

2001

Evaluating the Engagement Process of Involuntary Male Clients in a Court-ordered Domestic Abuse Program

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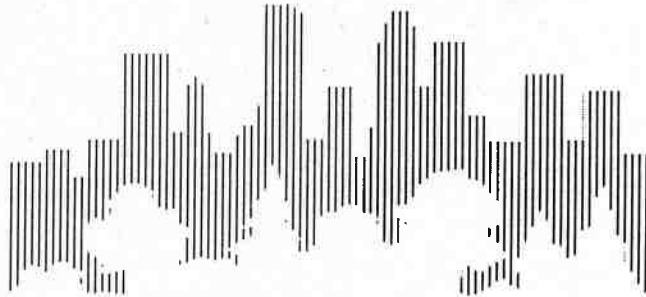
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**MASTERS IN SOCIAL WORK
THESIS**

Colleen Cunningham

**Evaluating the Engagement Process of
Involuntary Male Clients in a Court-ordered
Domestic Abuse Program**

2001

**MSW
Thesis**

Thesis
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Evaluating the Engagement Process
Of Involuntary Male Clients
In a Court-ordered Domestic Abuse Program

Colleen Cunningham

Submitted in partial fulfillment of
the requirement for the degree of
Master of Social Work

AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA

2001

MASTER OF SOCIAL WORK
AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA

CERTIFICATE OF APPROVAL

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Acknowledgements

I would first like to thank my committee members who provided their expertise and guidance. In particular, I would like to recognize my thesis advisor, Dr. Sumin Hsieh, for her efforts and commitment to this project. Her patience is truly inspirational and her wealth of knowledge commendable. Zana Gunderson, from East Side Neighborhood Services, Inc., also deserves recognition for her time, support, and direction over the past year.

I would also like to thank Mary Schatzlein, my colleague and friend, for her ability to continually renew my energy for this endeavor and help me to see what had been accomplished rather than what was yet to be done.

I want to thank my parents for instilling in me a sense that I can accomplish anything I set my mind to. Finally, I want to thank my fiancé, Jason, for his faith in my ability, his reassurance in times of frustration, and his support of this project and my tenure at Augsburg College.

ABSTRACT

Evaluating the Engagement Process Of Involuntary Male
Clients In a Court-ordered Domestic Abuse Program

Colleen Cunningham

Spring 2001

The purpose of this quantitative study is to investigate the level of resistance in involuntary clients participating in a domestic abuse treatment program. Using a time-series design, the study explores at which point in treatment, if at all, these clients become engaged in the treatment process. Twenty-one men attending a domestic violence program participated in the study. Survey questionnaires were administered to study participants at weeks one, three, and five of the treatment program. The survey focused on the level of resistance to treatment each man displayed. In addition, the survey explored the level of accountability program participants exhibited for their abusive behavior. This study will further determine the point during the treatment process when program participants become engaged in the intervention. This is

useful to professionals in determining the appropriate length of such interventions; as well as exploring methods that lead to earlier engagement of involuntary clients.

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Chapter One

Introduction

There are many theories that explain the root causes and effects of spousal abuse. There are also many treatment models designed to assist both batterers and victims. Cognitive-behavioral approaches came to the forefront in response to a definition of spousal abuse as being learned by society, family of origin, or both (Caesar & Hamberger, 1989; Roth, 1987). This framework incorporates a combination of methods, most commonly assertiveness training, relaxation training, and contingency management (Caesar & Hamberger, 1989).

Since violence is considered a learned behavior by the cognitive-behavioral framework, nonviolence can be similarly learned (Caesar & Hamberger, 1989). The tasks involved in employing this model include pointing out the damaging and self-defeating consequences of violence, as well as teaching alternative behaviors. The initial goal of treatment is to teach batterers the skill of self-observation. That is, to understand their body cues and "self talk" that fuels their anger and makes it known and recognizable to them. In order for participants to gain

this new information, they must be willing to engage in the intervention process.

The majority of participants in these interventions are involuntary clients. That is, they are mandated to participate in such treatment models by the courts or other "systems" who have encountered and responded to their use of violence. In order to teach new strategies, practitioners must have an audience that is willing to listen and explore new options. It is key, then, to find ways of engaging involuntary client groups mandated to attend domestic violence groups. A first step may be to explore the level of resistance and the "self-talk" of participants upon their initial involvement with the group. By identifying these initial "cognitive" messages, practitioners may have a better understanding of how to introduce new alternative behaviors to, not only the violence, but also the resistance to treatment. The cognitive-behavioral approach contends that all behaviors can be unlearned. The initial challenge then is to "unlearn" the resistance to the intervention and become engaged in the intervention.

This study examines the level of resistance in involuntary client groups attending a domestic abuse

program; and subsequently, determines at which point in treatment, if at all, these clients become engaged in the treatment process. The purpose of the study is to determine whether client resistance diminishes over time, and in turn, the intervention begins to prove effective.

The hypothesis for the study is that as resistance to treatment lessens, the intervention becomes more effective. That is, as resistance decreases in program participants they become engaged in the intervention process thereby addressing their issues of anger and violence.

Chapter Two

Literature Review

Definition of Spousal Abuse

For the purpose of this literature review, spousal abuse refers to physical violence of a husband toward his wife, fiancée, or significant other. Numerous definitions of abuse are found, including emotional, physical, sexual, and psychological (Caplan & Thomas, 1995; Dutton, 1998; Gil, 1996; Johannson & Tutty, 1998); this paper addresses men who have physically abused their female partners. Edelson and Tolman (1992) cite a 1980 landmark national survey of family violence conducted by Straus, Gelles, and Steinmetz in defining violence as "an act carried out with the intention, or perceived intention, of causing physical pain or injury to another person."

Background

Throughout history, the family has been thought of as a sanctuary; yet, society has harbored a belief that, short of fatal injury, physical violence among family members is acceptable, as a right of certain family members (Feazell, Mayers, & Deschner, 1984). Only recently has the reality of violence within the family been significantly addressed.

This began in the 1950s, when society began to seriously address violence of parents directed toward their children.

Likewise, while violence in intimate relationships has existed for as long as relationships have existed, documentation of researching such violence does not enter the literature until the 1970s (Dutton, 1979; Johannson & Tutty, 1998; Jory, Anderson, & Greer, 1997). Credit is given to the feminist movement for initially addressing the issue of spousal violence. They naturally focused on the battering of women.

Academic research in the early 1970s focused on making a distinction between aggression for a stranger or enemy and "intimate violence" (Dutton, 1998). This "intimate violence" was considered abnormal violence and was viewed as having a physical basis, a flaw in a neural structure (Dutton, 1998; Roth, 1987). In response, feminists brought forward the question that was left unanswered by these early psychiatric explanations. How do we explain the direction of rage projected outward only in specific circumstances and at specific targets? Neurological explanations for spousal violence would suggest the action would be expressed at random and not in selected circumstances (Dutton, 1998).

By the mid 1970s, feminist definitions of spousal abuse appeared in professional literature. Feminists defined two elements of wife beating: one describing its physical manifestations and the other ascribing political meaning to it (Caesar & Hamberger, 1989). This perspective suggested that male control, rage, and jealousy were inherited reactions to a biological mandate (Dutton, 1998). This sociobiological perspective continued into the 1980s. Sociobiology is the field of study that views human social behaviors as inherited through a process of natural selection (Dutton, 1998). Male abuse of intimate partners occurred, according to this theory, as a method of coercive control (Caesar & Hamberger, 1989).

The mid 1980s found a new approach in defining why men batter. In this era, spousal violence was examined in cognitive-behavioral terms. This explanation held that violence is a socially learned and self-reinforcing behavior (Caesar & Hamberger, 1989). In this context, spousal abuse is examined by the question, "What is causing the abuse and how can it be changed?" (Roth, 1987).

In the 1980s, power and gender issues in relationships also found a voice in the literature (Edelson & Tolman, 1992). Power and control are common themes in explaining spousal abuse (Caesar & Hamberger, 1989; Caplan & Thomas,

1995; Jory, Anderson, & Greer, 1997). These themes continue to have a presence in current literature addressing domestic violence. However, few theoretical frameworks specifically address working with involuntary clients.

Involuntary Clients and Social Work

Involuntary clients are those who do not seek help from a social worker, or other professional, but rather who receive treatment due to pressure by legal authorities or fear of consequences for failure to participate (Rooney, 1988). Resistance has been the term most commonly used by social workers to describe the evasive or angry behavior of involuntary clients. In working with such clients, social workers are challenged to respect client self-determination to the extent possible given legal constraints (Rooney, 1988). Further, social workers must develop skills that allow the appropriate use of authority, ranging from mutual contracting to coercion (Hutchison, 1987.) It has also been recognized that there are often structural inequities that remain invisible but nonetheless powerful, particularly in court-mandated settings (Regehr & Antle, 1997).

Every social worker, regardless of the type of setting, begins all social worker-client relationships with formal authority (Hutchison, 1987). Clients who voluntarily seek out an agency or service begin the social work relationship with some degree of psychological authority ascribed to the professional. This is not the case with involuntary clients. Involuntary client populations often withhold this authority from their imposed service providers and, in turn, respond to treatment in ways that may appear hostile, resistant, or noncompliant (Hutchison, 1987; Rooney, 1988).

Addressing this resistance is crucial to effective treatment outcomes (Oxley, 1977; Rooney, 1988; Thomas & Caplan, 1999). Facilitation techniques that may be successful in reducing resistance include: process, linking and inclusion (Thomas & Caplan, 1999). Processing allows the social worker to universalize rather than individualize perceptions of the clients. Linking allows group members to learn from one another's feedback and inclusion supports any client's initial attempts towards addressing a treatment goal, regardless of how awkward that attempt may be (Thomas & Caplan, 1999).

The reactance theory, which was developed by Jack W. Brehm, helps to predict how people respond to the loss of valued freedoms (Rooney, 1988). Reactance theory originates from social psychology and suggests the involuntary situation impacts how people will behave in treatment. Brehm (1966) defined reactance as, "the motivational state ... directed toward the restoration of the eliminated or threatened behavior" (p. 541). When analyzing the theory of reactance, Rooney (1992) stated that reactance is often expressed in five manners:

- 1.) an attempt to restore freedom directly; take back what has been threatened;
- 2.) Reducing reactance by observing another restore freedom or incite others to restore freedom;
- 3.) Restoring freedom by implication: "find the loophole;"
- 4.) Where prohibited behavior becomes more valued than before; and
- 5.) Showing hostility or aggression toward the source or threat (p. 130).

The literature cites three social movements that have intensified the suspicion of social work involvement in social control functions. The civil rights movement heightened awareness of ways in which social control

institutions can serve as oppressors of minority groups. The antiwar movement reinforced a general disillusionment with institutional authority and, most recently, the client-rights movement has focused attention on the extent to which social workers and other professional helpers have become adversaries to their clients (Hutchison, 1987). Regehr and Antle (1997) point out that in court-mandated practice, it is not always clear which party is the client -- the batterer in need of services or the court ordering such services. The literature also suggests that society has delegated to the social work profession its right to intervene in the lives of people for reasons of mutual protection of individuals (Hutchison, 1987).

It is important for professionals to explain the preventive purposes of the court-ordered intervention, whereby clients discover ways in which they can avoid future involvement of "the system" in their lives (Waldman, 1999). In working with court-ordered batterers, for example, a therapist might tell their clients that, during therapy, they may find different ways that they could react in the future to avoid hurting someone and getting further involved with the system. This "get rid of the mandate" strategy creates a motivation that an involuntary client

does not initially perceive (Rooney, 1988). In addition, an air of mutuality and reciprocity may develop based upon the involuntary client's perception that the therapist is acting on his or her behalf to reach a mutual goal (Thomas & Caplan, 1999).

While much of the literature around treatment of domestic violence offenders (Caesar & Hamberger, 1989; Dutton, 1998; Feazell, Mayers, & Deschner, 1984; Regehr & Antle, 1997) makes mention of court-ordered clientele in implementing spousal abuse frameworks; the implications of working with this involuntary audience is explored only in the most recent publications (Sakai, 1991; Thomas & Caplan, 1991; Waldman, 1999). Regehr and Antle (1997) consider several threats to the ethical dilemma of informed consent of clients in working with court-mandated populations. These include: difficulty in accurately predicting the risks and benefits of social work intervention, the power imbalance between the worker and the client, and the nature of the therapeutic alliance.

Waldman (1999) echoes these ethical concerns and adds that the study of court-ordered counseling in addressing abuse often emphasizes empirical findings in court-ordered research rather than clinical implications. Court-ordered

clients often view interventions and therapists as state agents, not allies working with them to improve their quality of life (Waldman, 1999). Regehr and Antle (1997) offer a scenario with implications for court-ordered clients who take an opposite view of the therapist. The client, assuming that the social worker will provide an assessment that is in his best interest, despite the nature of the referral, may be completely honest with the worker, who is then obligated to use the information from the assessment to address the needs, interests, and safety of others and not those of the client (Regehr & Antle, 1997).

Intervention and Prevention

Regardless of how well treatment is explained, most involuntary clients react negatively to the perceived loss of freedom. Predictable responses include anger at imposed services, denial of wrong or harm, considering him- or herself a victim, blaming others as unworthy and deserving of harm, hostility toward the worker as an agent of social control, passive indifference, and deception (Rooney, 1988). Another possible response from the involuntary client is simply not to participate in the imposed intervention. This response is congruent with their

attempt to restore their freedom directly, as suggested by the reactance theory. As a result, the success of programs aimed at batterers is jeopardized by high rates of client attrition.

Attrition

Some prevailing treatment approaches for domestic abusers include feminist, cognitive-behavioral, family systems, and integrative approaches (Caesar & Hamberger, 1989). In treating domestic abusers, group intervention seems to work more effectively than does individual counseling (Sakai, 1991). However, involuntary clients in group interventions pose several obstacles for success. First, levels of cooperation and contribution vary with involuntary clients, therefore potentially diluting the group experience. Second, treatment groups challenge the rights of dominance, power, and control; therefore many involuntary clients find discomfort in such settings (Sakai, 1991). Third, because many batterers are implicitly required to participate in treatment groups through their involvement with the legal system, group work may be seen by them as a form of punishment (Caplan & Thomas, 1995). This perceived punishment often causes the

group members to exercise their own choices for control - leaving the group. High attrition rates affect group cohesion. Safe, cohesive group settings see better results than loosely focused, ever changing groups.

A national survey of domestic abuse program administrators found attrition to be the problem most frequently identified (Roberts, 1982). The majority of attrition studies focus on attrition occurring after the intake process; however a study by Gondolf and Foster (1991) examined attrition rates at a batterers' program beginning at the point of the initial telephone call from the potential client. In the study, attrition from initial inquiry to intake was 73%, from initial inquiry to attending counseling was 86%, and from initial inquiry to twelve counseling sessions was 93% (Gondolf & Foster, 1991). As stated earlier, batterers, who have completed intervention programs, show a cessation of abusive behavior. It is key, then, to engage these individuals in interventions and determine what makes them stay involved in the treatment and what makes them choose to leave. Professionals must discover techniques to respond to these high rates of attrition when planning interventions through group work or individual counseling.

Gaps in the Literature

Historical information regarding spousal abuse found a presence in professional literature just three decades ago. In fact, the term "spousal abuse" first appears in social work indexes and abstracts in the mid 1970s. While there is an abundance of literature involving domestic violence in today's professional works; evaluation of the numerous schools of thought regarding origination and treatment of violence is scarce (Caesar & Hamberger, 1989; Edelson & Tolman, 1992; Gil, 1996; Johannson & Tutty, 1998). Further, while theoretical frameworks are described in great detail (Caesar & Hamberger, 1989; Caplan & Thomas, 1995; Dutton, 1998; Edelson & Tolman, 1992; Jory, Anderson, & Greer, 1997; Roth, 1987); both qualitative and quantitative research data regarding attrition are almost nonexistent.

Although limited, some work has been done in exploring authenticity of evaluating treatment programs with court-mandated clients versus self-referred men (Dutton, 1998). The implications of working with an involuntary client population need to be further explored (Regehr & Antle, 1997; Waldman, 1999) in regard to authenticity of existing

program evaluations and the implications of providing ethical service to clients. A final gap, related to court-mandated social work programming, is a lack of examining battering programs that are ordered by courts, in conjunction with judicial ramifications, and those programs offered in lieu of legal penalties.

Theoretical Framework

Cognitive-behavioral approaches came to the forefront in response to a definition of spousal abuse as being learned by society, family of origin, or both (Caesar & Hamberger, 1989; Roth, 1987). This framework incorporates a combination of methods, most commonly assertiveness training, relaxation training, and contingency management (Caesar & Hamberger, 1989).

Since violence is considered a learned behavior by the cognitive-behavioral framework, nonviolence can be similarly learned (Caesar & Hamberger, 1989). The tasks involved in employing this model include pointing out the damaging and self-defeating consequences of violence, as well as teaching alternative behaviors. The initial goal of treatment is to teach batterers the skill of self-observation. That is, to understand their body cues and

"self talk" that fuels their anger and makes it known and recognizable to themselves.

Anger logs, or journals, are often used to help batterers identify their own physical, emotional, and cognitive cues or "triggers" to violence. Becoming aware of these cues is the first step to learning to address them and develop new methods of reacting to them. New behaviors, or "reactions," are then introduced to the batterers and reinforced through the demonstration of how these new behaviors will be more effective to them in the future. In short, these anger-management interventions provide abusers with skills to counter their self-escalating negative arousal processes as well as with positive alternative strategies for coping with stress and anger (Sakai, 1991).

In order to teach new strategies, a therapist must have an audience that is willing to listen and explore these new options. It is key, then, to find ways of engaging involuntary client groups mandated to attend domestic violence groups. A first step may be to explore the level of resistance and the "self-talk" of participants upon their initial involvement with the group.

Brehm's reactance theory (1966) helps to further explain the resistance often displayed by those ordered to participate in imposed interventions. By identifying the initial cognitive messages these clients may be experiencing, therapists may have a better understanding of how to introduce new alternative behaviors to, not only the violence, but also the resistance to treatment.

The cognitive-behavioral approach contends that all behaviors can be unlearned. The challenge then is twofold -- to unlearn resistance and unlearn violent responses to stress and conflict.

Chapter Three

Methodology

Research Design

Using a time-series design, this quantitative study explores resistance in men attending a domestic abuse treatment program. Potential subjects will be offered the opportunity to participate in the study at an orientation to the Family Violence Program's Anger Management Series. Those men who are interested will complete questionnaires in weeks one, three, and five.

Research Purpose

The purpose of this study is to determine at which point in time, if at all, involuntary clients become engaged in a mandated treatment process. The research focused on the participants' attitudes around accountability for their actions, desire for change in their relationships, and thoughts on the effectiveness of the prescribed intervention. By examining these items, the researcher sought to determine whether client resistance diminishes over time, and in turn, the intervention begins to prove effective.

Research Questions

The main question of this research is "At what point, during a domestic violence intervention program, do involuntary clients become engaged?" Other guiding questions include: Does this engagement process lead to greater attrition for involuntary clients? What might domestic violence intervention programs do to increase attrition of involuntary clients?

Research Setting

The program to be used for this research is one of several social service programs with the Family & Community Department of this agency. This program provides court-ordered treatment for adults who batter. The program is available to males and females. The program also allows participation of voluntary clients who are not mandated to attend. Group treatment is the norm with the program; however individual interventions are also available with counseling staff of this agency.

Ten male educational treatment groups are offered by this agency. There is an average of fifteen members in each treatment group. Each group begins with an orientation session and then meets on a weekly basis. The

orientation session and each group meeting are three hours in length. Each participant must complete eighteen weeks of programming. Program staff characterize the average male clients of this program to be: court-ordered, in their lower to middle twenties, of lower income status, Caucasian, and with an education level of high school graduate.

Successful completion of the program is based on attendance and participation in the group that demonstrates that group members have learned and incorporated program concepts of nonviolent alternatives to conflict resolution. Program participants are allowed three absences in the eighteen-week program. A week that a program participant is absent does not count as one of the eighteen weeks required for program completion. In addition, two consecutive absences automatically lead to termination from the program.

Program participants who are more than fifteen minutes late for group will be counted absent. Fees for the program are fifteen dollars per session. Scholarships are awarded to participants receiving a fixed income, such as Supplemental Security Income (SSI). The use of mood altering chemicals or alcohol is prohibited on the day of

group. Participants evidencing such use are asked to leave.

Oral participation in group and homework assignments are the major program expectations. Group facilitators determine whether participants have adequately participated in the program in order to complete. Participants are assessed to determine whether the treatment goals -- accepting responsibility for past abusive behavior and becoming accountable for future behaviors -- have been reached.

Sample

The sample for this study is a non-random sample of convenience consisting of members that are required to attend a domestic violence program at this agency. The sample was drawn from an orientation session held on February 12, 2001. Twenty-one men participated in the study at week one, the orientation session. Twenty men participated in week three. One participant had self-terminated by missing two consecutive group sessions. By week five of programming, several other study participants self-terminated by missing either two sessions in a row or

a total of three sessions; leaving a total of 13 study participants for week five.

Data Collection

Using a time-series design, this quantitative study explored resistance of men attending a domestic abuse treatment program. Potential subjects were identified at an orientation session for the domestic abuse program held on February 12, 2001.

A cover letter explaining the purpose of the research was distributed to each potential study participant. The researcher verbally presented the information contained in the cover letter. The form indicated that participants would be asked to complete surveys at three different points in time (week 1, week 3 and week 5). Additionally, the cover letter explained that participants could drop out of the study at any time without penalty.

Those who agreed to participate in the study were given questionnaires at that same meeting (week 1). In addition, questionnaires were given to study participants on weeks three and five. Participants were given fifteen minutes to complete the surveys. During weeks 3 and 5, survey questionnaires were distributed during the last

thirty minutes of each group session.

Surveys were confidential and anonymous. All potential participants, anyone who attended the orientation session on February 12, 2001, received surveys to complete on weeks three and five. The researcher was not aware of which potential participants completed surveys and which did not. Potential participants were given a can of soda on week one of the study.

Instruments

The data collected for this study results from a survey questionnaire (see Appendix A) designed by the researcher. The data is collected using a Likert scale designed to measure the level of resistance expressed by each program participant answering the surveys. The questionnaire consists of ten statements to be answered by a four point rating scale representing the degree to which survey respondents agree or disagree with the statements.

Surveys include three questions seeking whether respondents accept that past behaviors have been abusive toward others. Two questions determine whether respondents feel that the imposed intervention is necessary for them. Three questions seek whether respondents feel the group,

its facilitators, or the other group members may be helpful to them through this intervention. The final two survey questions relate to whether respondents see a need for change in their future behaviors or relationships.

Data Analysis

The central question of this study is to evaluate the engagement process of involuntary clients participating in a mandated intervention. This is done by determining whether resistance to such treatment decreases over time. Additionally, the researcher examines whether participants demonstrate greater responsibility and accountability for past abusive behaviors.

The first step in data analysis, using SPSS, was to determine the frequency of responses that demonstrate a high level of resistance to treatment and low level of accountability for abusive behaviors. These responses were then compared, based on percentages, over time. This data was then summarized and presented as tables and charts to demonstrate the frequencies.

The next step of statistical analysis was to identify variables through factor analysis. Factor analysis assumes that the observed variables are linear combinations of some

underlying hypothetical factors. The results of this procedure indicate the appropriateness of each factor based on factor loadings and eigenvalues. Variables that belong to the same factor are statistically weighed by their factor loadings and then added together to become a resultant continuous variable. Factor analysis also serves as a means to check the validity of variable construction.

The third step of statistical analysis was to examine the strength of a relationship between the variables. To accomplish this step, a Pearson's product moment correlation coefficient, or simply Pearson's r is computed.

A Pearson's r specifies the strength and direction of a relationship between two variables (Grinnell & Weinbach, 1998).

The final step of data analysis was to conduct a dependent t test, or paired groups t test. A paired groups t test compares the mean scores from two samples that are related in some way, or, as with this study, compares the mean scores for one sample on two separate occasions. The t test allowed the researcher to determine whether significant statistical difference existed between the mean scores of data over time.

Protection of Human Subjects

All study participants were informed of the study and its purpose. It was made clear that participation, or non-participation, in this study did not affect outcomes or assessment for completing the domestic abuse treatment program. Further, it was made known that this study was in no way linked to the parameters of treatment requirements, either by the program itself or by the courts or other entities mandating the treatment participation of these men.

Participant records that may be obtained in connection with this research study were kept confidential. In addition, the research was kept separate from the treatment program. The treatment staff was not involved in soliciting participants for the study, moreover the researcher has no authority regarding treatment decisions.

In written reports or publications, no participants will be identified nor will identifiable information regarding participants be presented. The research results will be kept in a locked file cabinet at the researcher's home and only the research advisor and researcher will have access to the records while working on the project. Data analysis will be completed by June 15, 2001. All original

reports and identifying information that could be linked back to study participants will be destroyed by September 30, 2001.

Chapter Four

Findings

The major purpose of this study was to determine at which point, in a mandated treatment program, clients became engaged. This was to be accomplished by determining when resistance to treatment was decreased and accountability for abusive behaviors was apparent.

Study Sample

Although the results of week one questionnaires found that one of the respondents was not an involuntary participant in the treatment intervention, the researcher determined, through review of all referral forms for such group, that in fact all participants (n=21) were involuntary in nature. Additionally, week one data found that 24% (n=5) of the survey respondents had participated in a similar intervention for domestic assault in the past.

Thirty eight percent (n=8) of the survey respondents from week one had self-terminated by week five of the intervention, leaving a sample size of 13 for the third survey. One respondent had self-terminated by week three, resulting in 20 responses for the second survey.

Survey Questions

Survey questions remained the same for weeks one, three, and five; with the exception of syntax adjustments to reflect change over time. For example, one question for week one's survey read, "This class will help me to control my anger." During weeks three and five, this question was altered to read, "This class is helping me to control my anger." The survey responses follow in Table 1.1 - 1.10.

Table 1: Survey Responses

1-1. I am here because I have issues with my anger.

	Week 1	Week 3	Week 5
Strongly Disagree	1	1	1
Disagree	3	3	0
Agree	17	13	8
Strongly Agree	0	3	4
Total	21	20	13

1-2. I have hurt others when I have been angry.

	Week 1	Week 3	Week 5
Strongly Disagree	1	2	1
Disagree	0	4	0
Agree	17	12	6
Strongly Agree	3	2	6
Total	21	20	13

1-3. When I am angry, I can be violent.

	Week 1	Week 3	Week 5
Strongly Disagree	1	1	1
Disagree	6	7	5
Agree	13	9	5
Strongly Agree	1	3	2
Total	21	20	13

1-4. I need help to learn to manage my anger better.

	Week 1	Week 3	Week 5
Strongly Disagree	0	0	1
Disagree	2	1	0
Agree	17	13	7
Strongly Agree	2	6	5
Total	21	20	13

1-5. I have been abusive to others.

	Week 1	Week 3	Week 5
Strongly Disagree	0	0	1
Disagree	3	4	3
Agree	17	11	4
Strongly Agree	1	5	5
Total	21	20	13

1-6. This class will help me to control my anger.

	Week 1	Week 3	Week 5
Strongly Disagree	1	0	1
Disagree	3	4	0
Agree	15	11	7
Strongly Agree	2	5	5
Total	21	20	13

- 1-7. I will learn new information from the other men in this group.

	Week 1	Week 3	Week 5
Strongly Disagree	1	1	0
Disagree	2	3	0
Agree	14	13	8
Strongly Agree	3	3	5
Total	20	20	13

- 1-8. I will learn new information from the facilitators of this group.

	Week 1	Week 3	Week 5
Strongly Disagree	1	1	1
Disagree	4	3	1
Agree	14	12	5
Strongly Agree	2	4	6
Total	21	20	13

- 1-9. I want to make changes in my life around my abusive behavior.

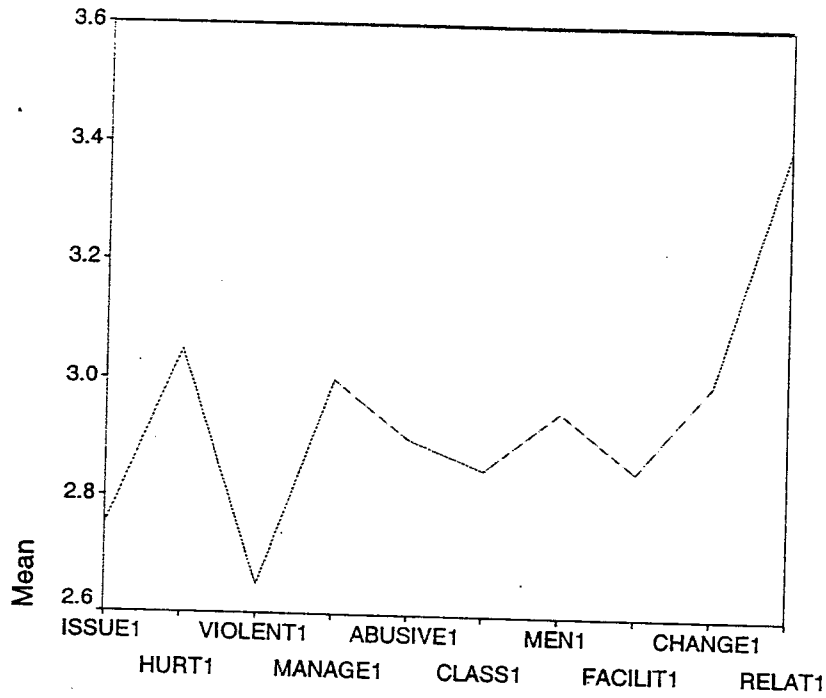
	Week 1	Week 3	Week 5
Strongly Disagree	0	0	0
Disagree	1	1	0
Agree	19	11	11
Strongly Agree	1	8	2
Total	21	20	13

1-10. I want to be healthier in my relationships with others.

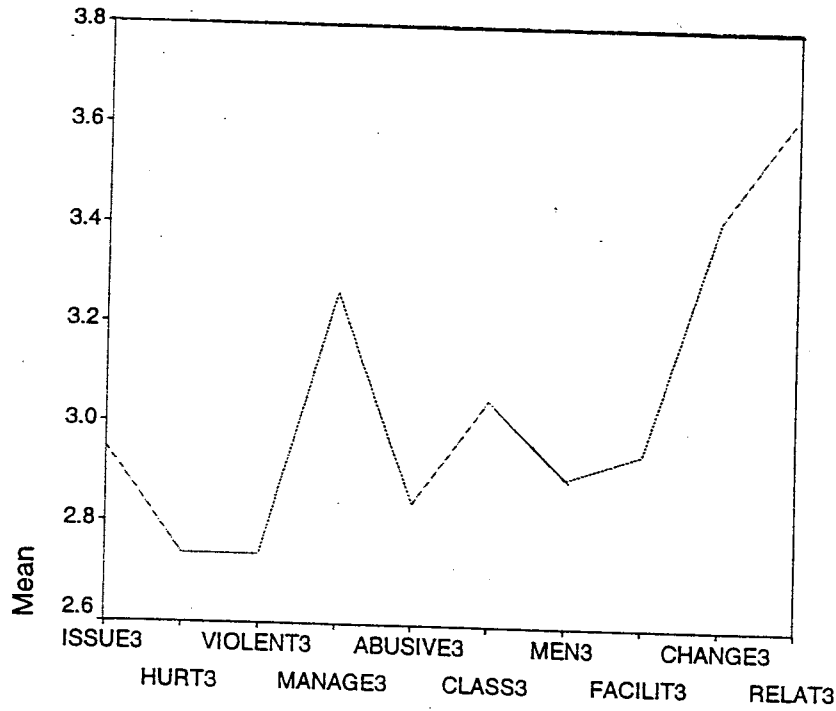
	Week 1	Week 3	Week 5
Strongly Disagree	0	0	0
Disagree	0	0	0
Agree	13	7	9
Strongly Agree	8	12	4
Total	21	19	13

Graphs 2, 3, and 4 demonstrate the changes in respondents' attitudes around past abuse, anger issues, relationships with others, and how they view the intervention. The graphs indicate that, for the most part, responses changed over time. Additionally, Graph 4 demonstrates that no change existed over time related to whether respondents had been violent when angry. A further demonstration of how responses changed over time may be seen in bar graphs found in Appendix C. These graphs demonstrate the change in the new variables created through the factor analysis process.

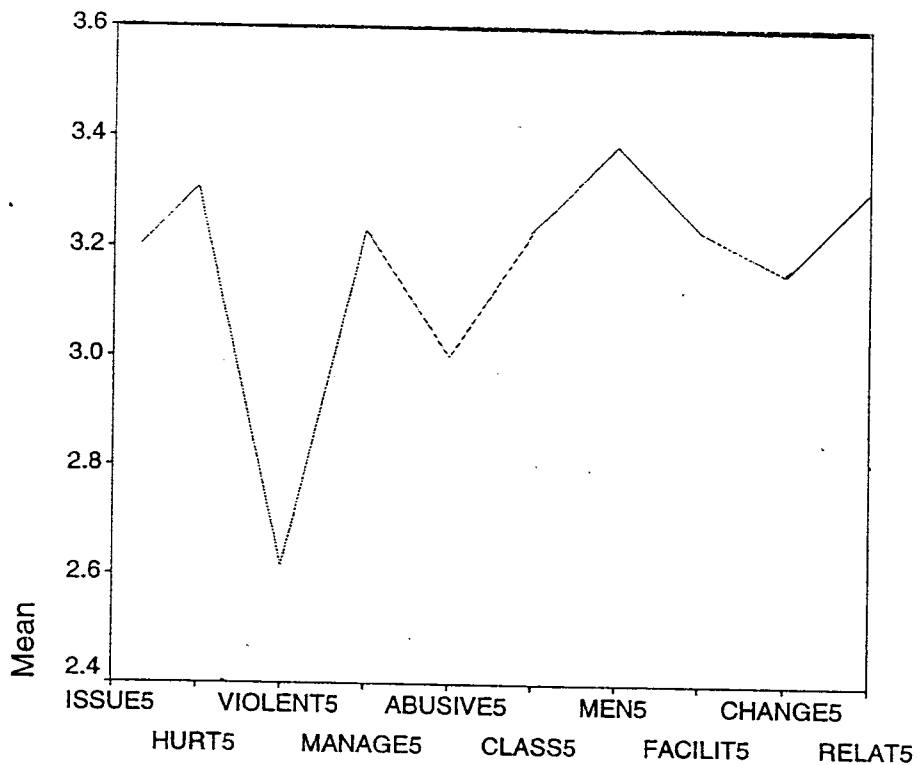
Graph 2: Survey Responses Week One



Graph 3: Survey Responses Week Three



Graph 4: Survey Responses Week Five



Factor Analysis

Factor analysis provides a way of reducing many items, or questions, contained in a measuring instrument to a smaller number that are believed to measure essentially the same variable (Grinnell & Weinbach, 1998). A factor analysis groups items into variables based on the significance of correlation between the given items. A factor analysis was completed with this survey data to form continuous variables. See Appendix D for the factor analysis of weeks one and five.

A factor analysis for week three proved to be problematic in that the variables, from weeks one and five,

that were similarly weighted and thus able to form continuous variables, were not found to be consistent with the findings of week three surveys. Through the factor analysis of week one and week five variables, the researcher was able to form three new variables: ACCOUNT, GROUP, and RESP.

These new variables consisted of the ten original items from the survey questionnaire. The variable ACCOUNT is made up of five questions related to the level of accountability respondents take for their issues with anger. This variable includes survey questions #1,2,3, 4 and 9. The variable GROUP consists of three survey questions (#6,7, and 8) related to how helpful it is believed the group, its members, and the facilitator may be in fostering positive change for the respondent. The variable RESP is made up of two survey questions (#5 and 10) relating to the level of responsibility respondents show for their actions toward and relationships with others.

Correlation

A Pearson's r was computed to determine the strength of the relationship among the new variables. Table 5, the

correlation matrix, demonstrates that the correlation between the variables ACCOUNT 5 and RESP 1 is $r = -.561$, $p < .01$, which indicates the presence of a statistically significant, negative correlation between the two variables.

Table 5: Correlation Matrix

	ACCOUNT 1	GROUP 1	RESP 1	ACCOUNT 5	GROUP 5	RESP 5
ACCOUNT 1						
Pearson Correlation	1.00	-.067	.265	-.200	.043	-.264
Sig. (2-tailed)	.	.779	.246	.512	.889	.383
N	21	20	21	13	13	13
GROUP 1						
Pearson Correlation	-.067	1.00	.057	.283	-1.59	.374
Sig. (2-tailed)	.779	.	.812	.373	.622	.231
N	20	20	20	12	12	12
RESP 1						
Pearson Correlation	.265	.057	1.000	-.561*	-.309	-.524
Sig. (2-tailed)	.246	.812	.	.046	.304	.066
N	21	20	21	13	13	13
ACCOUNT 5						
Pearson Correlation	-.200	.283	-.561*	1.000	.802	.782
Sig. (2-tailed)	.512	.373	.046	.	.001	.002
N	13	12	13	13	13	13
GROUP 5						
Pearson Correlation	.043	-.159	-.309	.802	1.000	.681
Sig. (2-tailed)	.889	.622	.304	.001	.	.010
N	13	12	13	13	13	13
RESP 5						
Pearson Correlation	-.264	.374	-.524	.782	.681	1.000
Sig. (2-tailed)	.383	.231	.066	.002	.010	.
N	13	12	13	13	13	13

t - Testing

A paired groups *t* test was computed to compare the mean scores of the survey data on two separate occasions - week one and week five. The *t* test allowed the researcher

to determine whether significant statistical difference existed between the mean scores of data over time.

Table 6: *t*-test Results

Variables	Week 1 mean	Week 5 mean	df	<i>t</i> value
ACCOUNT	2.2406	2.6557	12	-2.004
GROUP	2.3009	3.0517	11	-2.934*
RESP	2.4438	2.5893	12	- .777

* $p < .05$

Results of the *t* test analyses indicates that there is significant change over time in the average mean scores for the variable GROUP. This variable consists of survey questions regarding the group process, the group facilitator, and other group members as positive aspects of the intervention program. The *t* test explains that at week five in the intervention, the survey respondents viewed the intervention more positively than they had at week one of the program.

Chapter Five

Discussion of the Study

The purpose of this study was to focus on the level of resistance, to treatment, involuntary clients exhibited. The surveys also sought to explore the level of accountability program participants displayed for their abusive behavior. The hypothesis for the study was that as resistance to treatment lessens, the intervention becomes more effective. That is, as program participants become engaged in the intervention process they begin to work on their issues of anger and violence. Accepting greater responsibility for their abusive behavior and demonstrating a desire for change reveals that participants are working the program and accepting new tools and information as they are presented to them.

This study found that resistance to treatment for involuntary clients lessened from week one of programming to week five. It also demonstrated that program participants took greater interest in becoming healthier in expressing their anger. However, it was found that respondents did not take greater responsibility for their past abusive behaviors by week five of programming compared to week one.

This can be seen of the survey item that explored whether program participants had been "abusive" to others.

At week one of the intervention, three respondents stated they had not been abusive. At week five, four respondents stated they had not been abusive. Although they had been attending treatment for five weeks, more respondents felt they had not been abusive to others than had believed so at the onset of treatment.

One reason for this may be that abuse and abusive behaviors are discussed on a continuum during the intervention. For example, oppression, verbal abuse, sexual abuse, and psychological abuse are introduced on a continuum with physical abuse. It is possible that at week five, with this "new" information, respondents may not feel that they are "abusive" as defined by the program, if they believe they have not engaged in these other forms of abuse.

Program information and contributions from other group members may also have affected the responses to the survey question inquiring whether respondents had hurt others when they have been angry. At week one, 20 of 21 respondents (95%) indicated that they had hurt others when they have been angry. At week three, 14 of 20 respondents (70%)

stated they had hurt others. At week five, 12 of 13 respondents (92%) agreed that they had hurt others when they had been angry.

One explanation for the change in responses, seen in week three, is program participants may compare their abusive and hurtful acts to those of other participants in the group. It may be that participants feel they have not inflicted as much hurt on others as other participants may have, thus lessening the magnitude of their own offenses.

It is possible, also, that respondents are now able to recognize other hurtful acts that they have engaged in, that perhaps prior to treatment they were not aware of, and are now exhibiting denial based on shame or some other emotion that this survey is unable to capture. It is impossible to know the reason for this considerable difference in responses; however, it is significant to note.

A third explanation is simply the attrition rates demonstrated in this study. As noted earlier, participants self-terminate from the program when absent from group two weeks in a row or after their third nonconsecutive absence. Week three saw 20 participants completing surveys and at week five only 13 remained. It is possible that those who

responded, during week three, as having not been hurtful to others are those who self-terminated by week five of the program. That is, these respondents were not actively engaged in the program and therefore did not accept responsibility for their abusive behavior at week three while they were still attending the program. Further, this lack of engagement into the intervention process would also explain their desire to self-terminate from programming by week five.

A final example of respondents not exhibiting greater acceptance and responsibility for past abusive behaviors is demonstrated by the survey item stating that when respondents have been angry, they have become violent. At week one of the survey, 14 of 21 respondents (66%) indicated they had been violent when angry. At week three, 12 of 20 respondents (60%) stated they had been violent when angry. Week five found only seven of the remaining 13 (53%) reporting they had been violent when angry.

The study demonstrated that program participants took interest in becoming healthier in their relationships and in expressing their anger. At weeks one and three of the surveys, only one respondent indicated that he did not want to make changes in his life around his abusive behavior.

By week five of the intervention, all respondents wanted to change their past abusive behaviors. Similarly, all respondents, at each week of surveying, agreed that they wanted to be healthier in their relationships with others.

The study also sought to determine the point during the treatment process that program participants became engaged in the intervention. While it is difficult to note a specific time when client engagement may have occurred, it can be seen by the *t*-test results that respondents found the group intervention to be a more favorable experience at week five than they had anticipated it would be at week one.

Limitations of the Study

Scope

The magnitude of this study was limited by the availability of only one study sample. Because only one cohort of men attending an orientation session on February 15, 2001 was surveyed, it is difficult to determine if these findings are typical. Surveying two or more groups of participants as they progress through the first five weeks of treatment would allow us a more accurate picture.

Sample

It is also difficult to generalize these findings as the sample was drawn from a single agency offering services to men who have battered. These men are not necessarily representative of men who may be receiving treatment from another facility in a different area. Additionally, the sample was small and non-random.

Attrition

Subject attrition reduced the sample size for available analysis. The low number of respondents made it difficult to conduct further statistical tests. It is impossible to determine the reasons for those who self-terminated from the intervention; therefore, there is no way of knowing if these reason affected the data they contributed during weeks one or three.

Time Frame

The time frame of this study is also a limitation as the engagement process for the participants may have occurred after week five of the 18-week intervention program. Additionally, there is possible social

desirability bias of the respondents, as they are aware that they must demonstrate change in order to complete the program.

Chapter Six
Conclusions & Implications
for Future Research

Group work will continue to be a key intervention in working with involuntary clients. Continued research is needed to determine how successful engagement of involuntary clients in group setting occurs. Additionally, it is critical to determine what factors lead to the high attrition rates experienced by programs designed to address domestic violence offenders.

While much research has been done to examine whether like characteristic exist in men who drop out of such interventions, little work has been done to determine why and how men engage in such programming. Future research may explore whether specific factors of the treatment program itself affect engagement and attrition. For example, the gender or ethnicity of the group facilitator, time and location of programming, or fee for service may affect whether involuntary clients become engaged at an earlier rate from one setting to the next.

One might consider contacting those who self-terminate from the group to determine the cause of their departure from treatment. This research may lead to common themes as

to why such participants did not become engaged in the intervention.

Additionally, administering an open-ended questionnaire during weeks two and four could provide information about components of the treatment model that were viewed negatively by the respondents. This process would have allowed for input from those participants that terminated from treatment by week five. It is evident that these participants did not become engaged in the process as they chose to self-terminate from the intervention. These contributions may lead to a clearer sense of why some participants struggle to become engaged in the intervention while others do not.

An open-ended questionnaire administered at week seven or later in the intervention process may assist the researcher in determining specifically what program components engaged the client. Additionally, an open-ended questionnaire administered at the point of intake to such an intervention may allow involuntary clients an opportunity to express what they hope to gain through the intervention. By seeking this information, programs may be better received as clients may feel as though their agendas

are receiving attention as well as the agenda of the court or other mandating agency.

Finally, surveying program completers will provide insight into how and why they became engaged in the intervention process. To ensure a representative sample and study of greater magnitude, the researcher recommends administering surveys to a larger sample size (200 or greater) at several treatment locations.

Continued research in the area of client engagement and the reduction of high rates of attrition, found in mandated domestic violence interventions, is critical not only to successful treatment for batterers but also in addressing the safety issues of victims.

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APPENDIX A

Research Questionnaire -- Week One

Please circle one answer per question.

1. Have you been ordered to attend this program by the courts or child protection?
 YES NO

If not, why are you attending this group?

2. Have you attended a group like this, an Anger Management / Domestic Violence Group, in the past?
 YES NO

Please circle the number that best describes your answer. You may choose only one number per statement. Please answer each question.

1. I am here because I have issues with my anger.
 1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree
2. I have hurt others when I have been angry.
 1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree
3. When I am angry, I can be violent.
 1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree
4. I need help to learn to manage my anger better.
 1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree
5. I have been abusive to others.
 1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree
6. This class will help me to control my anger.
 1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree
7. I will learn new information from the other men in this group.
 1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree
8. I can learn new information from the facilitators of this group.
 1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree
9. I want to make changes in my life around my abusive behavior.
 1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree
10. I want to be healthier in my relationships with others.
 1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree

APPENDIX A

Research Questionnaire – Week Three

Please circle only one answer per question.

Did you complete a survey during week one, the Orientation Session, of this program? YES NO

1. I am here because I have issues with my anger.
1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree
2. I have hurt others when I have been angry.
1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree
3. When I am angry, I can be violent.
1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree
4. I need help to learn to manage my anger better.
1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree
5. I have been abusive to others.
1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree
6. This class is helping me to control my anger.
1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree
7. I am learning new information from the other men in this group.
1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree
8. I am learning new information from the facilitators of this group.
1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree
9. I want to make changes in my life around my abusive behavior.
1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree
10. I want to be healthier in my relationships with others.
1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree

APPENDIX A

Research Questionnaire -- Week Five

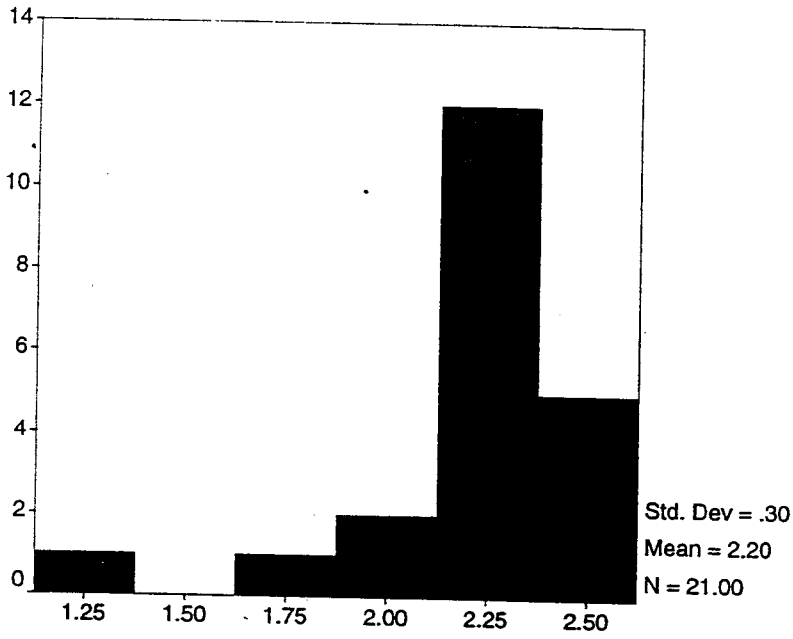
Please circle one answer per question.

Did you complete a survey during week one, the Orientation Session, of this program? YES NO

Did you complete a survey during week three of this program? YES NO

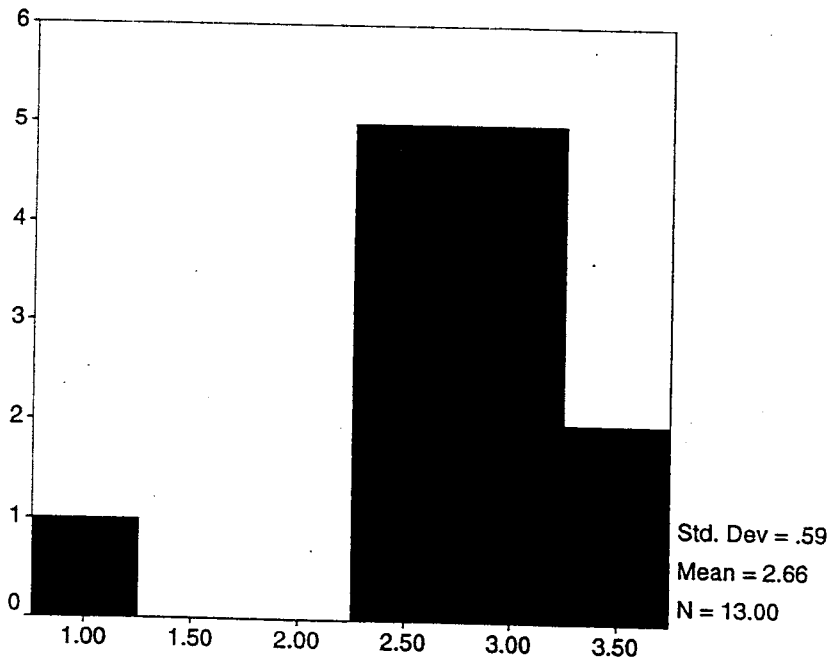
1. I am here because I have issues with my anger.
1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree
2. I have hurt others when I have been angry.
1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree
3. When I am angry, I can be violent.
1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree
4. I need help to learn to manage my anger better.
1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree
5. I have been abusive to others.
1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree
6. This class is helping me to control my anger.
1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree
7. I have learned new information from the other men in this group.
1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree
8. I have learned new information from the facilitators of this group.
1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree
9. I am making changes in my life around my abusive behavior.
1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree
10. I am becoming healthier in my relationships with others.
1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree

Graph B1: ACCOUNT Week One

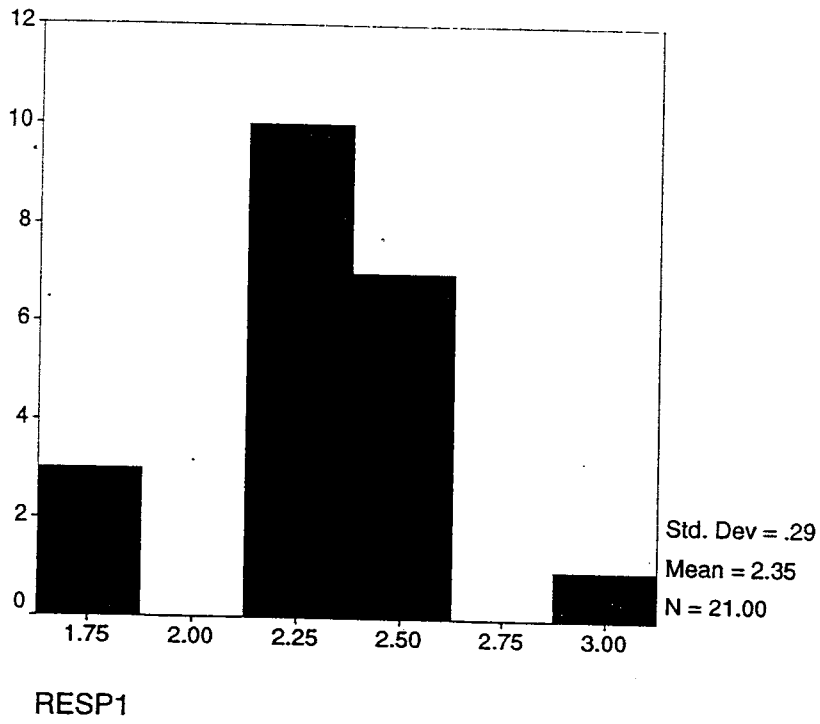


ACCOUNT1

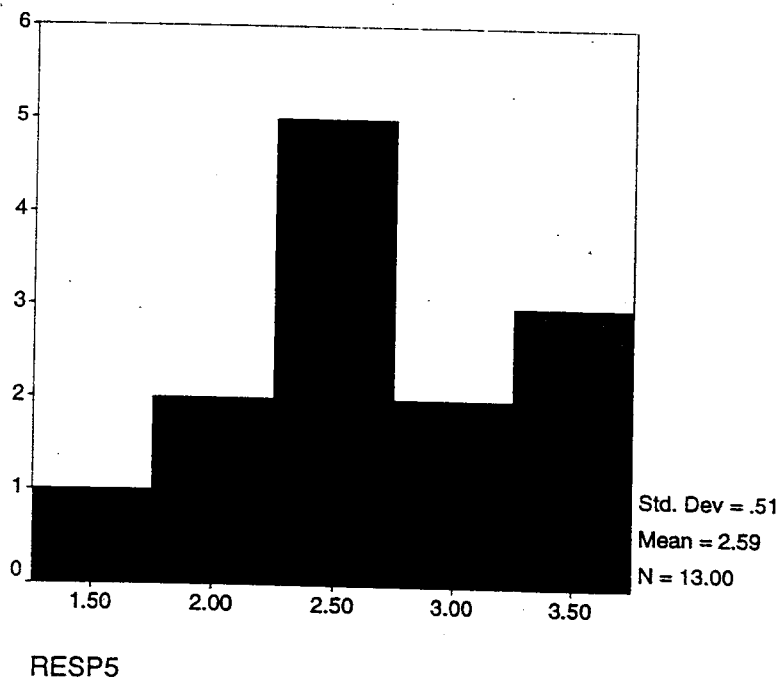
Graph B 2: ACCOUNT Week Five



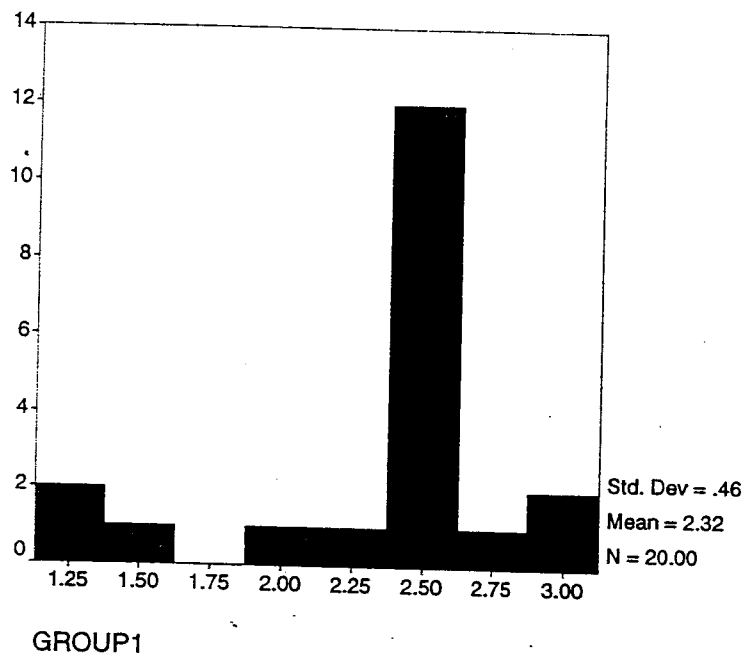
ACCOUNT5



Graph B4: RESP Week Five



Graph B5: GROUP Week One



Graph B6: GROUP Week Five

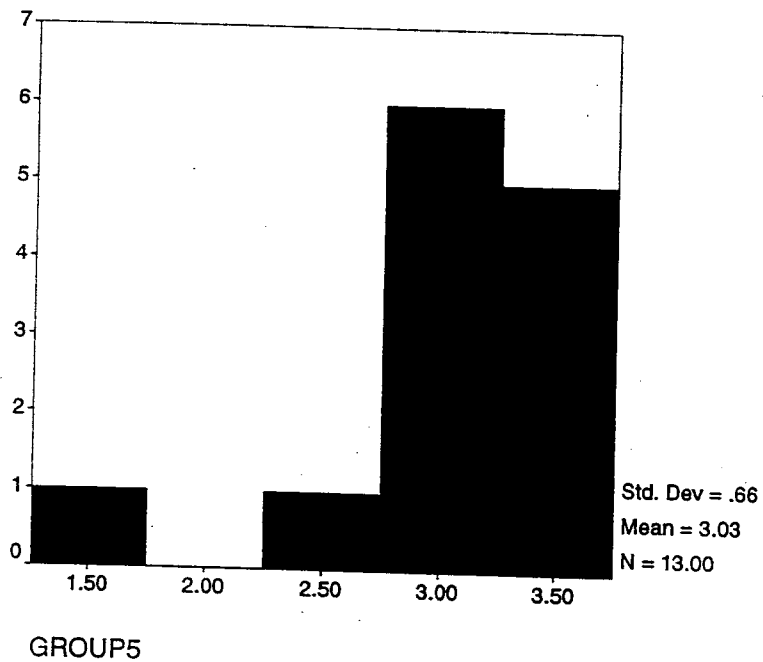


Table D1: Factor Analysis of Week One Data

Items	Factor 1	Factor 2	Factor 3
ISSUE 1	.884	-5.946E-02	-3.160E-02
HURT 1	.794	-.119	.242
VIOLENT 1	.577	-2.146E-02	.474
MANAGE 1	.841	-6.537E-02	-.128
ABUSIVE 1	-3.966E-02	.232	.765
CLASS 1	.172	.573	-.651
MEN 1	-.154	.926	-2.929E-02
FACILIT 1	4.156E-02	.910	.244
CHANGE 1	.694	.159	.127
RELAT 1	.307	2.772E-02	.732

Table D2: Factor Analysis of Week Five Data

ACCOUNT

Factor 1	F Loading
ISSUE 5	.943
HURT 5	.906
VIOLENT 5	.881
MANAGE 5	.920
CHANGE 5	.644

GROUP

Factor 2	F Loading
CLASS 5	.962
MEN 5	.876
FACILIT 5	.934

RESP

Factor 3	F Loading
ABUSIVE	.821
RELAT 5	.821

COVER LETTER FOR AGENCY APPROVAL

TO: Zana Gunderson, Director Family Violence Program
East Side Neighborhood Service, Inc.

FROM: Colleen Cunningham

DATE: January 15, 2001

By signing this form, you are formally acknowledging that your agency, East Side Neighborhood Service, Inc., will support my graduate research project that I will be conducting as an MSW student of Augsburg College. I will begin data collection on February 12, 2001 and will be finished with my data collection no later than March 26, 2001. Please review my participant consent forms, research cover letter, and research instruments before signing your agency approval.

By signing this form, you are indicating that you understand that the data collected for this research project will be printed for my graduate thesis project. My thesis paper will be written in a manner that protects the confidentiality of those participating in the study. In addition, no identifying information about participants will be included in the thesis project. In exchange for allowing the access to your agency, you will receive a copy of the final results of this project for your agency's use. These results, too, will protect the confidentiality rights of all study participants. I will also formally present my findings to your agency, specifically to the staff of the Family Violence Program.

Sincerely,

Colleen Cunningham, MSW student
Augsburg College

Signature of student: Colleen Cunningham Date: 1-15-01

Signature of Program Director: Zana Gunderson Date: 1/22/01

APPENDIX E

TO: Participants in Men's Anger Management Orientation Session
FROM: Colleen Cunningham, Student, Augsburg College
DATE: February 12, 2001

You are invited to be in a research study regarding the engagement process of involuntary clients mandated to attend a domestic abuse program. You were selected as a possible candidate because you are currently attending an Orientation Session to the Men's Anger Group, a part of the Family Violence Program of East Side Neighborhood Service, Inc. I ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted, as part of a master's thesis, by Colleen Cunningham, a graduate student of Social Work at Augsburg College, under the supervision of thesis advisor, Dr. Sumin Hsieh.

Background Information:

The purpose of this study is to explore the involvement of involuntary male participants attending a mandatory domestic abuse program.

Procedures:

If you decide to participate in this study, I would ask you to do the following:

1. Complete a ten-question survey during weeks one, three, and five of your attending the Anger Group. These surveys will take approximately 5 – 10 minutes to complete.
2. Return your surveys to me at the end of your group session.

Risks and Benefits of Being in the Study:

This study may have psychological risks due to questions regarding your thoughts, feelings, and behaviors pertaining to events that may have made it mandatory for you to attend this program.

If you feel any discomfort and choose to withdraw from the study, you may do so without penalty.

The information collected in this study may help us in finding ways to improve programs.

You will receive surveys on weeks three and five of this program as well.

Anonymity:

Your survey responses will be kept anonymous. I will not ask for the names of any participants to be put on any of the surveys. Any final report will not include information that will make it possible to identify you. A final summary of the results will be shared with the staff of East Side Neighborhood Service, Inc.'s Family Violence Program. No individual responses will be shared. Staff will not know who is participating in the study.

Research results will be kept in a locked file cabinet at the my home and only the research thesis advisor and I will have access to these records while working on this project. Raw data for this study will be destroyed by September 30, 2001.

Voluntary Nature of the Study:

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Augsburg College or this agency's treatment program. You may choose to drop out of this study at any time. Regardless of your participation this evening, each of you will receive surveys during weeks three and five of this program.

Contacts and Questions:

The researcher conducting this study is Colleen Cunningham. If you have questions about this study, you may reach me at (612) 813-5600. You may ask questions now, or if you have additional questions later, you may contact my faculty advisor, Dr. Sumin Hsieh, at (612) 330-1376.

You may keep this form for your records.

