34% in the 1980's, by 1988 19.4 million Hispanics resided in the U.S.; their numbers were expected to reach the 31 million by the year 2000, and 81 million by the 2050's, which would constitute about 20% of American population as a whole (Bell & Alcalay, 1997).

Based on her experience working in the field for the last 7 years, this researcher believes that Hispanic immigrants are victims of societal oppression, which intersects gender, race and class. This victimizes children and females twice as much as males. In the researchers' experience working with female immigrants, women are socialized to go to great lengths to save home and heritage, and end up entrapped in the patriarchal values of marriage and family which enslaves them. One population this study will focus on are the female Hispanic immigrants who found themselves away from home, with many challenges in relation to the systemic and structural barriers. This is especially true if they have immigrated recently. These women tend to experience higher levels of racism and prejudice; which make them feel not welcomed, shameful, and in fear (from researchers' field observations).

According to Breton, 1999; Flaskerud and Uman, 1996; and Jasinski, 1998, structural barriers exist in the delivery of social services to this population. The American system is geared toward the dominant culture, and fails to recognize and deal with the issues of oppression which present barriers to these women's integration to society. More often than not, Hispanic female immigrants

are at a double disadvantage, first because they are discriminated based on their gender, and second because they are discriminated against based on their ethnicity. Breton et al., believes that it is twice as hard for them to get ahead in life and to acculturate. Most of them have dependent children, can not afford child care, and/or transportation costs, and can not afford to say no to the low-paying jobs they come across because of their high financial needs.

In a study conducted by Chavez, Hubell, Mishra, and Valdez (1997), it was found that undocumented Latina immigrants are a very particular population, usually younger than documented or citizen Latinas living in the U.S. They work menial jobs, often domestic service, house cleaning, childcare, waitressing, hotel-maid servicing, and kitchen work. Chavez et al. (1997), found that these women have very low incomes (under \$15,000), have children under 18 living with them, share their living quarters with an extended family, lack regular source of health care, and utilize emergency rooms to deal with their children's and their own medical needs. Chavez et al., reports also that less than one-quarter are employed in full-time jobs compared to 40% of documented Latinas, or

50% of Anglo females (Chavez, Hubbell, Mishra, & Valdez, 1997).

According to Hernandez (1995), less than eight percent of adult Hispanic women have completed four or more years of college, being this percentage lower than any other ethnic group in the country. Hispanics are said to have the highest reported dropout rate in the U.S., thirty five percent. Not having the proper documentation to work makes living and working conditions very weary for these women (Hernandez, 1995).

Franks and Faux (1990) found that the mental health of female immigrants is a serious concern to the field of social work. These women present high levels of depression, and are said to be at higher risk than males to develop mental illnesses. Gorton and Van Hightower (1999) reported that in California 25% to 35% of female immigrants are victimized, and that their victimization and abuse increases after they immigrate to this country.

Breton, 1999; Flaskerud and Uman, 1996; and Jasinski, 1998, found that when immigrant women leave their countries of origin, they endure: a) multiple losses; b) adjustment to cultural dissonance's and value differences; c) suffer from social isolation; d) have no English language skills; and e) may be dealing with



domestic violence issues in their homes. The women that are assaulted by their partners fail to seek assistance due to the lack of knowledge on how the system works, lack of language skills, and fear of being deported because many times their immigrant status is in their husbands hands.

According to Jasinski (1998), the demands of the acculturation process create additional pressures for the Hispanic immigrant couples. The more acculturated the husband is the more violent he is toward his spouse. The male has to face the discrimination, alienation, and the hostility of the new society he is trying to become part of. Perilla (1999), states that the changes in the sex-role expectations, which occur as a result of the demands of acculturating to a new society, push the couple to a state of crisis. As the roles change, females demand a more egalitarian position, and males respond to the stress demands with violence in the home. In an effort to maintain the power and control of the family as it is expected in the traditional family roles, males resort to violence (Perilla, 1999).

Franks and Faux (1990) found that failure to find suitable employment, lack of social support, and negative public attitudes are also additional and powerful barriers

in the lives of these women. Furthermore, their economic instability is often associated with increments in enduring domestic violence in their homes.

Jasinski (1998), states that as a result of facing all these systemic and structural barriers, the stress for these women manifests itself in higher levels of depression than for the rest of the American population. The incidences of child abuse and neglect increase as well, and substance abuse related problems start to surface as these immigrants try to cope with life stressors.

Jasinski (1998) also reports that the women's limited or no skills in the English language restrict their employment opportunities, and decreases their chances of obtaining a higher income, which could lead to improvement in their overall stability in life (Jasinski, 1998).

Although the literature does not specifically report on community responses to assist female Hispanic immigrants, Zubeda & Hoff (1998) discuss the response of South African women to the oppressive conditions they live in. These women used grass-root organizations to obtain assistance for the more powerless in their community: women and children. Zubeda et al., also analyzed the dynamics of wife abuse in South Africa, which reflects the

power differences in the African society in general, which in turn is played out in the familial conflicts. According to Zubeda et al., the South African society is a reflection of how the privilege to authority and power is reserved for men, who push to maintain control by violent means which are deemed acceptable by their society. The challenges South African women face are comparable to those of Hispanic female immigrants in the U.S.

In 1998, Vijay found that South Asian community based organizations in Toronto, Canada took especial interest in the female immigrant populations in their country. This agency decided to expand their services to reach out to non-English speaking women who were victims of their husband's abuse. These particular women were working-class immigrants, who due to their limitations in the language had a hard time accessing services from the community. This program proved to be quite successful, because in addition to providing services for these women, it organized its members to lobby state politicians to acknowledge the severity of their issues. This program wanted also to persuade the politicians to assist with the allocation of resources to continue to provide services to these vulnerable populations.

Clients can be empowered to take control over their lives through programs of assistance developed and provided by social workers. Clients can even influence the societal structures in which they live in, as well as the future generations by the way they raise their children (Segal, Silverman, & Temkin, 1998). In a study conducted by Van Devanter, Parikh, Cohall, Merzel, Faher, Litwak, Gonzales, Kahm-Krieger, Messen, Weinberg, and Greenberg, in 1999, it was reported that support groups in general have a beneficial effect on helping clients cope with stress related pressures. These authors state that many support groups are successful in helping people change behaviors. It has been documented that support groups can be used for different things, such as substance abuse problems, eating disorders, and medication adherence. However, the literature is very limited as to the use of support groups for Hispanic women dealing with the stressors of acculturation.

Bilingual Family Counseling Inc., (B.F.C.S. Inc), an agency in the city of Ontario, San Bernardino County, California, has as its mission statement the provision of services geared to the improvement of the quality of life of its clients. B.F.C.S. Inc. serves a community highly composed of monolingual Spanish speaking immigrants, who

seek services in their primary language. The agency provides various programs in response to the community's needs. Some of these programs are out-patient treatment for substance abusers, individual and family counseling to county residents referred by the system agencies (DCFS), individual, family, and group counseling for low-income families, and Gang Prevention Intervention programs that are school based.

One of the services provided under the Family Preservation Grant, is a support group for monolingual Spanish speaking women, who are unable to access other programs. Generally these women present negative symptoms such as depression, anxiety, low sense of self-efficacy, and Post Traumatic Stress symptoms related to domestic violence, all of which translate into a low sense of self-efficacy and poor self-esteem, making their quality of life poor. A 16-week curriculum is taught to groups of six to 10 women at a time. All clients are screened to meet the program's enrollment criteria prior to beginning the cycle.

This support group has been running from October of 1999 to the present. The improvement in the quality of life and the diminution in the negative symptoms of these women is evident by the reduction of symptomatology that

they report. However, the agency has never conducted a formal evaluation, which was conducted this year as part of a thesis project for a M.S.W. student attending C.S.U.S.B.

### Theoretical Foundation

Albert Bandura is known as the father of the *self-efficacy* concept. Most of the literature on the topic refers to his work the self-efficacy concept. Further more, the concept of *locus of control* appears to be highly linked to it. In order to properly explain Personal efficacy, both concepts need to be thoroughly put forth (Derlega, Winstead, & Jones, 1991).

Self-efficacy is a theory based on the principles of *outcome expectancy* and *self-efficacy expectancy*, where the former refers to the belief that a certain behavior probably will or will not lead to a certain outcome. The later refers to "the belief that we probably are or are not capable of performing this behavior or set of behaviours" (Derlega et al., 1991). The *outcome expectancy* is manifested in the agency's client's helplessness to deal with the difficulties in their lives, and the curriculum taught is geared to modify to help the clients cope in a better way, and live a more fulfilling life. The

*self-efficacy expectancy* is manifested in the client's ways of viewing their life situations, which prone them to resign themselves to unhappy and unfulfilling lives. In the 16 sessions, the clients attended, they were educated about domestic violence issues, and provided the appropriate referrals, and they were exposed to age appropriate parenting skills, various topics intended to enhance their self-efficacy and self-esteem.

Coleman and Hildebrant (2000), studied a group of mothers with school age children. They found that mothers of less emotional and sociable children had a higher sense of self-efficacy. Moreover, this researcher found that mothers who were better educated and with higher family incomes reported feeling more satisfied with life satisfaction. On the other hand the women referred to the women's support group at B.F.C.S., are usually directed to the agency by their children's schools due to behavioral problems, and/or their lack of ability to parent appropriately. A review of the files of clients of the agency attending the women support group, showed that most of these families were from lower socio-economical levels, lived in high risk neighborhoods, and had little or no education. Helping these mothers increased their level of self-efficacy as parents gave them the motivation to

implement the appropriate skill-building into their daily lives.

In the initial stages, this support group curriculum, was created based on the identified needs of the clients. The skills being taught at the present time, have been geared to increase the client's sense of self-esteem and self-efficacy. No formal testing was ever conducted to measure the effectiveness of the intervention, in terms of how they felt before and/or after participating in the support group. Informal surveys were conducted at the first and last group meetings in a pre-post test format, to determine effectiveness' up until now.

Derlega, Winstead, and Jones (1995) discuss a basic plan for changing behavior, improving a skill, or giving up a bad habit. This involves the self-efficacy theory, two basic steps are described: a) setting a goal; and, b) enhancing self-efficacy. In *setting a goal*, three things need to be considered, specificity, level of difficulty, and divisibility. Four sources of self-efficacy provide guidelines that will help enhance the client's self-efficacy, *performance experience*, *vicarious experience*, *verbal persuasion*, and *emotional arousal* (1995). The clients attending this women's support group are exposed to all of these.



Sixty percent of the clients receiving services at this agency reported they were welfare benefits recipients. These clients had lower economical/educational levels. Kunz and Kalil (1999) investigated whether family background characteristics and self-esteem and self-efficacy related to welfare benefit use in young adulthood. The findings showed that welfare recipients scored lower on measures of self-esteem and self-efficacy. This study suggested as well that welfare recipients may find it harder to comply with the stricter work or community service mandates.

This researcher conducted informal self-esteem and self-efficacy assessment on clients attending groups at this agency, which determined that clients who were welfare recipients scored lower, had a hard time believing they could get ahead in life, did not believe they could be good parents or succeed in their life goals.

Furstenberg and Rounds (1995), in their article *Self-Efficacy as a Target for Social Work Intervention*, state that social workers "frequently enhance their clients' self-esteem by attending to, and promoting clients' perceptions of their own capabilities," which is the approach used to treat the clients attending this women's support group.

This study has the following objectives: 1) determine if the skills taught in the group improved the clients self-efficacy, and enhanced their overall quality of life; 2) determine if the clients' self-esteem increased as a result of the intervention received; 3) determined what types of domestic violence these women were enduring (physical, sexual, psychological, and/or verbal), and examine if the incidents of violence decreased after the treatment intervention, 4) determine if the participants parenting skills increased after treatment intervention; 5) measure if the skills taught in the group made any difference in the women perceptions of their own self-efficacy; and 6) gather client's evaluative responses on their perceived helpfulness of community support groups, the constraining factors that impided their attendance to group, and the specific reasons for choosing to attend this particular group.

Schultz and Schultz (1996) state that various social theories play an important role in the topic of this research study. Bandura's *Social Cognitive Theory*, which states that individuals can learn all kinds of behaviors without directly experiencing reinforcement through observing the behaviors of other people and the consequences of those behaviors. Aspects that are

definitely accomplished by group exposure and socialization.

As discussed by Schultz and Schultz, Julian Rotter's *Social Learning Theory* is also an influential factor. Rotter believed that humans always perceive themselves as conscious beings, which are capable of influencing the experiences that affect their lives. Some people think that this reinforcement depends on their own behavior (*internal locus of control*); others believe that the reinforcement depends on outside forces (*external locus of control*). Rotter's research shows that people with internal-locus-of-control tend to be physically and mentally healthier than those with an external-locus-of-control, which seems to resemble the women attending the support group focus of this research study. They seem to function more under the external locus of control criteria (Schultz & Schultz, 1996).

#### Summary

The objective of this study is to evaluate a female support group at a community based agency in the city of Ontario, in San Bernardino County, California. This program was developed in response to the community's needs

for counselling services for monolingual Spanish speaking clients seeking services.

Clients had to wait 3-4 months to be seen for individual or family counseling. Considering the homogeneity of the issues of many of the female clients requesting counseling services, a group was created to provide some relief and assistance to these clients while they waited for individual and/or family counselling.

According to the agency's annual census, eighty percent of the population receiving services at the agency live in high-risk neighborhoods, with incomes under the poverty level (below \$ 14,000). High numbers of Latino immigrants reside in the area, where deeply rooted gang problems exist in the schools and neighborhoods of the area.

South Ontario is an area geographically close to the Mexican border. Many immigrants coming in from Mexico reside in this town, which accounts for the high numbers of monolingual Latino immigrants requesting services at B.F.C.S. Immigrants are a disadvantaged population. Female immigrants however, are at a double disadvantage; first for being females and second for being immigrants, as they not only have to deal with the external acculturation pressures, but also with family life stressors, as they

tend to carry the family burden mostly on their own. The stronger stressors created mostly by the value discrepancy they experience as new comers trying to acculturate to the American way. They expect and receive many benefits, however, the challenges to overcome are as many or more than the benefits. But regardless of the price to be paid people continue to immigrate to this country day in and day out in search of the American dream.

## CHAPTER THREE

### METHODS

#### Restatement of Purpose

The purpose of this study was to explore the experiences of Latina immigrant participants in a Women's Support Group designed to provide education and support to women suffering from domestic violence issues, depression, anxiety, and the stressors of raising children while acculturating to the American culture. This study primarily focused on how these women's sense of self-efficacy was positively affected by the skills they were taught in this group. This investigation intended to provide information to the researcher and the service agency, as to the effectiveness of the skills taught in this group, and find out if such skills enhanced these women's' quality of life.

#### Study Design

This study was an Evaluative study, using a survey design. A face-to-face interview took place to inform the participants on how to complete the survey, which some of them completed in the presence of the data collector, and others took home and later brought back to the agency. This data collection included gathering mostly

quantitative data, and a minimal amount of qualitative data. The questionnaire handed to the participants included 3 parts; 1) the demographics section, 2) the 6 questionnaires: Personal Inventory, RSE, SES, IA, and Child Rearing Tool, and 3) The program evaluation section.

Concerns and limitations for this study include the inability to generalize the results to a larger population and the possibility of loss of content of the tools, since four of the scales had to be translated from English to Spanish. To avoid losses in content the researcher used inter-reliability resources to ensure accuracy in the translation, and piloted the questions through a small sample ( $n = 5$ ) of clients and co-workers.

The main objective of this study was to assess the adequacy and efficacy of community and professional services provided to Latina immigrant participants in a Women's Support Group at a community agency. The group treatment was designed to provide education and support to women suffering domestic violence in their homes. These women had been also experiencing depression and anxiety, as the stressors of child rearing while attempting to acculturate to a new culture (American culture).

This study examined the utilization and perceived effectiveness of social work interventions that were

provided through a support group ran at a local community agency in South Ontario, California.

In addition, this study examined psychological and social correlates of abuse among Latina immigrants living in abusive relationships, who had a low sense of self-efficacy and who sought help at B.F.C.S. a community agency.

There were six specific objectives 1) determine if the skills taught in the group improved the clients self-efficacy, and enhanced their overall quality of life; 2) determine if the clients self-esteem increased as a result of the intervention received; 3) determined what types of domestic violence were these women enduring (physical, sexual, psychological, and/or verbal), and examine if the incidents of violence decreased after the treatment intervention, 4) determine if the participants parenting skills increased after treatment intervention; 5) measure if the skills taught in the group made any difference in the women perceptions of their own self-efficacy; and 6) gather client's evaluative responses on their perceived helpfulness of community support groups, the constraining factors that impeded their attendance to group, and the specific reasons for choosing to attend this particular group.



## Sampling

The participants were Latina immigrants who ranged in age from 26 to 50 years of age. They attended a program that ran in cycles of 16 weeks where they were exposed to a psychoeducational group dynamic. The participants were educated in 4 main areas: a) Education and support in reference to domestic violence issues, b) education in parenting skills, c) motivation and support on their self-esteem, and d) building skills to enhance their sense of self-efficacy. In any given cycle eight to twelve women were able to participate in the group. The participants were selected out of the agency's waiting list. The requirements to enter the group were delineated based on the needs of most clients in the agency's waiting list. The most common factors were: being female immigrants living with a partner, who had minor children living at home, and had been or were being abused (physically, sexually, psychologically, or verbally) as a result of which they had developed symptoms such as depression, anxiety, and physical complaints.

Participants were referred to the group by different sources: schools, law-enforcement agencies, CPS, and other community agencies in the area. In some cases they were self-referred, as they experienced abusive situations or

recognized they were living in abusive relationship with their partners (physical, sexual, psychological, or verbal abuse), and/or were having difficulties parenting their children who were using substances, being truant, or acting out violence at school and at home. At the time of intake, most women presented with anxiety and depression, fear, lack of confidence, and a low self-esteem.

In the first session of group treatment, the clients were given a pre-test survey by the researcher's assistant (the data collector), which they had the choice to fill-out there or take home to be filled out and brought back later to the agency. All subjects participating in this study had to complete the 16-week cycle of educational material presented in the Group in order to be qualifying subjects.

The Clients who attended the group between March of 2002 and April of 2003, were the ones approached to participate in this study. Thirty-three pre and post-test survey packets were handed to clients. From those, only 26 participants completed both pre and post-test packets. Thirty-one women completed the pre-test survey packet, two completed the questionnaire only partially, and later declined to continue. As for the post-test survey packets,

thirty-one were handed to clients, and only 26 were returned to the agency.

#### Data Collection Instruments

The data collection was conducted by a data collector (LCSW, a co-worker of the researcher) who received basic training on how to engage the client at initial contact. The clients were provided with information about the inform consent forms, and offer the opportunity for debriefing at the end of the study as well as the pertinent phone numbers should they require further assistance. The phone number of the contact C.S.U.S.B. (California State University of San Bernardino) was also provided in case the client was interested in finding out the results of this study.

Clients attending the first session of the cycle were greeted, informed about group guidelines and regulations, and later introduced to the re-searchers assistant, who discussed the particulars of the study while the group facilitator waited outside the room.

Each participant was asked to fill in a questionnaire which contained a demographic information section, and 6 other tools. Each tool geared to measure a specific area: 1) Personal Inventory, 2) R.S.E., 3) S.E.S., 4) I.A.,

5) Parenting Skills measure, and 6) client evaluation of the program.

The Demographics section contained items about the woman's socio-demographic characteristics (e.g. name, age, country of origin, years of education, marital status, number of children, religious beliefs, etc.). The next section in the packet consisted of a series of 5 standardized instruments some of which were (1) developed specifically for use with Latino populations, (2) translated into Spanish and modified for use with Latino populations, and/or (3) translated for this study and modified to reflect validity and relevance in Latino populations.

Standardized instruments are described as follows:

1. Parent Education Questionnaire (PEQ) (Briggs & Mora, 1997). This instrument contains 34 items designed to measure knowledge of instrumental parenting skills and levels of parental satisfaction. The face validity of this questionnaire was tested by showing it to four parent education clinicians, five parents, and one program administrator of a community based organization which provides parent education classes (Briggs & Mora, 1997). All items out of

this Scale will be used for the present study (see Appendix C).

2. The Support Group Survey (SGS) (Gordon, 1996).

The SGS is a 60-item self-report measure for participants of community support group programs. Designed to gather qualitative information from the participants about their experiences with support groups. Reliability analyses on the measure produced inter-item correlation's ranging from .50 to .62. The test-retest reliability is approximately .91 (Gordon, 1996). Questions 1 through 11 were used for the demographics section, and items 51 through 60 to evaluate the support group. A copy of the SGS is contained in Appendix C.

3. The Rosenberg Self Esteem Scale (RSE)

(Rosenberg, 1965. Found in Gordons' study, 1996). A 10-item self-report measure designed to assess an individual's global feelings of self-acceptance or self-worth. The RSE is scored using a four-point Likert scale (strongly agree, agree, disagree, strongly disagree) resulting in scale range of 0-30. Scores between 21-30 indicate high self-esteem; 11-20 indicate

moderate self-esteem; a 10 or less can be interpreted as low self-esteem. The internal consistency reliability's for the measure range from .77 to .88, and test-rates reliability is approximately .82 (see Appendix C).

4. The Self-efficacy Scale (SES) (Sherer, Maddux, Mercandante, Prentice-Dunn, Jacobs, & Rogers, 1982). Found in the Manual of Instruments for Practice, Volume 2- Instruments for adults). The SES is a 30-item instrument that measures general expectations of self-efficacy that are not tied to specific situations or behavior. The SES consists of two sub-scales, general self-efficacy and social self-efficacy. The SES has fairly good internal consistency, with alphas of .86 for the general subscale and .71 for the social sub-scale. No test-retest data are reported. The SES shows good criterion-related validity by accurately predicting that people with higher self-efficacy would have greater success than those who score low in self-efficacy in past vocational, educational, and monetary goals. All thirty

items will be used out of this Scale (see Appendix C).

5. The Inventory of Abuse (IA) (Fantuzzo, 1993. Found in Gordons' study, 1996). The IA is a 36-item Measure for Wife Abuse, which assesses a broad range of abusive behaviors; it measures four types of abuse using very detailed questions, and also assesses the perceived harmfulness of each abusive event. The reliability coefficient for the measure is approximately .93. Reliability analyses on the measure produced a reliability coefficient of .90. The IA asks for an estimate of the number of abusive events received over the past six months, or during the last months of the most current abusive relationship. In addition each subject rates how much each event hurt her on a four-point Likert-type scale, ranging from "this never hurt or upset me" (1) to "this often hurt or upset me" (4). The four categories of abuse measured by the IA are: physical, sexual, psychological, and verbal.
6. The Personal Inventory (P.I.) (Maldonado, 1999) this instrument contained 14 items designed to

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measure the personal assessment of clients in 4 different areas: 1) Self-esteem, 2) Self-efficacy, 3) domestic violence, 4) basic parenting skills. The face validity of this questionnaire was tested by showing the instrument to five other clinicians, three of whom worked with battered women and two of which taught parenting classes at B.F.C.S., as well as by one battered women shelter administrator (Maldonado, 1999). All items of this Scale will be used (see Appendix C.)

#### Procedures

The investigator, a bilingual student of Bolivian origin, enrolled in the Master's in Social Work program at the C.S.U.S.B., translated all scales used in this study. Translations were made from English to Spanish. The translated scales were then reviewed by other bilingual persons from Mexico, Puerto Rico, and Argentina, to ensure that the language was understood by a variety of Spanish speakers. A final version of the complete questionnaire was pilot-tested on Latina clients from different countries, to ensure uniformity in the meaning of the questions presented in all instruments.

## Interviewing

Interviews were conducted at the community agency providing the support group service. All questionnaires were provided to clients during the first session of group by a contracted research assistant. The research assistant was given training, and provided with information about the nature of the study and the survey questionnaires.

At the time of the survey administration, the participants were read the consent form, and given the opportunity to ask questions related to the study and any related factors. They were also informed that there would be a second gathering of data at the end of the 16 weeks, for which there would be a \$5.00 incentive for those completing it. Clients were made aware of available referrals in case they needed further psychological assistance after completing the questionnaires. Clients were also provided with phone numbers to the C.S.U.S.B. faculty responsible for the supervision of this study.

Clients were later handed the pre-test survey packet, which took approximately 40 minutes to complete. Some clients choose to complete it at that time it was handed to them, but most took it home and returned it later to the data collector.

### Protection of Subjects

The participant's privacy was protected by using the following procedures which are consistent with the Institutional Review Board (IRB) guidelines at California State University of San Bernardino, California.

The researcher assigned each participant a numerical code match to a name, which was kept confidential within the agency providing the service. The researcher was the only one having access to the data in order to eliminate the possibility of anyone discovering the identity of any participant.

All participants were provided with a consent form informing them of safeguards which maintained their confidentiality, and freedom from injury or harm resulting from their participation in this study. This form also contained information on the right to withdraw from the study at any time with no repercussions.

### Data Analysis

After the data was collected, a formal statistical analysis was performed using the Statistical Package for the Social Sciences (SPSS), Version 11.0. Coding of the data included reverse, summative, and partial scores. The data was analyzed to determine if there was a relationship

between the variables: the intervention provided at the 16-week group cycle (independent variable), and the knowledge and awareness of life skills in six different areas (dependent variables). The dependent variables represented the goals of the basic skills training provided in-group.

Parametric tests were used to analyze the demographic data, and Non-parametric test were used to analyze the dependent and independent variables relationships. Non-parametric statistics were chosen due to the small sample size of the study (Grinnell, 2001; Weinbach, 1998).

The data was grouped into 12 variables in order to obtain rough scores for each instrument, pre-test and post-test for each of the 6 tools used were obtained. Data from pre-test scores of each instrument was added together and named under new variable name (i.e. prep=pre-test scores for the Personal Inventory Tool; and prepo=post-test scores for the Personal Inventory Tool). The same procedure was followed to group data for all tools used. Later on, frequencies, t-tests, and correlations were obtained from the data.

### Summary

The predictions made by the researcher were: 1) as result of these participants being exposed to the curriculum taught in this support group, their sense of self-efficacy and their quality of life were being increased and enhanced respectively; 2) at least some of the skills taught were implemented permanently in the clients daily functioning; and 3) the researcher would take into careful consideration the recommendations made by the clients, to refine the curriculum taught.

## CHAPTER FOUR

### RESULTS

#### Presentation of the Findings

Twenty-six subjects who attended and completed the 16-week cycle of the Women Support Group at B.F.C.S. in South Ontario, California participated in this study. All subjects were Latin female immigrants. Ninety two percent were Mexican born ( $n = 24$ ), and 8% were born in Central America ( $n = 2$ ). The total sample had a mean and median age of 36. Seventy-seven percent were married ( $n = 20$ ), 11.5 % were living with a partner ( $n = 3$ ), and 11% were single ( $n = 3$ ). Fifteen percent had some college education ( $n = 4$ ), 35% had some high school education ( $n = 9$ ), 31% had attended only up to 8<sup>th</sup> grade ( $n = 8$ ), and 19% had a trade of some kind ( $n = 5$ ). Nineteen percent were employed full time ( $n = 5$ ), 11.5% were employed part-time ( $n = 3$ ), 15% were students ( $n = 4$ ), and 54.5% were homemakers ( $n = 14$ ). Twenty seven percent did not have any income ( $n = 7$ ), 34% have incomes between \$5,000 and \$10,000 ( $n = 9$ ), and 39% had incomes between \$ 10,001 and \$ 15,000 ( $n = 10$ ). All participants had minor children living at home, ranging from one to eight children. Eleven and one half percent had 1 child at home ( $n = 3$ ), 23.1% had 2

minor children living at home (n = 6), 31% had 3 children living at home (n = 8), 19% had four children living at home (n = 5), 8% had 5 children living at home (n = 5), 3.8% had six children living at home (n = 1), and 3.8% had eight children living at home (n = 1). From those with children living at home 88% had custody (n = 23) and 11.5% did not have custody of their children. Eighty point eight percent were catholic (n = 21), 11.5% were non-denominational Christians (n = 3), and 7.5% marked their religious preference as "other" (n = 2) [see Table 1].

#### Subjects-Demographic

##### Subjects-Demographic Information

Paired t-tests were performed to determine if there was any significant difference between the pre-test and the post-test mean scores. While a trend indicated an increase in scores between the pre-tests and post-tests in most tools, there were only four areas in which the results were significant at a  $p \leq .01$  as follow: 1) the t-test between the pre and post test scores of the P.I. Tool were ( $t = .000, p \leq .01$ ); 2) the t-test between the pre and post test scores on the RSE Tool were ( $t = .000, p \leq .01$ ); 3) the t-test between the pre and post test

Table 1. Sample: Demographic Characteristics

Variable	Frequency	Percent
Country of Origin		
Mexico	24	92.3
Central America	2	7.7
Marital Status		
Single	3	11.5
Married	20	76.9
Living with a partner	3	11.5
Number of children		
One	3	11.5
Two	6	23.1
Three	8	30.8
Four	5	19.2
Five	2	7.7
Six	1	3.8
Eight	1	3.8
Income		
\$. 0	7	26.9
\$. 0 - \$. 10,000	10	38.5
\$. 10,000 - \$. 15,000	9	34.6
Employment		
Full Time	6	26.9
Part Time	3	11.5
Student	4	15.4
Home-maker	16	61.5
Other	1	3.8
Children Live with		
Yes	24	92.3
No	2	7.7
Religion		
Catholic	21	80.8
Christian	3	11.5
Other	2	7.7

scores on the SES Tool were ( $t = .006$ ,  $p = < .01$ ); and

4) the t-test between the pre and post test scores on the I.A. Tool were ( $t = .006$ ,  $p = < .01$ ) [see table 2].



Only three out the six variables had significant results at the  $p \leq .01$  level. The Personal Inventory Tool had a score of ( $r = .515$ ,  $p = .007$ ); The Rosental Self-esteem Scale had a score of ( $r = .584$ ,  $p = .002$ ); and the Parenting Education Questionare had a score of ( $r = .397$ ,  $p = .045$ ) [see Table 3.]

The relation between variables for all tools were obtained via Rho correlation [See Table 3.] Intercorrelation matrices for all other combination of variables are contained in Table 4.

#### Personal Inventory Tool

All participants completed the P.I., with a mean score of -25.92 ( $SD = 18.42$ ). The majority of participants in this study (over 65%) exhibited higher scores on the number of basic living skills they had acquired after the intervention. Scores ranged from 19 to 91 points on the pre-test. Scores ranged from 51 to 99 in the post-test scores, in a bi-variant t-test.

#### Rosembergs Self-Esteem Tool (RSE)

All participants completed the RSE, with a mean score of -2.96 ( $SD = 3.54$ ). The majority of participants in this study exhibited higher levels of self-esteem after the intervention (over 90%). Univariate analysis showed that

scores for the pre-test ranged from 8.00 points to 23.00 points. The post-test scores ranged from 12.00 points to 25.00 points (see Table 5). Ten points (0-10) or less could be interpreted as low self-esteem; 11-20 points indicate moderate self-esteem; and 21-30 indicate high self-esteem. These results indicate that the participants' Self-esteem increased after treatment. (See table 5.)

#### Parent Education Questionnaire

All participants completed the PEQ, with a mean score of -2.81 (SD = 10.62). The majority of participants in this study exhibited higher levels of parental satisfaction after the intervention (over 60%). A comparison of the scores between the pre and post-test for the Parent Education Questionnaire was performed, by running a bivariant t-test which showed no significant difference. Univariate data analysis showed that scores for the pre-test ranged from 48.00 points to 108.00 points. The post-test scores ranged from 78.00 points to 104.00 points, indicating an increase in parental satisfaction after treatment.

#### Self-Efficacy Tool (SES)

All participants completed the SES, with a mean score 5.23 (SD = 8.91). The majority of participants in this

study exhibited higher levels of self-efficacy after the intervention (over 80%). A comparison of the scores between the pre and post-test for the SES questionnaire was performed by running a bivariate t-test. Scores indicated that there was a significant result ( $t = < .006$ ,  $p = < .01$ ). Initial data analysis showed that scores for the pre-test ranged from 77.00 points to 113.00 points. The post-test scores ranged from 84.00 points to 109.00 points, where there were 5 possible per question and a total of 30 questions. These results seem to indicate that the participants Self-efficacy levels did increase, however not enough to produce a significant results after statistical testing.

#### The Inventory of Abuse Tool (I.A.)

This tool had an additional component. It measured first the types of abuses the participants had endured (physical, sexual, psychological, and verbal), as well as the number of incidents occurred prior to treatment and while in treatment. A comparison of the scores between the pre and post-test for the I.A. Types of Abuse was performed, by running a bivariate t-test. Scores indicated that there was a significant result ( $t = < .006$ ,  $p = < .01$ ). The mean score was -188.2 ( $SD = 309.78$ ). Further analysis

was conducted to break down the types of abuse that were most prevalent amongst this group of participants. The mean score for this section was 14.5 (SD = 309.78). Initial data analysis showed that scores for the pre-test ranged from 36.00 points to 638.00 points. The post-test ranged from 0.00 points to 480.00 points. Thus, this trend suggests that the incidents of abuse did decrease after the intervention. A comparison was also made for the scores for the I.A. Number of Incidents of Abuse occurred. The break down for the types of abuse the participants had to endure had four sections: verbal, psychological, physical, and sexual. This incidents were also grouped into four categories: 1 = 0-25 times, 2 = 26-50 times, 3 = 51-100 times, and 4 = 101-200 times.

From the entire group of participants (n = 26), 77% reported having suffered the different types of abuse. Eighty percent had been psychologically abused by an intimate partner at certain point in their lives (n = 16). Seventy percent had been physically abused (n = 14), 95% had been verbally abused (n = 19), and 50% had been sexually assaulted (n = 10).

After post-tests were computed, the results showed that out of the twenty participants who had reported abuse, sixteen continued to be abused after the group

intervention. Although the number of incidents had decreased, none the less the abuse persisted. Thirty nine percent were psychologically abused ( $n = 6$ ), 13% were physically abused ( $n = 2$ ), 100% continued to be verbally abused, and 6% reported being assaulted sexually ( $n = 1$ ). The verbal abuse appeared to be the most intense and persistent and the participants rated it the most painful to deal with.

#### Statistical-Tests

Preliminary frequencies indicated that although there was positive movement in the participants scores, for example: pre-test scores for the Inventory of Abuse I.A. Scale (number of incidents) ranged from 36 to 638 and the post-test scores ranged from 0 and went up to 480; meaning that the incidents of violence did decrease after the intervention. However, only four out of the six areas tested provided significant two-tailed t-test results (see Table 2). The significant results came from the following: 1) the Personal Inventory P.I. tool; 2) the Rosental Self-esteem RSE Tool; 3) the Self-Efficacy Scale; and the inventory of Abuse I.A. Tool.

Table 2. Paired Samples Tests

Variable	t	df	Sig. (2-tailed)
Pair 1 PRESES-POSTSES	2.992	25	.006
Pair 2 PREABUSE-POST ABUSE	-3.038	24	.006
Pair 3 PREABINC-POSTABINC	.481	25	.634
Pair 4 PREPERSINV-POSTPERSINV	-7.178	25	.000
Pair 5 PRERSE-POSTRSE	-4.268	25	.000
Pair 6 PREPEQ-POSTPEQ	-1.348	25	.190

Pair sample correlations were performed, and the results indicated the following: Only 4 of the 6 areas tested had significant results (see Table 2). These correlations were performed to test the relationships between the variables. From these results determinations were made to whether these variables should be combined in subsequent analyses or not (see Table 3.)

Table 3. Paired/Samples Correlations

Variable	N	Correlation	Sig.
Pair 1 PRESES & POSTSES	26	.212	.299
Pair 2 PREAB & POSTAB	25	.254	.220
Pair 3 PREABINC & POSTABINC	26	.031	.880
Pair 4 PREPI & POSTPI	26	.515	.007
Pair 5 PRERSE & POSTRSE	26	.584	.002
Pair 6 PREPEQ & POSTPEQ	26	.397	.045

Intercorrelation matrices for all other combination of variables are contained in Table 4.

Table 4. Correlations

Variable		Year of Birth	Level of Education	Annual Income	Number of Dependents
Year of Birth					
	Pearson Correl.	1	-.041	.156	-.108
	Sig. (2-tailed)	.	.843	.446	.601
	N	26	26	26	26
Level of Educ. Completed					
	Pearson Correl.	-.041	1	.127	.252
	Sig. (2-tailed)	.843	.	.538	.215
	N	26	26	26	26
Annual Income					
	Pearson Correl.	.156	.127	1	.248
	Sig. (2-tailed)	.446	.538	.	.222
	N	26	26	26	26
Number of Dependents					
	Pearson Correl.	-.108	.252	.248	1
	Sig. (2-tailed)	.601	.215	.222	.
	N	26	26	26	26

Test results for the RSE Tool indicate the participants' Self-esteem increased (see Table 5).

Table 5. Rosenberg Self-Esteem Results

Score	Frequency	Percent
Pre-test Scores		
0-10 points	3	11.5
11-20 points	19	73.0
21-30 points	4	15.4
Post-test Scores		
0-10 points	0	0.0
11-20 points	19	73.0
21-30 points	7	26.7

Table 6, shows the results on client's evaluations of group usefulness.

Table 6. Participants Evaluation of the Group Usefulness

	Frequency	Percent	Valid Percent	Cumulative Percent
It did not hurt Nor helped	2	7.7	7.7	7.7
It helped somewhat	7	26.9	26.9	34.6
It help a lot	17	65.4	65.4	100.0

Table 7 shows the participants constraints to their attendance to group, as well as the reasons they why they attended group.

Table 7. Participants Constraints and Reasons for Attendance

	Frequency	Percent	Valid Percent
CONSTRAINTS			
Child Care	15	57.7	57.7
Transportation	5	19.2	19.2
Finances	2	7.7	7.7
Other	7	26.9	26.9
REASONS FOR ATTENDANCE			
Confidentiality	18	69.2	69.2
Education	17	65.4	65.4
Support Provided	22	84.6	84.6
Distraction	7	26.9	26.9
Issues in Common	5	19.2	19.2
Victim of D.V.	16	61.5	61.5
Referred by School	12	46.2	46.2
Referred by Therapist	1	3.8	3.8
Other	12	46.2	46.2



The results on Incidents of abuse (see Tables 8 & 9).

Table 8. Incidents of Abuse by Type - Pre-test Scores

Case Number	Psychological	Physical	Verbal	Sexual
Case 1	101-200+	26-50	101-200+	-
Case 2	101-200+	51-100	101-200+	-
Case 4	0	101-200+	101-200+	-
Case 5	101-200+	101-200+	101-200+	50-100
Case 6	26-50	26-50	101-200	26-50
Case 9	26-50	0-25	101-200+	26-50
Case 10	51-100	0-25	101-200	0-25
Case 11	101-200+	101-200	101-200+	50-100
Case 12	51-100	51-100	51-100	26-50
Case 13	0	0	26-50	0
Case 14	101-200+	101-200+	101-200+	50-100
Case 17	0-25	51-100	101-200+	50-100
Case 18	0	0-25	0	0
Case 19	101-200	0	101-200+	26-50
Case 20	51-100	0	101-200+	0
Case 21	0	0	101-200+	0
Case 23	101-200	101-200	101-200	0
Case 24	0-25	101-200+	51-100	0-25
Case 25	0-25	0	101-200+	0
Case 26	51-100	0	101-200+	0

#### Summary

This study intended to test the following questions:

- 1) determine if the skills taught in the intervention provided improved the clients self-efficacy, and enhanced their overall quality of life; 2) determine if the clients

Table 9. Incidents of Abuse by Type - Post-test Scores

Case Number	Psychological	Physical	Verbal	Sexual
Case 1	0	0	26-50	0
Case 2	0-25	0-25	51-100	0
Case 4	0	0	0-25	0
Case 5	0	0	100-200	0
Case 6	0	0	51-100	0
Case 9	0	0	26-50	0
Case 10	0	0	26-50	0
Case 11	0	0	100-200	0
Case 12	0	0	0	0
Case 13	0	0	0	0
Case 14	0-25	0	26-50	0-25
Case 17	0	0	51-100	0
Case 18	0	0	0	0
Case 19	26-50	0	101-200+	0
Case 20	0-25	26-50	101-200+	0
Case 21	0	0	51-100	0
Case 23	0-25	0	51-100	0
Case 24	0	0	101-200	0
Case 25	0-25	0	51-100	0
Case 26	0	0	0	0

self-esteem increased as a result of the intervention received; 3) determined what types of domestic violence were these women enduring (physical, sexual, psychological, and/or verbal), and examine if the incidents of violence decreased after the treatment intervention, 4) determine if the participants parenting skills increased after treatment intervention; 5) measure

if the skills taught in the group made any difference in the women perceptions of their own self-efficacy; and 6) gather client's evaluative responses on their perceived helpfulness of community support groups, the constraining factors that impeded their attendance to group, and the specific reasons for choosing to attend this particular group. The predictions made by the researcher were: 1) as result of these participants being exposed to the curriculum taught in this support group, their sense of self-efficacy and their quality of life would be improved, 2) that the education and the support provided would enhance the participants level of self-esteem, 3) that the education provided to the participants would help them identify the types of abuse they were being victims of and the resources available to them to stop it, as result the incidents of abuse would decrease, 4) that the participants would increase their parenting skills which would contribute to enhancing their relationships with their children, and contribute to a higher sense of self-efficacy, 5) that the participants' self rates in all skills taught would increase, and 6) that through client's feed back, the effectiveness of the intervention would be established. According to the statistical results, there was a significant change in the participants' sense of

self-efficacy; and the participants' self-esteem. In reference to the inventory of abuse, the statistical results were significant, indicating there is a significant change in the clients perception of how the abuse affected them. As for the number of incidents of abuse, there were no statistical significant results as shown in table 2. This indicates that although the number of incidents decreased after the intervention, the number of occurrences in relation to the sample size was not large enough to produce statistical results. In relation to the Parenting skills the statistical results were significant. The participants' skills did increase after the intervention. In the last area, the participants' self-evaluation, the statistical difference was significant, indicating that the clients' self-perception of their basic life skills had increased. Finally, the clients' responses to the level of satisfaction with the interventions provided, showed that sixty five percent of the participants considered the intervention "very helpful" (n = 17) [see Table 6].

In this last section, the clients were also enquired about possible constrains to their attendance to group, as well as the reasons why they decided to attend in the first place (see Table 7).

## CHAPTER FIVE

### DISCUSSION

#### Introduction

This research evaluated the level of effectiveness of a 16-week curriculum taught at a community agency (B.F.C.S.) through a Women Support Group. The community agency that solicited this study is in its ninth year of a Department of Public Social Services Family Preservation-Family Grant. The goal of the research was to provide a quantitative study on the effectiveness of this social service program. Evaluations of program effectiveness and outcome based treatment interventions are required by San Bernardino County.

#### Discussion

While the quantitative findings of this study did not completely support all of the hypotheses, the results showed a trend, as suggested by Vijay (1998): rehabilitation outpatient treatment services produce beneficial changes in client's lives. This trend indicated improvement in the following areas: 1) The participants' sense of self-efficacy, which corroborates Segal's, et al (1995) findings, which showed that clients can be empowered to take control of their lives through the

assistance of community programs. 2) The participant's self-esteem increased significantly, evidenced by increase in their level of motivation and satisfaction with daily activities such as daily routines, parenting, etc. 3) As predicted, the types of abuse being endured encompassed four areas: psychological, physical, verbal, and sexual. Although the number of incidents decreased as the participants got educated about their rights and legal resources, it was noted that the incidence of verbal abuse was still very prevalent. In regards to the clients' perceptions of the effects of the abuse in their lives, results indicated that after the intervention the clients were not as affected by the violence. 4) The participants' parenting skills increased, evidenced by improvement in the parent-child relationship, and the higher level of satisfaction reported by the clients. 5) client's ratings on their perception of the helpfulness of treatment were also shown as a positive relationship between the variables, as 65% of the participants considered the intervention "very helpful" (see Table 6).

This study found that the areas in which clients benefited the most were: increase in their sense of self-efficacy, self-esteem, and parenting skills. This study also found that although most clients receiving

services at this agency endured high levels of domestic violence, in this particular sample, only 20 out of the 26 participants were experiencing abuse, and from those most reported incidents of verbal abuse.

Information about the type and severity of abuse experienced by support group participants was also collected during this study. The type and frequency of abuse were assessed, as well as the subjects' perceived harmfulness ratings of that abuse. The participants that did experience abuse did experience it in all four types: physical, sexual, verbal, and psychological. The scores obtained in the pre and posttests show a decrease in incidence of physical and sexual abuse, however, the verbal abuse was still pervasive. All forms of abuse were rated as very hurtful or upsetting (see Tables 8 & 9).

One interesting finding from this study is the perceived harmfulness of the non-physical abuse experienced by the participants. While this and previous community studies (Gelles & Straus, 1988; Gelles & Cornell, 1990) have found non-physical abuse to be much more common than physical or sexual violence. Most research on the consequences of abuse does not include specific assessment for non-physical abuse. Although this research does not measure the differential effects of

those two types of abuse, based on the prevalence of verbal and psychological abuse, the levels of psychological and somatic complaints associated with domestic violence, and anecdotal information obtained from support group participants, it was anticipated that these participants would rate non-physical abuse to be as harmful as, or more harmful than, physical abuse. No test was performed to compare differences for perceived harmfulness of physical versus non-physical abuse. This study and other prevalence studies, indicate that non-physical abuse is more common than physical abuse. In addition, verbal and psychological abuse tended to precede physical assault in most abusive relationships. Non-physical abuse may have serious mental health consequences, such as heightened depression and anxiety, and lowered self-esteem. According to Frank and Faux (1990), mental health is a serious concern among female immigrants since they display higher levels of depression, and seem to be at a higher risk of developing various sorts of mental illness. In addition somatic complaints, such as chronic fatigue and headaches, may result of verbal or psychological, rather than physical or sexual abuse. Therefore the identification of non-physical abuse can be crucial to helping its victims.



While service providers may regard leaving the abusive relationship as the best thing for a battered woman, the reality of going from a known situation to a starting all over again, usually with children, no skills, and no place to live, may be a highly stressful event. This type of stress, and the "social abuse" that occurs when one is unskilled, uneducated, and poor, may be more salient risk factor for low levels of self-esteem, self-efficacy, and poor quality life, which is usually the case for most immigrant women. This supports Jasinski's and Frank & Faux findings who pose the theory that higher levels of depression are found for Latin immigrants related to language barriers, low paying jobs, and increase levels of economic dependency, as well as the lack of social support, the negative public attitudes, and the economic instability (Jasinsky, 1998; Franks & Faux, 1990).

One other hypothesis of this study was that parenting skills would have an effect on knowledge and awareness of instrumental parenting skills and parental satisfaction. The results indicated improvement in the following areas: Understanding effective ways to express feelings and ways to communicate positively with children; understanding more effective ways to discipline that are appropriate

given the developmental stage of the children and; understanding more effectively coping strategies and techniques in dealing with stressor; and parental satisfaction.

All participants in this study were from at-risk families who showed improvement in knowledge and awareness of instrumental basic life skills after the 16-week program intervention. This study finds support in numerous research that indicate that at-risk families benefit from and produce positive gains in knowledge, skills and attitudes when offered treatment (Taylor & Beauchamp, 1988).

The support group these participants were part of for 16 weeks, two hours every week, was provided at B.F.C.S. (community based agency). Improvement in all areas discussed was noted to occur only after the sixth group session, which corroborates the findings of Devanter, et al (1999), where it was stated that support groups are beneficial on helping clients cope with stress related pressures and help in the change of behaviors.

## Limitations

The following limitations apply to the project:

The sample size evaluated in this project may have had an impact in the results, where only four out of the six proposed hypotheses produced significant results. The tools used to collect the data may not have been accurately designed to reflect the goals of the support group facilitator, which compromised construct validity. Melyer (1994) found the "testing instrument played a significant role in hindering the quantitative results" (p. 25). While the researcher consulted with various sources in selecting the tools to be used, the areas to be evaluated were not necessarily representative of the questions asked. Some participants may not have felt comfortable providing candid responses to the questions asked on the pre-tests due to their lack of bond with the data collector, and the privacy about areas such as abuse and domestic violence. If trust was built with the data collector before the surveys were presented, the results may have been different. This study could have also addressed more salient issues for this population, such as levels of anxiety and depression as a way to measure progress. Another aspect that limited this study was the length of the tool used, since it discouraged some

participants from participating. Finally, while the findings of this study suggest a trend of improvement in all areas covered, the size of the sample may have accounted for the lack of statistical significance in two of the instruments tested (the Inventory of Abuse: number of incidents, and the Parenting Education Questinare).

#### Recommendations for Social Work Practice, Policy and Research

Further research in the effectiveness of support groups for Hispanic female immigrants is recommended. There is a need for the development of standardized instruments to examine the progress made by group participants. Due to the very limited number of support groups geared to attend the needs of this particular population, more programs need to be developed and further research needs to be conducted to more accurately measure the effectiveness of treatment intervention for this population.

Further research should include a session whereby a trusting relationship could be established prior to the pre-test administration. Provision of additional services such as childcare, and groups at alternate days and hours need to be provided.

Social workers who assist at-risk clients should also be aware of the critical importance of developing programs to reduce family problems and increase self-efficacy in the participants. The problems include, but are not limited to, cycles of abuse, family violence, mental health, and child maltreatment. If these problems are addressed, family violence, mental illnesses, and child maltreatment would decrease and life satisfaction will increase.

Programs such as this need to be offered at sites that are within the at-risk client's community. Furthermore, culturally sensitive programs increased participation and acquiring of basic life skills learned (Lantz, 1993).

Since many at-risk clients may lack material resources and income, to assist them to deal with life stressors, social workers should provide services at low-cost or sliding scale fees. Community based agencies, city, schools and the private sector collaborative could be created to help identify those in more need, as well as to address funding issues.

Another aspect of great importance is that social workers should be knowledgeable of the detrimental impact of substance abuse and mental illness on family dynamics,

being prepared to referrer clients and their family members to the appropriate extended services. In general terms on-going education should be the personal commitment of service providers, as trends change, social workers need to be prepared to address not only the presenting problems their clients bring but also the adjacent legal, psychological, and financial ramifications.

### Conclusions

The conclusions extracted from the project The researcher conducting this research was who developed the 16-week intervention curriculum evaluated in the present study. The data showed some significant results, in the areas of self-efficacy, self-esteem, parenting skills, domestic violence, and a trend indicating that group participants benefited from this program. Their knowledge and awareness on the topics discussed improved, enhancing their overall quality of life. Limitations of this study were discussed and recommendations were made. Future research into this area of treatment will assist social workers in outcome based treatment requirements. Further studies addressing depression and anxiety as the measuring factors for this population's progress should be encouraged.

APPENDIX A  
INFORMED CONSENT

**THE STUDY OF SELF-EFFICACY IN LATIN FEMALE IMMIGRANTS  
ATTENDING A SUPPORT GROUP AT A COMMUNITY BASED AGENCY.**

I consent to serve as a participant in the research investigation entitled THE STUDY OF SELF-EFFICACY IN LATIN FEMALE IMMIGRANTS ATTENDING A SUPPORT GROUP AT A COMMUNITY AGENCY. The nature and general purpose of the study has been explained to me by the interviewer contracted by Leslie Maldonado from the Social Work Department of California State University at San Bernardino (CSUSB).

**STATEMENT OF PURPOSE**

The purpose of this research is to evaluate the participants to the Women Support Group offered at a community based agency according to the first year mission statement of the Family Preservation/Family Support Services five year Grant in collaboration with the Focus West program. The researcher will ask certain research questions to all participants through an interviewer. The purpose of these questions is to assess the improvement on Self-Efficacy and quality of life of the participants.

Participation in this research is voluntary and you are free to withdraw consent or stop participating at any time. The withdrawal from the research project will not exempt you from receiving other services at the agency. Please be assured that any information you provide will be held in strict confidence by the researcher.

Any questions that you may have about this research will be answered by on researcher or by an authorized representative of CSUSB. The researcher has the responsibility for insuring that participants in research projects conducted under university auspices are safeguarded from injury or harm resulting from such participation.

On the basis of these statements, I voluntarily agree to participate in this project. I acknowledge that I am at least 18 years of age.

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Participant's Signature

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Date

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Researcher's Signature

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Date



## Forma de Consentimiento

Yo doy mi consentimiento para servir como participante en la investigacion titulada UN ESTUDIO DEL SENTIDO DE EFICACIA EN MUJERES LATINAS INMIGRANTES ASISTIENDO A UN GRUPO DE APOYO EN UNA AGENCIA COMUNITARIA. El proposito general del estudio me fue explicado y leído por la persona contratada por Leslie Maldonado estudiante del departamento de trabajo social de la Universidad del estado de California en San Bernardino (CSUSB).

### DECLARACION DEL PROPOSITO DEL PRESENTE ESTUDIO (LEIDO A LAS PARTICIPANTES)

El proposito de esta investigacion es el de evaluar a las participantes de el grupo de apoyo para mujeres. El cual es dirigido por una consejera en una agencia comunitaria, de acuerdo con la declaracion de la mision del programa de Preservacion de la Familia/Servicios de Apoyo para la Familia. Bajo las regulaciones estipuladas en el subsidio de cinco anos que funciona en colaboracion con el programa Focus West. La investigadora les hara preguntas a las participantes a travez de la persona contratada para este proposito, algunas de las cuales seran respondidas independientemente por la participante y otras leidas a la participante y registradas por la persona conduciendo la entrevista. El proposito de esta entrevista es el de verificar si como resultado de atender a este grupo de apoyo, el sentido de eficacia de las participantes incrementa, asi como tambien la calidad de vida que llevan.

La participacion en esta investigacion es voluntaria y usted esta libre de retirar su consentimiento de participacion en cualquier momento de la entrevista. Retirarse de este proyecto investigativo no la hara exempta de recibir otros servicios en la agencia. Ninguna seccion de la informacion que usted provea para la conclusion de este estudio sera conectada con su nombre, ya que todos los cuestionarios seran identificados por un codigo anadido a su nombre de pila. Toda la informacion que usted proporcione sera considerada confidencial. Por favor, responda todas las preguntas que se le hagan, y trate de responder de la manera mas honesta posible. Su participacion es muy agradecida.

Si usted tiene alguna pregunta en cuanto a los resultado de esta investigacion, contacte a la investigadora o a un representante autorizado de (CSUSB) la Universidad del estado de California en San Bernardino. La investigadora tiene bajo su responsabilidad el asegurar que todas las participantes en este proyecto, que es conducido bajo el auspicio de la Universidad seran protegidos de danos y perjuicios que pudieran resultar com consecuencia de su participacion.

Hago la presente declaracion voluntariamente, de que estoy de acuerdo en participar en este proyecto, y de que soy mayor de edad (18 anos o mas).

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Firma de la participante

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Fecha

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Firma de la investigadora

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Fecha

APPENDIX B  
DEBRIEFING STATEMENT

1  
1

1  
1

1  
1

## DEBRIEFING STATEMENT

The researcher would like to thank you for voluntarily participating in this research project. The purpose of this study was to evaluate any increments in the Self-Efficacy of the participants, as well as improvement in their quality of life. The researcher would like to emphasize that all information collected is strictly confidential and that at no time your identity will be revealed to anyone. We encourage participants to contact the researcher if you have any questions regarding this project. For written results of this study, you may contact the following individuals:

Dr. Trang Hoang  
Professor, California State University  
San Bernardino (909)383-3085

Olivia Sevilla, Director  
Bilingual Family Counseling Services  
(909)986-7111

Dr. RoseMary Mc Caslin  
Professor, California State University  
San Bernardino (909)880-5507

Leslie Maldonado  
Department of Social Work  
California State University  
San Bernardino (909)880-5501

## Informe Explicativo

La investigadora del presente estudio agradece su participacion en este proyecto de investigacion. Enfatizamos que toda la informacion recolectada es estrictamente confidencial y que bajo de ninguna circunstancia su identidad sera revelada a nadie. Le sugerimos que si tiene alguna pregunta con relacion al presente estudio, contacte a la estudiante investigadora o al personal autorizado en el departamento de trabajo social de la Universidad (CSUSB). Para obtener informacion por escrito a cerca de los resultados de este proyecto, contacte a los siguientes individuos:

Dra. Trang Hoang  
Profesora del Departamento de  
Trabajo Social en la Universidad  
Del Estado de California en San  
Bernardino (909)383-3085

Olivia Sevialla, Directora de la  
Agencia de Servicios de Consejeria Bilingue  
(909)986-7111

Dra. RoseMary Mc Caslin  
Profesora del Departamento de  
Trabajo Social en la Universidad  
Del Estado de California en San  
Bernardino (909)880-5507

Leslie Maldonado  
Estudiante del Programa de Maestria  
En Trabajo Social en la Universidad  
del Estado de California en  
San Bernardino (909) 880-5501

APPENDIX C  
SUPPORT GROUP SURVEY

## SUPPORT GROUP SURVEY

**Completing this survey is voluntary.** All the information below will be **completely confidential**. No one outside of this project will review this information or contact you without your written permission.

Your First Name: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_ Message Phone: \_\_\_\_\_

### I.- THIS SECTION ASKS GENERAL QUESTIONS ABOUT YOU.

1.- Today's Date: \_\_\_\_\_ 2.- Year of Birth: \_\_\_\_\_

3.- Race/Ethnicity: Mexican \_\_\_\_\_ Central American \_\_\_\_\_  
Puerto Rico \_\_\_\_\_ South American \_\_\_\_\_  
Cuban \_\_\_\_\_ Other \_\_\_\_\_

4.- Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Living with partner \_\_\_\_\_

5.- Education Completed: Grades 0-8 \_\_\_\_\_ Grades 9-11 \_\_\_\_\_  
High School or equivalent \_\_\_\_\_ Some College \_\_\_\_\_  
College Graduate \_\_\_\_\_ Post College \_\_\_\_\_

6.- Employment Status: Full Time \_\_\_\_\_ Part time \_\_\_\_\_ Full time homemaker \_\_\_\_\_  
Student \_\_\_\_\_ Unemployed \_\_\_\_\_ Other \_\_\_\_\_

7.- If employed, what is your occupation or job? \_\_\_\_\_

8.- Estimated Household annual income: \$ \_\_\_\_\_

9.-Number of children: \_\_\_\_\_

10.-Do your children live primarily with you? Yes \_\_\_\_\_ No \_\_\_\_\_

11- What is your religious preference: Catholic \_\_\_\_\_ Christian \_\_\_\_\_ Other \_\_\_\_\_

## PARENT EDUCATION QUESTIONNAIRE

For each of the following questions, please circle the number that most clearly reflects your opinion.  
Thank you.

Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
1	2	3	4
1.- When I am not happy with my child's behavior I actively let him/her know by complaining/nagging.			
1	2	3	4
2.- I look my child in the eyes to communicate important information.			
1	2	3	4
3.- I take away things my child likes as a method of discipline.			
1	2	3	4
4.- I am satisfied with my relationship with my child.			
1	2	3	4
5.- When my child misbehaves I allow him/her to "do their own thing" as a way of discipline him/her so him/her can learn for themselves.yelling			
1	2	3	4
6.- When I want to demonstrate my love to my child I spend special time playing with him/her.			
1	2	3	4
7.- When my child misbehaves I threaten, yell, spank to get his/her attention.			
1	2	3	4
8.- I use talking as a method of discipline for it provides effective learning technique to children.			
1	2	3	4
9.- I usually have family meetings to ensure communication among family members.			
1	2	3	4
10.- When I want to let my child know how I feel I use the word "I," for example "I feel....".			
1	2	3	4
11.- I am satisfied with the behavior of my child.			
1	2	3	4
12.- My child knows when I am frustrated by his/her behavior because I scold him/her.			
1	2	3	4
13.- When I find that I am angry at my child's behavior I let him/her know by hitting or yelling.			
1	2	3	4
14.- When i can no longer tolerate my child's behavior I let him/her know by hitting or yelling.			
1	2	3	4
15.- When I discipline my child I am always right.			
1	2	3	4
16.- When I talk to my child, I use a firm and calm tone of voice.			
1	2	3	4
17.- When talking to my child, I use a load and mean tone of voice to get my message across.			
1	2	3	4

- |   |   |   |   |   |
|---|---|---|---|---|
| 18.- I usually punish as a method of discipline.  | 1 | 2 | 3 | 4 |
| 19.- When I feel stress, I try to tell myself I'm doing an OK job with my child.  | 1 | 2 | 3 | 4 |
| 20.- When I discipline my child's behavior I make sure he/she knows the behavior is not acceptable.   | 1 | 2 | 3 | 4 |
| 21.- I drink alcohol or eat to cope with my stress.   | 1 | 2 | 3 | 4 |
| 22.- My child knows I care about him/her, I do not have to show it in any special way.  | 1 | 2 | 3 | 4 |
| 1.- My children know that I love them because I tell them "I love you".   | 1 | 2 | 3 | 4 |
| 2.- It is not important to have family rules. I make/change the rules for my family as we go along.   | 1 | 2 | 3 | 4 |
| 3.- I am satisfied as a parent.   | 1 | 2 | 3 | 4 |
| 4.- My child knows when I am listening because I nod my head or I answer.   | 1 | 2 | 3 | 4 |
| 5.- When my child misbehaves he/she must tell e/she understands what can happen if he/she misbehaves.   | 1 | 2 | 3 | 4 |
| 6.- 29.-I review plans with my child to make sure he/she understands what can happen if he/she misbehaves.                                      | 1 | 2 | 3 | 4 |
| 7.- When my child misbehaves I use discipline such as giving additional chores or send to room for short period of time.                        | 1 | 2 | 3 | 4 |
| 8.- When I experience stress, I take a time-out for myself such as calling a friend or leaving the room.  | 1 | 2 | 3 | 4 |
| 9.- My child knows when I am listening to what he/she is saying because I repeat back what I hear.  | 1 | 2 | 3 | 4 |
| 10.- When I am happy with my child's behavior I actively let him/her know through praise, attention, treats, hugs, kisses, or pats on the back. | 1 | 2 | 3 | 4 |
| 11.- I don't feel it is necessary to look at my child in the eye because my child can hear me.  | 1 | 2 | 3 | 4 |



II. THIS SECTION CONTAINS QUESTIONS ABOUT THIS SUPPORT GROUP.

- 1.- How did you hear about this support group? (Check all the options that apply.)

Crisis line \_\_\_\_\_ Shelter \_\_\_\_\_ Friend \_\_\_\_\_ Family Member \_\_\_\_\_ Counselor/Therapist \_\_\_\_\_  
Personal Physician \_\_\_\_\_ Emergency Room Physician \_\_\_\_\_ Attorney/Judge \_\_\_\_\_ Other \_\_\_\_\_

- 2.- During the time that you have been attending this support group, what were the factors that made your attendance difficult? (Check all the options that apply to you)

Child Care \_\_\_\_\_ Transportation \_\_\_\_\_ Finances \_\_\_\_\_ Other \_\_\_\_\_

- 3.- What were the reasons that prompted you to attend this support group? (Check all the options that apply to you)

Confidentiality _____	The participants have many issues in common _____
To educate myself _____	Because I am a victim of domestic violence _____
I need the support _____	I was referred through the legal system _____
As a liasure activity _____	I was referred by my therapist _____
Other _____	

- 4.- How beneficial was for you to attend this support group?

None \_\_\_\_\_ It did not help nor hurt \_\_\_\_\_ It helped a little \_\_\_\_\_ It helped a lot \_\_\_\_\_

- 5.- Briefly describe the areas of the curriculum presented in this support group that were most beneficial to you and tell us why you considered them beneficial \_\_\_\_\_

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- 6.- Briefly describe the areas of the curriculum presented in this support group that were not beneficial to you, and tell us why \_\_\_\_\_

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- 7.- What topics do you think should be added to the curriculum presented in this support group?

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- 8.- What topics do you think should be removed from the curriculum presented in this support group?

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- 9.- Comments: (If there is any area we have neglected to include that you consider important, please let us know) \_\_\_\_\_

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## RSE – QUESTIONARE

*Please circle you responses to the following questions:*

- (3-0) 1. I feel that I'm a person of worth, at least on an equal plane with others.

Strongly Agree      Agree      Disagree      Strongly Disagree

- (3-0) 2. I feel that I have a number of good qualities.

Strongly Agree      Agree      Disagree      Strongly Disagree

- (0-3) 3. All in all, I am inclined to feel that I am a failure.

Strongly Agree      Agree      Disagree      Strongly Disagree

- (3-0) 4. I am able to do things as well as most other people.

Strongly Agree      Agree      Disagree      Strongly Disagree

- (0-3) 5. I feel I do things as well as most other people.

Strongly Agree      Agree      Disagree      Strongly Disagree

- (3-0) 6. I take a positive attitude toward myself.

Strongly Agree      Agree      Disagree      Strongly Disagree

- (3-0) 7. On the whole, I am satisfied with myself.

Strongly Agree      Agree      Disagree      Strongly Disagree

- (0-3) 8. I wish I could have more respect for myself.

Strongly Agree      Agree      Disagree      Strongly Disagree

- (0-3) 9. I certainly feel useless at times.

Strongly Agree      Agree      Disagree      Strongly Disagree

- (0-3) 10. At times I think I am no good at all.

Strongly Agree      Agree      Disagree      Strongly Disagree

## SES

This questionnaire is a series of statements about your personal attitudes and traits. Each statement represents a commonly held belief. Read each statement and decide to what extent it describes you. There are no right or wrong answers. You will probably agree with some of the statements and disagree with others. Please indicate your own personal feelings about each statement below by marking the letter that best describes your attitude or feeling. Please be very truthful and describe yourself as you really are, not as you would like to be.

- A = Strongly Agree
- B = Agree Moderately
- C = Neither Agree nor Disagree
- D = Disagree Moderately
- E = Disagree Strongly

- 1.- I like to grow house plants
- 2.- When I make plans, I am certain I can make them work.
- 3.- One of my problems is that I cannot get down to work when I should.
- 4.- If I can't do a job the first time, I keep trying until I can.
- 5.- Heredity plays a major role in determining one's personality.
- 6.- It is difficult for me to make new friends.
- 7.- When I set important goals for myself, I rarely achieve them.
- 8.- I give up on things before completing them.
- 9.- I like to cook.
- 10.- If I see someone I would like to meet, I go to that person instead of waiting for him/her to come to me.
- 11.- I avoid facing difficulties.
- 12.- If something looks too complicated I would not even bother to try it.
- 13.- There is some good in every body
- 14.- If I meet someone interesting who is very hard to make friends with, I'll soon stop trying to make friends with that person.
- 15.- When I have something unpleasant to do, I stick to it until I finish it.
- 16.- When I decide to do something I go right to work on it.
- 17.- I like science.
- 18.- When trying to learn something new, I soon give up if I am not initially successful.
- 19.- When I am trying to become friends with someone who seems uninterested at first, I don't give up very easily.
- 20.- When unexpected problems occur, I don't handle them well.
- 21.- If I were an artist I would like to draw children.
- 22.- I avoid trying to learn new things when they look too difficult for me.
- 23.- Failure just makes me try harder.
- 24.- I do not handle myself well in social gatherings.
- 25.- I very much like to ride horses.
- 26.- I feel insecure about my ability to do things.
- 27.- I am a self reliant person.
- 28.- I have acquired my friends through my personal abilities at making friends.
- 29.- I give up easily.
- 30.- I do not seem capable of dealing with most problems that come up in my life.

## INVENTORY OF ABUSE

Please write in the number of times your partner did these actions to you during the *past six months*, or during the *last six months* of time you and your partner were together. Also, please circle *one* answer for how hurt or upset you were by each action. If your partner did not do these actions, please write a zero (0) in the blank space.

**Number of times this happened in  
the past/last six months:**

- 1.- Your partner imprisoned you in your house .....  
 How much did this hurt or upset you? (Please circle your response)  

This Never Hurt or Upset Me	This Rarely Hurt or Upset Me	This Sometimes Hurt or Upset Me	This Often Hurt or Upset Me
--------------------------------	---------------------------------	------------------------------------	--------------------------------
  
- 2.- Your partner threw objects at you .....  
 How much did this hurt or upset you? (Please circle your response)  

This Never Hurt or Upset Me	This Rarely Hurt or Upset Me	This Sometimes Hurt or Upset Me	This Often Hurt or Upset Me
--------------------------------	---------------------------------	------------------------------------	--------------------------------
  
- 3.- Your partner called you a whore .....  
 How much did this hurt or upset you? (Please circle your response)  

This Never Hurt or Upset Me	This Rarely Hurt or Upset Me	This Sometimes Hurt or Upset Me	This Often Hurt or Upset Me
--------------------------------	---------------------------------	------------------------------------	--------------------------------
  
- 4.- Your partner squeezed your breasts.....  
 How much did this hurt or upset you? (Please circle your response)  

This Never Hurt or Upset Me	This Rarely Hurt or Upset Me	This Sometimes Hurt or Upset Me	This Often Hurt or Upset Me
--------------------------------	---------------------------------	------------------------------------	--------------------------------
  
- 5.- Your partner told you that you were crazy .....  
 How much did this hurt or upset you? (Please circle your response)  

This Never Hurt or Upset Me	This Rarely Hurt or Upset Me	This Sometimes Hurt or Upset Me	This Often Hurt or Upset Me
--------------------------------	---------------------------------	------------------------------------	--------------------------------
  
- 6.- Your partner put foreign objects in your vagina.....  
 How much did this hurt or upset you? (Please circle your response)  

This Never Hurt or Upset Me	This Rarely Hurt or Upset Me	This Sometimes Hurt or Upset Me	This Often Hurt or Upset Me
--------------------------------	---------------------------------	------------------------------------	--------------------------------
  
- 7.- Your partner bit you .....  
 How much did this hurt or upset you? (Please circle your response)  

This Never Hurt or Upset Me	This Rarely Hurt or Upset Me	This Sometimes Hurt or Upset Me	This Often Hurt or Upset Me
--------------------------------	---------------------------------	------------------------------------	--------------------------------
  
- 8.- Your partner held you down and cut your pubic hair .....  
 How much did this hurt or upset you? (Please circle your response)  

This Never Hurt or Upset Me	This Rarely Hurt or Upset Me	This Sometimes Hurt or Upset Me	This Often Hurt or Upset Me
--------------------------------	---------------------------------	------------------------------------	--------------------------------
  
- 9.- Your partner harassed you at work.....  
 How much did this hurt or upset you? (Please circle your response)  

This Never Hurt or Upset Me	This Rarely Hurt or Upset Me	This Sometimes Hurt or Upset Me	This Often Hurt or Upset Me
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- 10.- Your partner looked you in the bedroom.....  
 How much did this hurt or upset you? (Please circle your response)  

This Never Hurt or Upset Me	This Rarely Hurt or Upset Me	This Sometimes Hurt or Upset Me	This Often Hurt or Upset Me
--------------------------------	---------------------------------	------------------------------------	--------------------------------
- 11.- Your partner tried to rape you .....  
 How much did this hurt or upset you? (Please circle your response)  

This Never Hurt or Upset Me	This Rarely Hurt or Upset Me	This Sometimes Hurt or Upset Me	This Often Hurt or Upset Me
--------------------------------	---------------------------------	------------------------------------	--------------------------------
- 12.- Your partner took your wallet leaving you stranded.....  
 How much did this hurt or upset you? (Please circle your response)  

This Never Hurt or Upset Me	This Rarely Hurt or Upset Me	This Sometimes Hurt or Upset Me	This Often Hurt or Upset Me
--------------------------------	---------------------------------	------------------------------------	--------------------------------
- 13.- Your partner punched you .....  
 How much did this hurt or upset you? (Please circle your response)  

This Never Hurt or Upset Me	This Rarely Hurt or Upset Me	This Sometimes Hurt or Upset Me	This Often Hurt or Upset Me
--------------------------------	---------------------------------	------------------------------------	--------------------------------
- 14.- Your partner stole your possessions .....  
 How much did this hurt or upset you? (Please circle your response)  

This Never Hurt or Upset Me	This Rarely Hurt or Upset Me	This Sometimes Hurt or Upset Me	This Often Hurt or Upset Me
--------------------------------	---------------------------------	------------------------------------	--------------------------------
- 15.- Your partner kicked you.....  
 How much did this hurt or upset you? (Please circle your response)  

This Never Hurt or Upset Me	This Rarely Hurt or Upset Me	This Sometimes Hurt or Upset Me	This Often Hurt or Upset Me
--------------------------------	---------------------------------	------------------------------------	--------------------------------
- 16.- Your partner took your car keys .....  
 How much did this hurt or upset you? (Please circle your response)  

This Never Hurt or Upset Me	This Rarely Hurt or Upset Me	This Sometimes Hurt or Upset Me	This Often Hurt or Upset Me
--------------------------------	---------------------------------	------------------------------------	--------------------------------
- 17.- Your partner told you that no one would ever want you.....  
 How much did this hurt or upset you? (Please circle your response)  

This Never Hurt or Upset Me	This Rarely Hurt or Upset Me	This Sometimes Hurt or Upset Me	This Often Hurt or Upset Me
--------------------------------	---------------------------------	------------------------------------	--------------------------------
- 18.- Your partner disabled your car .....  
 How much did this hurt or upset you? (Please circle your response)  

This Never Hurt or Upset Me	This Rarely Hurt or Upset Me	This Sometimes Hurt or Upset Me	This Often Hurt or Upset Me
--------------------------------	---------------------------------	------------------------------------	--------------------------------
- 19.- Your partner told you that you were lazy .....  
 How much did this hurt or upset you? (Please circle your response)  

This Never Hurt or Upset Me	This Rarely Hurt or Upset Me	This Sometimes Hurt or Upset Me	This Often Hurt or Upset Me
--------------------------------	---------------------------------	------------------------------------	--------------------------------
- 20.- Your partner called you a bitch .....  
 How much did this hurt or upset you? (Please circle your response)  

This Never Hurt or Upset Me	This Rarely Hurt or Upset Me	This Sometimes Hurt or Upset Me	This Often Hurt or Upset Me
--------------------------------	---------------------------------	------------------------------------	--------------------------------

- 21.- Your partner hit you with a belt.....  
 How much did this hurt or upset you? (Please circle your response)  
 This Never Hurt      This Rarely Hurt      This Sometimes      This Often Hurt  
 or Upset Me      or Upset Me      Hurt of Upset Me      or Upset Me
- 22.- Your partner raped you.....  
 How much did this hurt or upset you? (Please circle your response)  
 This Never Hurt      This Rarely Hurt      This Sometimes      This Often Hurt  
 or Upset Me      or Upset Me      Hurt of Upset Me      or Upset Me
- 23.- Your partner threw you onto the furniture.....  
 How much did this hurt or upset you? (Please circle your response)  
 This Never Hurt      This Rarely Hurt      This Sometimes      This Often Hurt  
 or Upset Me      or Upset Me      Hurt of Upset Me      or Upset Me
- 24.- Your partner harassed you over the telephone.....  
 How much did this hurt or upset you? (Please circle your response)  
 This Never Hurt      This Rarely Hurt      This Sometimes      This Often Hurt  
 or Upset Me      or Upset Me      Hurt of Upset Me      or Upset Me
- 25.- Your partner told you that you were a horrible wife/partner .....  
 How much did this hurt or upset you? (Please circle your response)  
 This Never Hurt      This Rarely Hurt      This Sometimes      This Often Hurt  
 or Upset Me      or Upset Me      Hurt of Upset Me      or Upset Me
- 26.- Your partner prostituted you.....  
 How much did this hurt or upset you? (Please circle your response)  
 This Never Hurt      This Rarely Hurt      This Sometimes      This Often Hurt  
 or Upset Me      or Upset Me      Hurt of Upset Me      or Upset Me
- 27.- Your partner told you that you weren't good enough .....  
 How much did this hurt or upset you? (Please circle your response)  
 This Never Hurt      This Rarely Hurt      This Sometimes      This Often Hurt  
 or Upset Me      or Upset Me      Hurt of Upset Me      or Upset Me
- 28.- Your partner shook you.....  
 How much did this hurt or upset you? (Please circle your response)  
 This Never Hurt      This Rarely Hurt      This Sometimes      This Often Hurt  
 or Upset Me      or Upset Me      Hurt of Upset Me      or Upset Me
- 29.- Your partner forced you to have sex with other partners.....  
 How much did this hurt or upset you? (Please circle your response)  
 This Never Hurt      This Rarely Hurt      This Sometimes      This Often Hurt  
 or Upset Me      or Upset Me      Hurt of Upset Me      or Upset Me
- 30.- Your partner treated you as a sex object.....  
 How much did this hurt or upset you? (Please circle your response)  
 This Never Hurt      This Rarely Hurt      This Sometimes      This Often Hurt  
 or Upset Me      or Upset Me      Hurt of Upset Me      or Upset Me
- 31.- Your partner pushed you .....  
 How much did this hurt or upset you? (Please circle your response)  
 This Never Hurt      This Rarely Hurt      This Sometimes      This Often Hurt  
 or Upset Me      or Upset Me      Hurt of Upset Me      or Upset Me

32.- Your partner told you that you were stupid .....\_\_\_\_\_

How much did this hurt or upset you? (Please circle your response)

This Never Hurt  
or Upset Me

This Rarely Hurt  
or Upset Me

This Sometimes  
Hurt or Upset Me

This Often Hurt  
or Upset Me

33.- Your partner forced you to do unwanted sex acts.....\_\_\_\_\_

How much did this hurt or upset you? (Please circle your response)

This Never Hurt  
or Upset Me

This Rarely Hurt  
or Upset Me

This Sometimes  
Hurt or Upset Me

This Often Hurt  
or Upset Me

34.- Your partner stole food or money from you .....\_\_\_\_\_

How much did this hurt or upset you? (Please circle your response)

This Never Hurt  
or Upset Me

This Rarely Hurt  
or Upset Me

This Sometimes  
Hurt or Upset Me

This Often Hurt  
or Upset Me

35.- Your partner told you that you were ugly .....\_\_\_\_\_

How much did this hurt or upset you? (Please circle your response)

This Never Hurt  
or Upset Me

This Rarely Hurt  
or Upset Me

This Sometimes  
Hurt or Upset Me

This Often Hurt  
or Upset Me

36.- Your partner whipped you .....\_\_\_\_\_

How much did this hurt or upset you? (Please circle your response)

This Never Hurt  
or Upset Me

This Rarely Hurt  
or Upset Me

This Sometimes  
Hurt or Upset Me

This Often Hurt  
or Upset Me

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