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Evaluating intervention services for perpetrators and victims of domestic violence

Budtri Ay Bhandhumani
Sandra Lea Book

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EVALUATING INTERVENTION SERVICES FOR
PERPETRATORS AND VICTIMS OF DOMESTIC VIOLENCE

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

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

by
Budtri Ay Bhandhumani and Sandra Lea Book
June 2000
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This was a two person project where author's collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

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   b. Methods
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   c. Results
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   d. Discussion
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ABSTRACT

This study was to evaluate current agency programs that were available to aid victims of domestic violence and their effectiveness in reducing the long-term emotional state of victims. This study included 25 participants from various Domestic Violence Programs located throughout Los Angeles, San Bernardino, and Riverside counties. The participants were agency workers or previous agency employees. Participants were asked to answer two questionnaires. The first was a socio-demographic questionnaire, the second a questionnaire related to clients who have been in a treatment program for victims of domestic violence directed towards agency workers. A Post-Positivist paradigm was used for this study. The results of this study showed that most workers felt their agencies programs were effective in treating victims of domestic violence. The findings indicated that depression and anxiety were reduced in those who suffered from domestic violence abuse. It was also found that programs were effective in reducing additional bouts of abuse and increased independence.
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To my father, you have been my inspiration for fighting for my future. You have taught me to make the best of my qualities work towards my advantages. You have assisted me in every way possible to reaching my dreams and to you I owe my deepest gratitude. I will never forget the many times I have sought assistance and understanding from you. You will always be my hero.

To my mother, I must admit that your duties as a mother have been fulfilled. I realize now that all you have done for me was for my own good and I hope I have made you proud. I will never be able to thank you enough. I love you.

To Paul, my fiancé, my best friend, and heart, I wanted to tell you "THANK YOU", you believed in me when I didn’t believe in myself, you’ve supported me, encouraged me, and assisted me in reaching my full potential and dreams, I couldn’t have done it without you. I love you.

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Congratulations on your graduation and best wishes on your future endeavors.
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INTRODUCTION

"Never again will you be capable of ordinary feeling. Everything will be dead inside of you. Never again will you be capable of love, or friendship, or joy of living, or laughter, or curiosity, or courage, or integrity. You will be hollow. We shall squeeze you empty, and then we shall fill you with ourselves."
-George Orwell, 1984

Problem Statement

Domestic violence occurs in over 50% of American marriages (Dobash & Dobash, 1992; Jerris, 1990). Domestic violence is defined as kicking, punching, slapping, and other aggressive behavior, including verbal harassment, directed towards an individual in the aggressor's attempt to gain physical, psychological, and emotional control (Jerris, 1990). Although there is a substantial amount of information on programs for victims, there is little on the program's effectiveness.

According to the National Family Violence Surveys, over 1.5 million married and cohabiting women are severely assaulted every year (Straus & Gelles, 1990). Domestic violence is described as a social problem in which one's life is endangered or harmed as a result of the intentional behavior of someone else (Baker, 1996).

Violence against women is an urgent criminal and public health problem with devastating consequences for women, children, and families. According to the Department of Justice, 29% of incidents of violence against women by a
single offender are committed by an intimate partner (Nation’s Health, 1996). It was not until recently that new laws and policies in domestic violence cases have focused on treating the victims of domestic violence.

Although much of the literature on domestic violence victims focuses on women, we must not forget that men are victims too. In a study which compared male and female domestic violence conducted in 1974, the study found that 47 percent of husbands had used physical violence on their wives, and 33% of wives had used violence on their husbands (Gelles, 1974). It is believed that the most underreported crime is not wife beating, it is husband beating (Langley & Levy, 1977).

In a more recent study, Strauss & Gelles conducted a study to compare their data from 1975 with more current survey information. They found that domestic violence against women dropped from 12.1% of women to 11.3% while domestic violence against men rose from 11.6% to 12.1% between the years 1975 through 1985 (Strauss & Gelles, 1986). Therefore, from the Strauss and Gelles study it is apparent that women are not the only victims of domestic violence. The study only shows that husband beating is underreported or not addressed as much as wife beating.

Children are also victims of domestic violence. Children who grow up in these violent homes are at considerable risk for developing a wide range of problems.
including headaches, abdominal pains, stuttering, enuresis and sleep disturbances (Reid et al., 1987). Children have limited services available, also something male victims of domestic violence experience. It is also important to keep in mind that children are often the silent or forgotten victims of domestic violence and a group that needs assistance and protection of their rights.

Studies have found that domestic violence not only causes the victim to suffer emotionally, but realize that many victims are receiving beatings that result in hospitalization. It was found that a total of 1,058,500 victimizations were recorded by the NCS. Injuries resulted in 56.8% of cases, medical care was required for 23.7% and hospitalization was required for 14.3% of the victims (Dutton, 1995). About 21% of victims, lost one or more days of work as a result of the abuse they suffered. Research so far indicates that most battered women will return to their abuser because they are too lonely, too frightened, too overwhelmed, and too depressed to continue on their own (Walker, 1985).

The National Crime Survey (NCS) from 1972 to 1982 showed an estimated 32% of battered women were revictimized within six months after the assault, which resulted in the perpetrator having some type of criminal justice intervention. These women were each victimized on an average of three times (Langan & Innes; Hart, 1993). With
these reports showing high percentages of revictimization, domestic violence victim programs need to be evaluated for effectiveness so that the researchers can determine what contributes to high success rates for the victims who are not revictimized.

The alarming statistics of victimization and revictimization are causes for concern for the social work profession. Acknowledging the need for social changes, a wide range of concrete resources and long-term social investment is needed to enable all women to escape victimization (Davis & Hagen, 1988). Some states have started to implement policy changes allowing the victim more resources and providing appropriate services to victims and their families.

Victims of domestic abuse usually remain hesitant to share their secret, but social workers are in a key position to break the silence about the abuse that women experience (Davis, 1995). Social work is in a unique position to frame the problem of women abuse in a larger social context and can advocate nationally for policies to help empower all women.

**Problem Focus**

Since the issues and problems of domestic violence continue to plague our nation, the researchers found that examining the current domestic violence programs available would assist in developing and improving current and future
domestic violence programs. This would enable workers to better assist victims and perpetrators of domestic violence. Therefore, the researchers planned to examine worker's opinions on how they felt their current domestic violence programs were effective in reducing anxiety, depression, and increasing independence.

This study was exploratory in nature and used a post-positivist approach because the sample size was small and the study was qualitative in nature. Since a qualitative research design was be employed, a short questionnaire consisted of 25 questions asked how workers perceive the services their agency offered were effective for their clientele. Along with the questionnaire additional socio-demographic questions was given to participants. However, names of participants and agencies were not asked and were not used for the purpose of the study. Participants were kept anonymous. This study was designed to evaluate how domestic violence agency workers perceived the effectiveness of the services their agency provided to victims of domestic violence. The sample size was small and the participants were randomly chosen, as they became available.

The qualitative research design used a likert scale format, along with open-ended questions to evaluate the effectiveness of treatment services in assisting the victim's with their individual needs. From these results, social work practitioners are able to formulate programs
that are more effective in meeting the challenging needs of victims of domestic violence. Therefore, in evaluating the service programs provided, possible implementation of programs using successful services may prove to be more successful.
LITERATURE REVIEW

The literature review discussed literature related to the topic of domestic violence victim programs. It focused on the issue of domestic violence, victim programs, and the various approaches used in victim programs. The literature for this study was collected and obtained through a series of computer services at California State University, San Bernardino and local community libraries. Journal articles were found through computer searches, while books were found from local community libraries. The Internet was also used, but sufficient literature was not found.

Domestic violence literature was intended to bring into the public view the violence that occurred to women in the domestic sphere where they supposedly lived in peace and tranquillity (Davis, 1995). Over time, different labels have been added to the term domestic violence. Labels such as abuse, women abuse, or battering were added to the list of terms connecting domestic violence to abuse. Recently, terms like spouse abuse, intimate violence and relationship violence are focusing the label of domestic violence as a genderless phenomenon.

Men have dominated women since time began. It was found that in Early Roman law, they gave men absolute power (Stedman, 1917). English common law gave men the right to beat their wives with a weapon, as long as the weapon was no longer than the man's thumb thus, the "rule of thumb" was
born (Blackstone, 1979). In the United States, a judicial decision in 1864 gave men the right to beat their wives (Eisenberg & Micklow, 1977). According to Gelles & Straus (1988), violent crimes occur more frequently within families than among strangers in the United States today. The incidence of domestic violence continues to be staggering.

According to the Family Violence Prevention Fund, a woman is beaten every nine seconds, which translates to 4,000,000 females a year (Collins-Correia, 1997). Watson (1996) estimated that 75% of women who are killed by their batterer are killed when they leave or soon after they leave, and 42% of all women killed in the United States are killed by their male partners (Watson, 1996). With these alarming statistics, domestic violence has received a considerable amount of public concern. In fact, President Bill Clinton has named the month of October "National Domestic Violence Awareness Month." He stated that the American people will commit to prevent and eliminate violence against women (Clinton, 1997). Domestic violence is no longer a private issue; as one can see there continues to be a nationwide effort to address the issues surrounding domestic violence.

It is important to recognize that women are not always victims of domestic violence, in many cases men are victims and women are the perpetrators or batterers. Although research studies on male victims of domestic violence are
limited, one source shows statistics that 1.8 million American women were severely assaulted by their mates each year, and 2 million men were assaulted at home (Cook, 1997). The abuse of husbands is a rarely discussed phenomenon.

In a study directed by Murray Straus, Richard Gelles, and Suzanne Steinmetz (1975), a large sample of married and cohabiting couples were interviewed to gauge their use of violence in conflict resolution. Results from both the 1975 and the 1985 replication of that study suggested that violence is prominent in a quarter of American couples and that men and women committed almost the same number of acts of aggression toward their partners. Moreover, the data implied that males were more likely than females to be victims of severe incidents of aggression (Straus, Gelles, & Steinmetz, 1980; Straus & Gelles, 1990). In this study, victims were identified as men who experienced violence and aggression during conflict resolution with their mate. Although the subject of men being domestic violence victims is important, and the researchers acknowledge this, they prefer to concentrate on female victims of domestic violence. However, it is hoped that future researchers will focus on male victims of domestic violence.

Another population that is also experiencing domestic violence is the same-gender population. In the Los Angeles area, the number of reports on same-gender domestic violence incidents rose from 253 cases reported in 1996 to 913
reported cases in 1997 (Planck, 1998). Susan Holt, Program Coordinator for Domestic Violence Prevention, Outreach, Education, and Treatment at the Los Angeles Gay and Lesbian Center, stated "the lesbian and gay community often mirrors the same abuse in heterosexual relationship." As the program coordinator at the center, Holt explained that the Los Angeles Gay and Lesbian Center offers a wide range of services to individuals dealing with violence in their lives. Programs offered through the center included group therapy for batterers, as well as victims, anger management groups, crisis intervention, individual counseling, outreach and education about same-gender domestic violence (Plank, 1997). The Gay and Lesbian population should not be overlooked. In fact, this population would prove to be appropriate for future research.

As domestic violence among relationship partners rise, there are other victims that have often been forgotten; these victims are the children of these domestic violence families. Presently, social service professionals are more frequently identifying children who witness adult domestic violence as victims of that abuse (Edleson, 1999). It also has been found that a variety of behavioral, emotional, and cognitive-functioning problems among children were found to be associated with exposure to domestic violence (Edleson, 1999). Children are deeply affected by violence in the home. When their family environment is an unstable
environment it affects the child’s ability to succeed in school (Weis; Maruza; et al., 1998).

Children who witness violence between adults in their homes are only the most recent victims to become visible. These children have been called the “silent”, “forgotten”, and “unintended” victims of adult-to-adult domestic violence (Elbow, 1982; Groves, Zuckerman, Marans, & Cohen, 1993; Rosenbaum & O’Leary, 1981).

Children may not be the direct victims of familial abuse; however, children often become a convenient target in a violent home and they are blamed for ‘all the wrong doing.’ When children are injured in abusive homes, it is from thrown objects that inadvertently hit them. Children sometimes feel that they must protect their mothers and are hurt as the father lunges out at both the mother and child. This happens more to boys than girls, since boys position themselves as protectors more than girls do (Fantuzzo, 1991).

According to Wagar & Rodway (1995), each child has his/her own unique way of coping with domestic violence, and one means may be aggressive acts against those in the environment so that they may feel safer. Some children draw within themselves showing internalized behavioral problems such as somatic disorders, insomnia and heightened anxiety (Hughes, 1988; Jaffe et al., 1990). Martin (1976) suggested that children living in homes with family violence felt
guilt, shock, and fear since they were constantly at risk of being abused themselves. It was also found that the development of psychological adjustment problems was high among youth from violent families (Wagar & Rodway, 1995).

Internalized behavioral problems and psychological adjustment problems were not the only problems these children experience. According to Elkind (1994), family problems are the main reason why children at the elementary school level do not attend school. Even when they do attend, children from violent homes are often unable to concentrate. Commonly, children feel responsible for the abuse; they consider it their fault, a view found similar to divorce cases. In some cases, children will fake illness in order to stay at home and 'protect' the non-offending parent, or they may actually become sick from fear and worry (Afulayan, 1993).

Treatment for children of domestic violence is also an area of concern for researchers. Most children of battered women are living at the home with both of their parents or often with their mothers after the women have been separated from their abusers (Giles-Sims, 1983; Okun, 1988; Strube, 1988). Some of the children continue for years to witness violence or live with the threat of violence and to suffer from its effect (Peled & Davis, 1995). Others live with the memories of witnessed violence and its after effects, such as emotional and physical scars, separation and divorce, and
financial deterioration (Peled, 1995). Community domestic violence agencies provide children of battered women with emotional support both during and after witnessing violence. This is usually through small psychoeducational groups in which children can "break the secret" of family violence (Peled & Davis, 1995; Ragg & Webb, 1992; Wilson, Cameron, Jaffe, & Wolfe, 1986).

A study was conducted at a large Midwestern domestic violence agency. The agency identified (a) the agency's potential child client population, (b) the agency's actual child client population, and (c) factors that enhance the likelihood of a child's participation in a completion of the agency's children's program. The study sample included 194 children exposed to domestic violence associated with battered women and battered men. Analysis was performed on variables associated with children's participation in or upon completion of the program. A child's participation in services was closely associated with whether the child was living with his or her mother and the level of services provided to the mother. However, a child's completion of the program was associated with level of services provided to the child's mother and father as well as with the child's age (Peled, 1998).

It was not until recently that social service workers recognized the impact domestic violence has on children. Therefore, the effect that domestic violence has on children
has been a subject that has little research literature. However, with increased awareness of these victims, current research surrounding domestic violence and its effects on children, studies are being conducted on the effects of domestic violence on children.

A trend that we have recently seen is that shelters for victims of domestic violence have increased in number all around the world. Shelters for battered women first emerged in England. However, an Al-Anon group established the first shelter in the United States in 1864, by wives of alcoholics in Pasadena, California. The name of the shelter is Haven House. In 1972, in St. Paul, Minnesota, a feminist group organized a telephone hotline for assaulted women, two years later it developed into a shelter. By 1980, about 190 residential shelters for battered women were operating in the United States. The sponsorship for the early shelters included church groups, YWCA, and other local civic organizations, with fewer than half being directly related to feminist groups or ideology (Johnson, 1981). The shelters’ increased awareness of domestic violence has stimulated public policy recognition of wife assault (Martin, 1976; Walker, 1979; Johnson, 1981; Barnett, et al., 1996). Today about 1,400 residential programs for battered and abused women operate throughout the United States.

Since there has been an increase in the number of shelters and treatment programs for all victims of domestic violence.
violence, studies are important because it is through studies the researchers, agencies, and participants learn about effectiveness of programs. Therefore, evaluating various existing shelters and treatment programs is needed.

An article was written to survey both state agencies and coalitions and discusses implications for services to abused women. It is in this article, the author's discussed state agencies and grassroot coalitions. In this study, as the author's look at state policies for abused women, they asked whether women have been encouraged to move to greater independence or whether the protective net of society has merely been extended to include women. The study was particularly interested in comparing the coalitions and official state agencies and the services they made available to abused women and their children (Davis, Hagen, & Early, 1994).

To determine how states responded to the social service needs of abused women, a nationwide survey of abused women coalitions and agencies was conducted. The instruments used were self-administered questionnaires designed for both coalitions and agencies. Within each questionnaire, different issues of the agencies were addressed. The questionnaires were mailed out to all 50 state agencies and all 52 coalitions. However, only 38 state agencies and 21 coalitions responded. Qualitative data analysis was
conducted to generate frequencies, cross tabulations, and tests as appropriate.

The study's limitations were that the authors relied on information and assessments provided by the survey respondents, which they did not test to determine if it was valid or not. The researchers also did not look at the social service delivery system for abused women. They also did not know about the potential bias of the respondents. Therefore, due to these many limitations of the study, it would have proved to be more effective if they started to learn about the services rendered from the agencies they involved in the study. However, the article found that the strengths of a state's feminist organization were the best predictor of the number of spouse abuse services in that state. They also found that coalitions were struggling with their own internal conflicts. They were arguing among themselves as to their priorities rather than focusing on external change that needed to be accomplished. Therefore, without their direction, services for abused women are likely to become even more co-opted by the traditional service delivery system, treated by therapy. However, regardless of the findings, violence against women will remain a public issue if coalition and state agency leadership can continue to join forces to meet the needs of abused women.
Battered women's shelters have been established throughout the country as a first step in escaping the abuse and abuser. These shelters offer refuge, counseling, and protection for battered women. More efforts are needed to get the abused women to use such facilities for their safety and more shelters are solely needed (Flowers, 1987). Shelters show battered women that someone cares about them and is concerned enough to help. The victim learns that by going to a shelter, she is no longer helpless and, in fact, has some power over her life. In addition, by going to a refuge, battered women break the sense of isolation, which controls her and leads to inaction and acceptance of her condition. The shelters offer social and economic support to the battered woman. Women run most shelter facilities. This is very important, since it provides the battered women with an example of how women can effectively function independently of men (Information Plus, 1993).

It is important for women to make contacts in the shelter. In fleeing an unhealthy relationship, the battered woman finds in the shelter other women like herself who offer her understanding, who believe her story, who are committed to her safety and well-being, and who value her. Battered women receive valuable psychological resources from relationships formed in shelters. They form a more accurate picture of themselves and the batterer. In addition, they gain increasing confidence in their ability to live violent
free lives. The shelter movement and the women who have left shelters to live violence free lives demonstrate that one of the ways of women survive male violence is by creating alternative ways of living, both collectively and individually (Swift, 1988).

As to whether shelters are the answer to domestic abuse, two sources have different ideas. Susan Bruce, a New Hampshire expert on domestic violence, is concerned that by accepting shelters as the answer to abuse problems, Americans may overlook the crucial problem of unequal treatment of women by the courts and police and may ignore fundamental objectives of identifying causes and eliminating them. Susan Bruce also raised an important question, which can be traced back to the beginning of the problem. "We talk a lot about," "Well, let's see, we can save her and take her out of the house." "But, why does she have to leave the house? She lives there." These questions come back to unequal treatment of women (Information Plus, 1993).

The second source believes that shelters are not the final answer. Dr. Lenore E. Walker believes that shelters provide an "artificial sense of community that does not exist outside of itself." Many women have difficulty in developing emotional and psychological skills to cope outside. Therefore, safe houses offer limited potential for educational and vocational training. These are important factors to help women become self-supporting when they
leave. However, regardless of flaws within shelters and safe houses, Dr. Lenore E. Walker believes that they are beneficial (Information Plus, 1993).

As to the effectiveness of an approach, Cooper-White (1990) suggests that peer counseling (counseling by non-licensed women who are similar in age and experience to the victims), which is primarily available through a shelter, is most effective in the early stages of the crisis. It provides validation, friendship, belief and support, and helps women explore strategies and develop an action plan. The author stated that although shelters may not be serving their clients as well as they should, she blames the unavailability of shelters and their lack of culturally appropriate services for minority and ethnic women (Cooper-White, 1990).

When examining the effectiveness of universal access to shelters, safe homes, and non-residential services a question to ask is: Do these services protect women from injury and/or death? It was found that despite long-standing efforts to provide an immediate crisis response, services for safety and protection are still insufficient for some women and inaccessible for others (Owens-Manley, 1999). The New York State Coalition against Domestic Violence (1997) estimated that for every woman, who was admitted to a shelter in 1996, two were turned away because there was not enough room. Most importantly, New York was
not alone in this limitation of services. A study of services in 38 states found that unstable funding for shelters, inadequate transitional housing, and the lack of access to services for all state residents were the top three problems (Davis, Hagen, & early, 1994).

Although, the Domestic Violence Prevention Act of 1987 created a permanent funding mechanism for shelters and domestic violence services, it has never been funded at the level that allows for adequate services. Approximately 25% of funds are provided from local communities and 50% from federal funds. The need for nonresidential services has increased, but the only money available for these services come from limited grants, largely federal funds administered by the State Department of Child and Family Services. Funding for shelters and non-shelters services remains an important issue, and the current service that are offered are limited in scope (Owens-Manley, 1999).

Many women separate from their abusers several times in the process of extricating themselves from their relationships. Studies have noted the complex needs of battered women and the importance of being able to provide a variety of community services and have emphasized battered women's need for tangible economic and material resources, as well as emotional or psychological support (Sullivan et al., 1992; Tutty, 1996). Gondolf and Fisher (1988) found that women who had their own transportation, child care, and
sources of income after they left a shelter were more likely to establish lives separate from their batterers.

When examining the material and psychological resources that families may need, shelters are often forced to rely on donations and vouchers to try to supply women with some basic supplies. Therefore, the array of concrete items and the income needed to start an independent household are beyond the scope of their resources. There are many other arenas in which domestic violence victims receive little or no resources for, which include health care, and psychological trauma. The health care issue is very important. Many women neglect their health due to their role as the victim of domestic violence. They may have injuries that they have ignored for years; therefore, when women enter a shelter they should be examined properly.

Most importantly, domestic violence policies need to acknowledge the physical and mental health needs of battered women and their children and provide services to them (Owen-Manley, 1999). As for the area of psychological trauma, it is believed that women should be routinely screened because of their life's subjection to severe, persistent, and unreasonable stress. This stress often takes its toll on women in the form of anxiety and depression (Herman, 1992; Orava, McLeod, & Sharpe, 1996).

The primary mental health response of women to being battered in an ongoing intimate relationship is depression
Depression has consistently been found to be more prevalent in women in comparison to men. Gleason (1993) found significantly higher prevalence of major depression in 62 battered women in comparison to data from the National Institute of Mental Health (NIMH) Epidemiological Catchment Area study. In this same study, there was a higher prevalence for major depression than for post traumatic stress disorder. Depression was the strongest indicator of adult relationship abuse for a sample of 394 adult women seeking medical care at the family practice medical center (Saunders, Hamberger, & Hovey, 1993).

A study that was conducted consisted of 164 women recruited from newspaper advertisements and bulletin postings asking for volunteers with serious problems in intimate relationships with men. The women were screened for battering using the Conflict Tactics Scale. The researchers also used to the Beck Depression Inventory to categorize 28% of the women as moderately to severely depressed and 11% to be severely depressed. Significantly predictors of depression by multivariate analysis were childhood physical abuse, physical abuse by a partner, and daily hassles. The findings of this study suggest that physical abuse is an important part of the etiology of depression in battered women and that the combination with daily hassles supports a stress explanation of depression.
Therefore, the data from this study, combined with data from other studies on depression in battered women, suggest that relationship abuse should be considered part of the etiology of depression in battered women (Campbell, Kub, Belknap, & Templin; 1997).

Many issues need to be addressed to help shelters become more effective. As Gondolf and Fisher (1988) noted, shelter advocacy refers to how resources and service are received through referrals to agencies and advocacy for needed help for services by staffs at the shelters. It was the researcher’s intents to examine the effectiveness of domestic violence programs and the effectiveness in reducing depression and anxiety of victims of domestic violence. The researcher’s also explored other areas such as; job satisfaction, services needed by clients, and services provided by agencies.
METHODOLOGY

Purpose and Design of the Study

The purpose of this study was to determine how workers view the effectiveness of treatment programs and services that are available to victims of domestic violence.

The design of the study was qualitative in nature and the research paradigm was Post-Positivist. In using a Post-Positivist paradigm, it was the researchers' intent to determine the workers' understanding of their agency's available services and the level of these services' effectiveness for their clientele.

The researchers administered to workers a two-part questionnaire. The first was a socio-demographic questionnaire that asked questions such as: the worker's age, level of education, gender, ethnicity, income, and experience in the domestic violence field.

Research Statement

This study examined the services offered to victims and perpetrators of domestic violence in local agencies. The study targets workers who were or had been employed in these agencies. It was hoped that the researchers would be able to determine if appropriate ranges of services offered to clients were effective in reducing a victim's depression and anxiety. Another observation was to assess if social workers feel their agencies had provided enough services to their clients to help reduce their levels of additional abuse once
they leave the program. Another area explored was whether social workers were satisfied with the work that they do helping victims/perpetrators of domestic violence.

Sampling

The sample size for this research consisted of twenty-five self-identified workers, who worked for or were currently working with victims of domestic violence. The participants were be selected by a convenience sampling procedure. Since the researchers knew the population of focus, this was non-probability type of sampling. The researcher's intent is to administer to twenty-five participants the short socio-demographic questionnaire regarding the workers information and the questionnaire on treatment effectiveness of programs treating victims of domestic violence in regards to the clients they served. This method was utilized because most treatment programs offer services to victims upon entering a shelter or treatment program. Therefore, due to time constraints both researchers decided to collect data in this manner. In attaining twenty-five completed questionnaires, they were used for the purpose of analysis.

Participants were volunteers. Prior to having participants agree, every possible participant was given an informed consent prior to giving consent to participate. Those who agreed to participate were also given an explanation of what the study was about. Following the
agreement of their participation, a form was given to each participant to assure their confidentiality.

Data Collection and Instruments

The researchers collected the data from workers who had worked for or were currently working in shelters that provided their clients with services/programs for the treatment of domestic violence. A socio-demographic questionnaire and a questionnaire that evaluates the effectiveness of services provided to victims of domestic violence were given to selected workers. These two instruments assisted in examining the services that were provided to clients and how effective these services were to their clients. The two instruments used were available only in English.

As for the data collection procedure, twenty-five participants were given the two-part instrument designed to evaluate the effectiveness of programs/services that were available to their clients from the workers perspective. The information given by the participants was used as a means to evaluate which services in treatment and shelter programs offered were helpful, the effectiveness of services, the needs of additional services, the uses of referral services, and the most frequent services used. It was assumed that among this small population of workers, the researchers would find that the workers were able to give a
better understanding of the current domestic violence programs and what would be needed in the future.

The socio-demographic questionnaire asked questions regarding the worker’s age, gender, ethnicity, income, education, and work experience with the domestic violence population. The second part of the survey consisted of questions regarding the clients the agency serves and what services were provided by the agency. This questionnaire asked questions regarding the population the agency serves, where the referrals originated, and what programs/services were offered to clients. The survey also included questions regarding the emotional state of victims of domestic violence and how effective the programs/services were to clients in reducing their depression or anxiety. The evaluation of programs/services focused on asking questions to learn the degree of satisfaction and helpfulness the workers felt they provided to their clients. Since this was a qualitative research, the instruments asked the questions on the topics that the researchers intended to address.

**Procedures**

Since this study was qualitative in nature, the researchers did not investigate possible cause and effect relationships. Rather, the researchers looked for trends, associations and possible outcomes, however subjective. The researcher’s contacted existing domestic violence shelters and agencies to determine which agencies were interested in
having their workers participate in the study. Also, through personal acquaintances of agency workers or others, participants were also selected. It required these participants to have had previous work experience in an agency that specialized in treatment and use of services to victims of domestic violence. Therefore, participants were selected as the researchers meet with various agencies in Los Angeles, San Bernardino, and Riverside counties.

Upon approval from the agencies, the participant's understood that their names and information received from the instruments would remain confidential. The researchers provided participants with an informed consent form, a debriefing statement, and the two instruments to read and complete. The informed consent form explained the purpose of the study and explained that the information received from them would remain confidential. The form required only a check mark and the date it was completed from the participants. The debriefing statement explained that if the two questionnaires caused any stress or discomfort, the participant should contact the local mental health office; the numbers were listed on the forms.

Participants were subjected to a series of questionnaires, which were a short socio-demographical questionnaires asking one's age, gender, ethnicity, income, education, and work experience with the domestic violence population. Should the questions seem to be intrusive, the
participants had the opportunity to withdraw from being a participant in the study at any time. This questionnaire was given to help the researchers know more about the trends and associations. In addition, a questionnaire designed to evaluate how workers feel their agency's services serve their clientele was also given. This questionnaire will took approximately fifteen to twenty minutes to complete. There were Likert scale type questions along with open-ended questions the workers answered. The estimated time frame for the initial data collection took five weeks to complete.

Protection of Human Subjects

This research project studied people; therefore, the researchers took precautions on how to keep the participants' information confidential. In doing so, the survey remained anonymous. Prior to administering the questionnaires, confidentiality was discussed and forms were given to participants that assured their anonymity. In addition, participants' names were not asked at anytime throughout the research. Instead, a check mark on the informed consent indicated that the participant had given their permission to use the data from the questionnaires they completed. Therefore, in following this procedure, the participant's identity, answers, and participation in the research were kept anonymous.
Data Analysis

In evaluating which services from different domestic violence treatment programs/shelters worker's felt were effective, the researchers used descriptive analysis. In using this type of analysis, the researchers looked at statistics, such as frequency distributions and cross tabulations. The study also explored the effectiveness of changes made to the depression and anxiety levels, and in increasing independent living skills for the victims of domestic violence.

Collecting the data was completed by randomly selecting participants from various domestic violence treatment programs/shelters throughout Los Angeles, San Bernardino, and Riverside counties, which were located in Southern California. Once the two instruments were completed and selected, all variables were coded and used to measure the central tendency. Graphs and frequency distributions were used as well as visual aids to show trends in associations and frequencies of variables.
RESULTS

In order to address the research statement, the data taken from the demographic survey and the questionnaire relating to clientele from the agency were analyzed using the Statistical Package for the Social Sciences (SPSS). As the data was inputted into SPSS, each variable was given a numerical value. These values were used to determine descriptive statistics, including the mean, median, and mode. Frequencies were obtained to determine the distribution of socio-demographics, which included age, education, gender, ethnicity, income, and years of experience working in the field of domestic violence. Additional, correlations were computed to assess if social worker’s felt treatment programs were effective in reducing a client’s depression and/or anxiety, and to assess if additional abuse was reduced.

A worker’s work satisfaction was another concern the researchers wished to explore. Working for this population can be very stressful thus, work satisfaction was believed to be an important component for a treatment program to be effective.

The sample population included twenty-five participants from various domestic violence treatment programs/shelters throughout the Los Angeles, San Bernardino and Riverside counties located in Southern California. All participants
answered the questionnaires completely. Therefore, the response rate was 100% for all questions.

The majority of the twenty-five participants were between the ages of 30 and 49 years (32%). The next highest age participants were under 29 years of age (24%). Three participants (12%) were over the age of fifty. (See Table 1)

Table 1

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-29</td>
<td>6</td>
<td>24.0</td>
</tr>
<tr>
<td>30-39</td>
<td>8</td>
<td>32.0</td>
</tr>
<tr>
<td>40-49</td>
<td>8</td>
<td>32.0</td>
</tr>
<tr>
<td>50-59</td>
<td>3</td>
<td>12.0</td>
</tr>
<tr>
<td>Total:</td>
<td>25</td>
<td>100%</td>
</tr>
</tbody>
</table>

The highest ethnic group of participants represented was Caucasian at 56%. The next largest ethnic category was Asian/Pacific Island (20%). Latino participants represented 16% and the smallest group of participants was of other ethnic populations (8%). There were no African American participants. (See Table 2)
Table 2

Frequency Distribution of Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian/Pacific Island</td>
<td>5</td>
<td>20.0</td>
</tr>
<tr>
<td>Caucasian</td>
<td>14</td>
<td>56.0</td>
</tr>
<tr>
<td>Latino</td>
<td>4</td>
<td>16.0</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>8.0</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>25</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

A majority of the participants were female (76%). While, only 24% of the participants were male. (See Table 3)

Table 3

Frequency Distribution of Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>6</td>
<td>24.0</td>
</tr>
<tr>
<td>Female</td>
<td>19</td>
<td>76.0</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>25</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

As shown in Table 4 income ranges widely varied with the highest income reported in the $25,001 to $30,000 and above $40,001 (24% respectively). The next highest income level was the $30,001 to $35,000 at 20%. The next income level is between $20,001 to $25,000 at 16%. Two participants had incomes under $20,000 and two participants had incomes in the $35,001 to $40,000 ranges. (See Table 4)
Table 4  

Frequency Distribution of Income

<table>
<thead>
<tr>
<th>Income</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $15,000</td>
<td>1</td>
<td>4.0</td>
</tr>
<tr>
<td>$15,001-$20,000</td>
<td>1</td>
<td>4.0</td>
</tr>
<tr>
<td>$20,001-$25,000</td>
<td>4</td>
<td>16.0</td>
</tr>
<tr>
<td>$25,001-$30,000</td>
<td>6</td>
<td>24.0</td>
</tr>
<tr>
<td>$30,001-$35,000</td>
<td>5</td>
<td>20.0</td>
</tr>
<tr>
<td>$35,001-$40,000</td>
<td>2</td>
<td>8.0</td>
</tr>
<tr>
<td>More than $40,001</td>
<td>6</td>
<td>24.0</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>25</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

The next demographic variable was education and the most used category is other, which consisted of participants with degrees in Criminal Justice or Ph.D., with 32% or 8 of the participants from this grouping. The next two groups comprised the BA in Sociology and MFCC/MFT at 20% or 5 participants each. Then, participants with an AA degree were next at 12% or 3 participants. LCSW degrees were at 8% followed by degrees in MSW and BA in Psychology with 1 participant each or 4%. The mean for the education was 5.32. (See Table 5)
As shown in Table 6, the sample population consisted of 25 social workers. The social workers' years of experience working in the field of domestic violence ranged from less than 1 year to over 10 years with a mean of 3.84 years of experience. The next highest groups were less than 1 year and 2 years (20%) of experience. Next was 12% or 1 year of experience followed by 4 years (8%) experience. (See Table 6)
Table 6

Frequency Distribution of Experience in Domestic Violence

<table>
<thead>
<tr>
<th>Experience</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year</td>
<td>5</td>
<td>20.0</td>
</tr>
<tr>
<td>1 year</td>
<td>3</td>
<td>12.0</td>
</tr>
<tr>
<td>2 years</td>
<td>5</td>
<td>20.0</td>
</tr>
<tr>
<td>4 years</td>
<td>2</td>
<td>8.0</td>
</tr>
<tr>
<td>5 years or more</td>
<td>10</td>
<td>40.0</td>
</tr>
<tr>
<td>Total:</td>
<td>25</td>
<td>100.0</td>
</tr>
<tr>
<td>Mean: 3.84</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

It was apparent that 12 participants or 48% of the workers experienced high work satisfaction from their job. However, there was little difference between the very high level (24%) and the low participants (20%). The research would indicate that most social workers experienced a high rate of work satisfaction. (See Table 7)
Table 7

Work Satisfaction

<table>
<thead>
<tr>
<th>Work Satisfaction</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very High</td>
<td>6</td>
<td>24.0</td>
</tr>
<tr>
<td>High</td>
<td>12</td>
<td>48.0</td>
</tr>
<tr>
<td>Low</td>
<td>5</td>
<td>20.0</td>
</tr>
<tr>
<td>Very Low</td>
<td>1</td>
<td>4.0</td>
</tr>
<tr>
<td>N/A</td>
<td>1</td>
<td>4.0</td>
</tr>
<tr>
<td>Total:</td>
<td>25</td>
<td>100</td>
</tr>
<tr>
<td>Mean:</td>
<td>2.40</td>
<td></td>
</tr>
<tr>
<td>Median:</td>
<td>2.00</td>
<td></td>
</tr>
<tr>
<td>Mode:</td>
<td>2.00</td>
<td></td>
</tr>
</tbody>
</table>

Table 8 presents the mean score on the effectiveness in reducing additional abuse as 2.16. These scores indicate that social workers perceive that the clients achieve some effectiveness in being able to overcoming additional abuse. (See Table 8)

Table 8

Effectiveness in Reducing Additional Abuse

<table>
<thead>
<tr>
<th>Eff. Reducing Abuse</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Effective</td>
<td>3</td>
<td>12.0</td>
</tr>
<tr>
<td>Somewhat Effective</td>
<td>18</td>
<td>72.0</td>
</tr>
<tr>
<td>Somewhat Ineffective</td>
<td>2</td>
<td>8.0</td>
</tr>
<tr>
<td>Very Ineffective</td>
<td>1</td>
<td>4.0</td>
</tr>
<tr>
<td>N/A</td>
<td>1</td>
<td>4.0</td>
</tr>
<tr>
<td>Total:</td>
<td>25</td>
<td>100.0</td>
</tr>
<tr>
<td>Mean:</td>
<td>2.10</td>
<td></td>
</tr>
<tr>
<td>Median:</td>
<td>2.00</td>
<td></td>
</tr>
<tr>
<td>Mode:</td>
<td>2.00</td>
<td></td>
</tr>
</tbody>
</table>
Over half of the participants, 19 (76%), felt the treatment clients received was effective in reducing anxiety. As suggested in the mean score of 2.24, social workers an effective treatment is important to a successful program. (See Table 9)

Table 9

Effectiveness in Reducing Anxiety

<table>
<thead>
<tr>
<th>Eff. Reducing Anxiety</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Effective</td>
<td>6</td>
<td>24.0</td>
</tr>
<tr>
<td>Somewhat Effective</td>
<td>13</td>
<td>52.0</td>
</tr>
<tr>
<td>Somewhat Ineffective</td>
<td>3</td>
<td>12.0</td>
</tr>
<tr>
<td>N/A</td>
<td>3</td>
<td>12.0</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>25</strong></td>
<td><strong>100.0</strong></td>
</tr>
<tr>
<td><strong>Mean:</strong> 2.24</td>
<td><strong>Median:</strong> 2.00</td>
<td><strong>Mode:</strong> 2.00</td>
</tr>
</tbody>
</table>

Again, Table 10 shows that a total of 19 participants (76%) perceived treatment programs were effective in reducing depression for their clients. Only 3 participants (12%) did not agree that the treatment programs were effective in reducing depression. (See Table 10)
Table 10

Effectiveness in Reducing Depression

<table>
<thead>
<tr>
<th>Eff. Reducing Depression</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Effective</td>
<td>6</td>
<td>24.0</td>
</tr>
<tr>
<td>Somewhat Effective</td>
<td>13</td>
<td>52.0</td>
</tr>
<tr>
<td>Somewhat Ineffective</td>
<td>2</td>
<td>8.0</td>
</tr>
<tr>
<td>Ineffective</td>
<td>1</td>
<td>4.0</td>
</tr>
<tr>
<td>N/A</td>
<td>3</td>
<td>12.0</td>
</tr>
<tr>
<td>Total:</td>
<td>25</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Mean: 2.28  Median: 2.00  Mode: 2.00

Further crosstabulation was done to indicate if there was any significance between the variable program effectiveness and treatment effectiveness. A significance level of .00002 was found meaning there was a significance between the effectiveness of the program and its treatment to clientele. (See Appendix J) As shown in the bar graph for program effectiveness, 21 participants (84%) felt the program was effective in helping clients meet their needs. (See Appendix K) Further support was shown in the bar graph for effective treatment. In all, 23 of the participants (92%) felt the treatment their clients were receiving was effective. (See Appendix L)
Of the services needed by clients and the services provided by the agencies significant levels were found in several different areas. Clients who needed shelter care and offered financial assistance had a significant level of .0281. (See Appendix M) Of the clients who needed outreach services and were provided counseling a significance level of .0493. (See Appendix N)
DISCUSSION

The purpose of this study was to explore whether or not workers felt victims/perpetrators of domestic violence received effective treatment from the programs they attended. Other areas explored included whether enough services were provided to reduce victim’s anxiety and depression thus helping to reduce abuse in the future. The results provided strong evidence in support of the premise that programs for domestic violence victims do offer effective treatment and can have a significant impact in reducing depression and anxiety.

Social workers felt that the programs their agencies offered provided a variety of services to help clients. All agencies surveyed offered such services as shelter care, parenting classes, counseling, anger management classes, financial and legal assistance, and outreach programs. Most workers felt once a client entered a program all the services listed above were necessary in order for the victim to start the healing process.

As the results suggest, services needed by clients such as shelter care, health care, legal and financial assistance, education, counseling, parenting classes, outreach programs, and anger management classes were provided by the agencies. This observation was noted from the perspective of the social worker working for the agencies. The high significant level of the services needed
and services provided imply that programs are effective in treating clients from the workers perspective which is somewhat subjective.

Work satisfaction was high among a total of 18 of the participants. Satisfaction while working with this population could be explained by the worker for several different reasons. Social worker’s choices for the strong feelings of work satisfaction ranged from believing in the agency to their love of working with clients of domestic violence. Other choices were empathy for clients, realizing this population is difficult to work with but enjoyed working with them anyway, and a single client’s change would sustain their belief in what they are doing.

It appeared that a high level of education was important to helping a client, but the range of different types of degrees varied. Unlike education and its wide variety of degrees, years of experience suggest that workers may be more effective with more experience. Current literature does not give any indication whether experience or higher levels of education played and important role in helping clients.

There is very limited research done on programs and their effectiveness to the client. It is suggested that further research be conducted on whether or not programs are effective in their treatment to victims/perpetrators of domestic violence. However, the research done by these
researchers seems to indicate a positive outcome in the effectiveness of programs and their treatment. It was especially encouraging to note that a high number of workers enjoyed their work and were compelled to continue in their current field.

Limitations of the Study

The limitation of the data collection methods for this study is that the sample size is small. Since a combination of a quota and a convenience sampling procedure will be used, this group of participants will only represent a small number of agency workers in domestic violence programs and will not allow for generalizability to the larger population. Therefore, the use of convenience sampling procedure without control or comparison groups will prove to be a limitation. In addition, the evaluation of various programs may show that the domestic violence services that different agencies offer works in one community, but not in other communities; therefore, it may show different results. However should the research on various domestic violence services offered by agencies be effective, it can serve as a model for future implementation of a program or programs. The limitation of the instruments is that the questions are close-ended, which will not help the researchers learn information other than the questions asked on each instrument. However, for the purpose of the research the questions that will be addressed should serve to be
sufficient for the research. Additional limitations recognized by the researchers are that they understand that it is the workers opinions of effectiveness and that the workers opinions are not fact. Also, the sample could be biased. Therefore, in recognizing these limitations, these issues will be examined carefully.
IMPLICATIONS FOR SOCIAL WORK

Domestic violence is a problem that has a long extensive history. Therefore, given the nature of domestic violence, it appears to be a problem not likely to easily be solved. Numerous studies have been conducted and many reports explain the impact of domestic violence on the victims, perpetrators, and children of these abusive relationships; however, we know very little about the effectiveness of domestic violence programs assisting abusive families. Therefore, this study was an attempt at learning about what services are needed, and if various domestic violence programs are effective. In conducting this study, the researchers have found that workers, both currently working or previous workers in domestic violence agencies, reported their programs as somewhat effective for their clientele.

This study is one of few studies which address what makes domestic violence programs effective. From these few studies, those involved in program development for domestic violence programs must acknowledge those services that make the difference in assisting their target population. In examining and acknowledging effective services, our society can work on those services that makes the difference and create statewide programs that will help eliminate problems victims, perpetrator, and children of abusive relationships experience. Once we as a society find a way to work
collectively to educate and assist communities with the various issues surrounding domestic violence, then we will be able to reduce and/or stop the vicious cycle of domestic violence.

Research on this important subject and population should not stop here. Research needs to continue. Future research areas should include services and programs for children, perpetrators, both men and women, victims, both men and women, and the families of this population. The availability of domestic violence programs in different geographical locations, both rural and urban, need to be examined for their accessibility, effectiveness, and availability of services. Domestic violence is a large subject and it continues to effect the social work field; however, as this subject is further researched the implications for social work can be reduced.
APPENDIX A: INFORMED CONSENT

The study in which you are about to participate in is a study of the effectiveness of treatment programs for victims of domestic violence. This study is being conducted by Budtri Ay Bhandhumani and Sandra Book, graduate students in Social Work at California State University, San Bernardino (CSUSB). The university requires that you give your consent prior to participating in this research study. The study has been approved by the Institutional Review Board at CSUSB and us being done under the supervision of Dr. Glicken Professor of Social Work at CSUSB.

In this study, you will fill in a two(2) part survey. The first part is a short socio-demographic questionnaire. The second part contains questions concerning clients who have been victims and/or perpetrators of domestic violence and who have been in a treatment program. The instruments will not have your name or the name of the agency you work with (or have worked for in the past) on it to insure complete anonymity of your responses. You are not required to fill out the instrument and can refuse to continue at any time you so choose. The survey takes about 20 minutes to complete, but it may take you more or less time.

Please be assured that the findings will be reported in group form only not individually. No information will be
used to identify participants. All records will be kept confidential and will be destroyed once the data has been studied. At the conclusion of the study you may, upon request, receive a copy of the findings.

The attached debriefing statement has the name and number of an agency you may contact to help discuss and resolve any emotional discomfort you may experience from answering the questionnaire.

If you have any questions about the study or if you would like a copy of the findings, you may contact Dr. Glicken at (909) 880-5557. If you have any questions about research participant’s rights or injuries, please contact the Institutional Review Board at (909)-5027.

I acknowledge that I have been informed of and understand the nature and purpose of this study, and I freely consent to participate. I also acknowledge that I am at least 18 years of age.

I Agree to Participate in the Study _______ (Check if you agree)

Today’s Date is ____________________
APPENDIX B: DEBRIEFING STATEMENT

This research study was conducted by Budtri Ay Bhandhumani and Sandra Book graduate students at California State University, San Bernardino (CSUSB), to explore the effectiveness of treatment programs available to victims of domestic violence. The study utilized two different instruments; a short socio-demographic and questions related to clients who have been in a treatment program for victims of domestic violence. The Institutional Review Board at CSUSB has approved this study.

If any of the questions asked or any aspect of the research caused you any emotional stress, you may contact your Local Department of Mental Health Office. For those in the Los Angeles County, the local number to call is (323)226-5726. For San Bernardino County, please call 909)381-2420. For Riverside County, please call (909)358-4522.

A brief summary of the findings and conclusions of the study will be available after June 1, 2000 or can be obtained by calling Dr. Glicken at (909)880-5557. Thank you for your participation in this study.
March 20, 2000

Ms. Budtri Bhandhumani
Ms. Sandra Book
Department of Social Work
California State University
5500 University Parkway
San Bernardino, CA 92407

Dear Ms. Bhandhumani and Book:

The Departmental Institutional Review Board in Social Work, an institutional arm of the University Institutional Review Board has approved your research project entitled, "Evaluating Intervention Services For Perpetrators and Victims of Domestic Violence."

Please notify the departmental review board if any substantive changes are made to your research proposal or if any risks to subjects arise. If your project lasts longer than one year, you must reapply for approval at the end of each year. You are required to keep copies of the informed consent and data for at least three years. Before you can interview workers in agencies, you must have an agency approval letter providing you the right to enter agency premises and speak to workers employed by the agency.

Best of luck with your research.

Sincerely,

(Morley D. Glicken, DSW
Professor of Social Work)
Dear Dr. Morley Glicken:

Date 3/17/00

Re: Letter of Approval for Research Study

This letter will verify that Glendale YWCA Domestic Violence Project has given Budtri Ay Bhandhmani and Sandra Book approval to conduct a study on the effectiveness of treatment programs available to victims of domestic violence. Workers will be given a two part questionnaire: a short socio-demographic questionnaire and questions regarding the clients the agency serves. We also understand that subjects have the voluntary right to accept or reject involvement in the study and that all subjects will be provided informed consent and debriefing statements.

Thank you

[Signature]
APPENDIX E: SIGNED AGENCY APPROVAL LETTER FROM THE
THAI COMMUNITY DEVELOPMENT CENTER

Dear Dr. Morley Glidden:

Date 3/12/00

Re: Letter of Approval for Research Study

This letter will verify that the Thai Community Development Center Agency has given Suditi Ay Shandhumani and Sandra Rock approval to conduct a study on the effectiveness of treatment programs available to victims of domestic violence. Workers will be given a two part questionnaire: a short socio-demographic questionnaire and questions regarding the clients the agency serves. We also understand that subjects have the voluntary right to accept or reject involvement in the study and that all subjects will be provided informed consent and debriefing statements.

Thank you

[Signature]

52
Dear Dr. Morley Glicken;

Date 3-28-90

Re: Letter of Approval for Research Study

This letter will verify that the 1736 Family Crisis Center has given Budtri Ay Bhandhumani and Sandra Book approval to conduct a study on the effectiveness of treatment programs available to victims of domestic violence. Workers will be given a two part questionnaire: a short socio-demographic questionnaire and questions regarding the clients the agency serves. We also understand that subjects have the voluntary right to accept or reject involvement in the study and that all subjects will be provided informed consent and debriefing statements.

Thank you
Dear Dr. Morley Glicken:

Date \[ May 01, 00 \]

Re: Letter of Approval for Research Study

This letter will verify that Agency has given Budtri Ay Bhandhumani and Sandra Book approval to conduct a study on the effectiveness of treatment programs available to victims of domestic violence. Workers will be given a two part questionnaire: a short socio-demographic questionnaire and questions regarding the clients the agency serves. We also understand that subjects have the voluntary right to accept or reject involvement in the study and that all subjects will be provided informed consent and debriefing statements.

Thank you
APPENDIX H: SOCIO-DEMOGRAPHIC QUESTIONS FOR WORKERS

Questionnaire on Treatment Effectiveness of Programs Treating Victims/Perpetrators of Domestic Violence

INSTRUCTIONS FOR QUESTIONS: Please circle or fill in the blank that best describes you.

1. Age

2. Gender: 1. Male 2. Female

3. Do you consider yourself:
   1. African-American
   2. Asian/Pacific Islander
   3. Caucasian
   4. Latino
   5. Native American
   6. Other

4. Income
   1. less than $15,000
   2. $15,001-$20,000
   3. $20,001-$25,000
   4. $25,001-$30,000
   5. $30,001-$35,000
   6. $35,001-$40,000
   7. more than $40,001

5. Education
   1. Associate Degree
   2. B.A. in Sociology
   3. B.A. in Psychology
   4. B.S.W (Bachelor's in Social Work)
   5. M.S.W (Master's in Social Work)
   6. M.F.C.C (Marriage Family Child Counselor)
   7. L.C.S.W (Licensed Clinical Social Worker)
   9. Other

6. Your Experience working in Domestic Violence:
   1. Less than a year
   2. 1 year
   3. 2 years
   4. 3 years
   5. 4 years
   6. 5 or more year
APPENDIX I: QUESTIONNAIRE RELATED TO CLIENTS

Part Two: Questions related to clients:

1. What is the average age of your adult clients?

2. What is the ethnic background of the clients served in your agency and what is the percentage of each?
   a. Caucasian  
   b. African American  
   c. Asian American  
   d. Native American  
   e. Latino  
   f. Other  
   Total = 100%

3. Where do most of the agency referrals come from? What is the percentage of each?
   1. Police  
   2. CPS (Child Protective Services)  
   3. APS (Adult Protective Services)  
   4. Church or Clergy  
   5. Counselors  
   6. Walk-in's  
   7. Medical personnel  
   8. School personnel  
   Total = 100%

4. Your clients are generally in need of the following service(s). (Circle all that apply)
   1. Shelter Care  
   2. Counseling  
   3. Financial Assistance  
   4. Health Care  
   5. Outreach Programs  
   6. Parenting Classes  
   7. Anger Management Classes  
   8. Legal Assistance  
   9. Other

5. From this list of services, which ones does your agency provide (Circle all that apply)
   1. Shelter Care  
   2. Counseling  
   3. Financial Assistance
4. Health Care
5. Outreach Programs
6. Parenting Classes
7. Anger Management Classes
8. Legal Assistance
9. Other

6. Your clients are primarily (Circle all that apply):
   1. Abused Women
   2. Abused Children
   3. Abused Men
   4. Abusive Women
   5. Abusive Children
   6. Abusive Men

7. The maximum length of time your agency can offer shelter care is:
   1. Less than 1 week
   2. 2 weeks
   3. 3 weeks
   4. 30 days
   5. More than 60 days

8. The maximum length of time your agency can offer counseling:
   1. Less than 1 week
   2. 2 weeks
   3. 3 weeks
   4. 30 days
   5. More than 60 days

9. What is the average length of time a client can receive services?
   1. Less than 1 week
   2. 2 weeks
   3. 3 weeks
   4. 30 days
   5. More than 60 days

10. The maximum length of time the agency offers services once a client has left the agency is:
    1. Less than 1 week
    2. 2 weeks
    3. 3 weeks
    4. 30 days
    5. More than 60 days
11. From the following list of services, which does your agency make referrals to? (Circle all that apply)
   1. Housing
   2. Counseling
   3. Financial Aid
   4. Health Care
   5. Outreach Programs
   6. Parenting Classes
   7. Anger Management Classes
   8. Legal Assistance
   9. School
   10. Other __________________________

12. From the list of referrals above, in your opinion, what percentage of your client’s use the referrals offered to them? ________%

13. From the list of services below, which ones does your agency provide once a client has left the program? (Circle all that apply)
   1. Shelter Care
   2. Counseling
   3. Financial Assistance
   4. Health Care
   5. Outreach Programs
   6. Parenting Classes
   7. Anger Management Classes
   8. Legal assistance
   9. Other __________________________

14. In your opinion, how effective is the program in reducing additional episodes of abuse? (Please circle one)
   1. Very effective
   2. Somewhat effective
   3. Somewhat ineffective
   4. Very ineffective

15. In your view, how effective is the program in reducing depression? (Please circle one)
   1. Very effective
   2. Somewhat effective
   3. Somewhat ineffective
   4. Very ineffective
16. In your view, how effective is the program in reducing anxiety? (Please circle one)
   1. Very effective
   2. Somewhat effective
   3. Somewhat ineffective
   4. Very ineffective

17. In your opinion, how effective is the program in helping clients become more independent? (Please circle one)
   1. Very effective
   2. Somewhat effective
   3. Somewhat ineffective
   4. Very ineffective

18. When does your agency (or you the worker) determine treatment effectiveness to the client?

19. In your opinion, how effective is the overall treatment offered to clients?
   1. Very effective
   2. Somewhat effective
   3. Somewhat ineffective
   4. Very ineffective

20. What do you think is the primary reason why clients in your agency improve?

21. Most of the clients you see: (Please circle all that apply)
   1. Never return for services
   2. Return to services
   3. Cycle back into abusive relationships
   4. Need counseling after they leave our program
   5. Continue to abuse drugs and alcohol
   6. Neglect their children
   7. Abuse their children
22. Given the multiple problems our clients have, I would rate the effectiveness of our program while clients are in this agency as:
   1. Very High
   2. High
   3. Low
   4. Very Low

23. How would you rate the need for additional care after the clients leave our agency as:
   1. Very High
   2. High
   3. Low
   4. Very Low

24. My work satisfaction is:
   1. Very High
   2. High
   3. Low
   4. Very Low

25. The reason for my choice of ratings for my current job satisfaction is: (Circle all that apply)
   1. I love working with clients who have been abused
   2. I believe in what this agency does
   3. I find the clients unlikely to change
   4. I realize that this group of clients is tough to change, but I like working with them anyway.
   5. I was abused in a former relationship and I empathize with the clients.
   6. Every once in a while a client changes and the feeling sustains me even when I know other clients probably won't change.
## APPENDIX J: SIGNIFICANT OF EFFECTIVENESS OF TREATMENT PROGRAMS

### EFFPROG Effectiveness Program by EFFTREAT Effective Treatment

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<th>3.00</th>
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Chi-Square Statistics:
- Pearson: 37.55117, DF = 9, Significance: .00002
- Likelihood Ratio: 18.91325, DF = 9, Significance: .02594
- Linear-by-Linear Association: 16.53291, DF = 1, Significance: .00005

Minimum Expected Frequency: .040
Cells with Expected Frequency < 5: 14 of 16 (87.5%)

Number of Missing Observations: 0
APPENDIX K: BAR GRAPH OF EFFECTIVENESS OF PROGRAMS

Effective Treatment
APPENDIX L: BAR GRAPH OF EFFECTIVENESS OF THE PROGRAM

Effectiveness Program

Count

Very High High Low N/A
## APPENDIX M: SIGNIFICANT LEVELS SHELTER CARE AND OFFERED FINANCIAL ASSISTANCE

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### Chi-Square

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**Minimum Expected Frequency:** .160

**Cells with Expected Frequency < 5:** 4 of 6 (66.7%)

**Number of Missing Observations:** 0
## APPENDIX N: SIGNIFICANT LEVELS OF SERVICES NEEDED OUTREACH AND SERVICES PROVIDED COUNSELING

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| Column   | 23                     | 2             | 25    | 100.0   |       |

| Total    | 92.0                   | 8.0           | 100.0 |         |       |

### Chi-Square

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Number of Missing Observations: 0
REFERENCES


Cooper-White, P. (1990). Is there a place for both in the battered women’s movement? Response to the Victimization of women and children, 13 (3).


100% Cotton Fibre
PARCEMENT DEED
SOUTHWORTH