

The Development, Assessment, and Implementation of An Evaluation of The
EMPOWER Program at Shelters for Abused Women

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Abstract

The development, assessment, and implementation of a program evaluation instrument was carried out to evaluate the impact and efficacy of the EMPOWER Program. This intervention was created to educate residents at a shelter for abused women with an anticipated outcome of prevention. Participants included the staff and residents at 2 shelters in Southern Ontario. Client pre, post and follow-up measures were obtained and analyzed statistically and using keyword content analysis. A single staff measure was obtained and summarized using keyword content analysis. Qualitative results were suggestive of important change in participants. All women in the post and follow-up measures believed their participation in the EMPOWER Program provided them with the knowledge, skills, and confidence to avoid abusive relationships in the future. This transformational impact was repeatedly expressed in both resident and staff feedback. Limitations of this research, as well as suggestions for future study were discussed.

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Table of Contents

	Page
Abstract	ii
Acknowledgements	iii
List of Figures	vi
 CHAPTER ONE: THE PROBLEM	 1
Introduction	1
Social Political Context	2
Background	3
Statement of Problem	5
Purpose	6
Research Questions	6
Rationale	8
Assumptions	9
Importance of Study	10
Scope and Delimitations	10
Outline of Remainder of Thesis	11
 CHAPTER TWO: REVIEW OF RELATED LITERATURE	 12
Overview	12
Domestic Violence/ Wife Abuse	12
Theoretical Perspectives of Domestic Violence	13
Shelter Movement	21
Shelter Interventions	24
Violence Against Women Prevention Initiatives	32
Transformative Learning, Emancipation and Evaluation	35
The EMPOWER Program	39
Summary of Review	41
 CHAPTER THREE: METHODOLOGY	 43
Overview	43
Design	43
Background of Research Situation	44

Restatement of Research Questions	46
Pilot Study	47
Ethics	48
Participants	49
Instrumentation	50
Procedures	51
Data Analysis	54
Limitations	54
 CHAPTER FOUR: FINDINGS	 56
 CHAPTER FIVE: SUMMARY, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS	 85
Summary	85
Conclusions	87
Implications	89
Recommendations	94
Research Reflections	97
 References	 101
Selected Bibliography	105
 Appendix: Table of Contents	 85
Appendix A: Questionnaires	86
Appendix B: Statistics / Keyword Summaries	92
Appendix C: Pilot Study Instruments and Data	113
Appendix D: Tables and Figures	120
Appendix E: Ethics	142

List of Figures

Figure 1. Mean pre, post, and follow-up scores on the scenario-based questionnaires.

Figure 2. Post client responses indicating most helpful topics.

Figure 4. Post client response indicating how the presentation and format of the program was helpful in understanding abuse issues.

Figure 6. Post client response indicating how the educational sessions helped them understand the issue of abuse and how it has affected them.

Figure 9. Follow-up client response indicating most helpful topics.

Figure 10. Follow-up client response indicating how the presentation and format of the program was helpful to their understanding of abuse issues.

Figure 13. Follow-up client response indicating how the educational sessions helped them understand the issue of abuse and how it has affected them.

Figure 18. Staff response indicating whether the intervention materials were easily understood by clients.

Figure 19. Staff indicators of the most beneficial aspects of the EMPOWER Program.

CHAPTER ONE: THE PROBLEM

Introduction

This is a study of the development, assessment, and implementation of a program evaluation instrument in order to evaluate the impact and efficacy of an educational, preventative model of intervention. A variety of *violence against women prevention* (VAWP) initiatives are frequently implemented with women seeking help escaping abusive relationships. The goal of such methods is often stated as the provision of emotional support to the victim as well as the prevention of further abuse. While the victims are not the source of the problem it is expected that prevention initiatives will assist in the eradication of such violence through an understanding of what an abusive relationship is and how it occurs.

The current study evaluated the impact and efficacy of a preventative, educational model of intervention currently in use with female victims of domestic violence. This research involved studying the methods of development and assessment of an evaluation instrument. Methods of development led to the transformation and improvement of an instrument to assess the model of intervention. Steps leading to this end included deconstruction and analysis of data generated by the existing evaluation tool. Further, a pilot study involving residents and staff provided information used in instrument development. Methods of

assessment were employed and included the implementation of the revised evaluation instrument, as well as the gathering of pre, post and follow-up data with each participant. Findings were used to assess and enhance the current model which was then shared with other shelters in Southern Ontario. The provision of information, guidelines and materials to the Executive Directors across the province would allow additional shelters an opportunity to implement the EMPOWER Program in their areas. Thereby, greatly expanding the number of potential participants in the program.

Social Political Context

Underlying the traditional practice of work carried out in shelters for abused women is the theoretical framework of separatist feminist philosophy. While many shelters would not openly state this claim, it is a necessary component of the work they do. Shelter practice is governed by a belief that existing power structures in our society create relationships whereby men are dominant over women. It follows, according to this philosophy, that to eliminate this gender-based hierarchy, women must treat other women. In practice this philosophy encourages feelings of safety, security, and empowerment in women. Suggestions for gender neutrality in service outlined in the government-commissioned McGuire Report (1996) are seen as dangerous from a shelter perspective. Emphasis must remain

on who commits this crime. Gender-neutral services water down the issue of violence against women.

The social context in which this intervention takes place is culturally laden with paradoxical choices. For example, the unspoken measure of success in our society for shelter services is to have women leave abusive relationships. On the other hand, society places great value on the dyadic relationship. Women need to be part of a couple to be considered truly successful. This type of decision is further complicated by fluctuating emotional responses on the part of abusive partners toward the women, making it more difficult for women to leave.

Background

Current government reports such as the McGuire report (McGuire & Associates, 1996) have indicated a need for shelters to examine the issue of dependency. Providing an impetus for the current research effort, they suggested that a lone focus of intervention services results in dependent clients. They recommended that shelters provide a more broad range of services from prevention through treatment. A clear message was issued in this report to shelters that their methods must become more efficient and accountable. Numerous suggestions considered unrealistic by experts in the field of domestic violence were outlined in the report and will be addressed in a discussion of this

research.

In the report, Making Services Work for People (Ontario Ministry of Community and Social Services, 1997), the government distinguishes between essential supports such as safety provided by shelters and investment supports which include proactive, preventative, and educational intervention.

Historically, shelters have utilized a mixture of therapeutic counselling and supportive listening to assist abused women. Although this has clearly helped with the emotional needs of women in crisis, there exists no research suggesting that this has reduced subsequent victimization of shelter residents.

The EMPOWER Program is not typical of interventions offered in shelters for abused women. It is a very structured program and women are required to participate as part of their residency requirements. Within the separatist radical context of feminist theory, some might challenge this format and its requirements, labelling the model nonfeminist. The rationale behind such a label stems from a belief that the model takes away the woman's right to choose to participate. Choice is frequently equated with empowerment. This model outlines specifically a dimension of empowerment not traditionally accessible in shelters, namely knowledge acquisition. The current proposed model of intervention attempts to address the need for shelters to educate victims of family violence using a flexible

model which does not rely on additional counselling staff and can be adapted to the work environment of a shelter. Analysis of data obtained from the current evaluation instrument provided information that contributed to the development of a revised assessment tool. Consideration has been given to the need for consistency and continuity of the intervention due to the patterns of shift work amongst shelter workers and the likelihood of many advocates working with the same resident.

Indicators of transformation in participants of the EMPOWER Program suggest nontraditional measures of success (e.g. woman leaves abusive partner) for shelter programming and are supported in crisis intervention theory. Crisis brief treatment involves a process of cognitive restructuring and this program is expected to heighten awareness of abuse issues and their personal relevance to the woman's situation, as well as the development of meta-knowledge. The woman learns and understands through the educative process that she must make changes if the cycle of abuse is to end in her life. A further marker of success for this intervention includes the woman's ability to create and articulate boundaries, especially in response to unacceptable behaviour.

Statement of Problem

The problem in this study is to develop, assess, and implement a program

evaluation instrument in order to evaluate the impact and efficacy of the EMPOWER Program. Findings will be used to determine the effectiveness of a preventative, educational model of intervention for abused women residing in a shelter. In-depth analysis of the current evaluation instrument is expected to lead to the design of a new evaluation tool. The instrument is expected to determine whether, as a result of their participation in the intervention during their shelter stay, women become more knowledgeable as well as have a true understanding of what abuse is, how it affects their lives and how to get out of an abusive situation

Purpose

The purpose of this study is to develop, assess, and implement a program evaluation instrument and to evaluate the impact and efficacy of the Encouraging, Meaningful, Proactive, Oriented, Women's Educational Resources (EMPOWER) Program through an evaluative procedure which will assist in the ongoing development and delivery of services.

Research Questions

1. What is the current impact and effectiveness of the educational model in place? This will be determined by positive changes in clients following participation, including increased knowledge and awareness, reported skill development, and changes in their beliefs regarding abuse issues. Client comments will be clustered

by theme indicating the effect the intervention has had on them.

2. Does the EMPOWER Program educate residents in such a way that knowledge and skill level increase following participation? Increases in knowledge and skill will be evidenced by increases in post and follow-up scores on the scenario-based questionnaire.

3. Is there a relationship between changes in knowledge, skills and beliefs and the clients' length of stay at the shelter? Statistical analysis of changes in mean pre and post scores by the client's length of stay will suggest any important relationship between these variables.

4. Does the impact last over time? Qualitative and quantitative follow-up measures taken 2 months after the client's discharge from the shelter will identify if the anticipated increases in scenario-based questionnaire scores are maintained. Consideration of client comments may further indicate ongoing understanding and knowledge of abuse issues and its relevance to the client's life.

5. Does the process and method by which the intervention is presented to residents facilitate client learning? Responses to the client qualitative questionnaire will be summarized and clustered according to four themes. Of particular importance in answering this question will be the client's response to questions 4, 5, and 6 (Appendix A, Part II).

6. How might the model be changed to better meet client needs? Staff and client responses will be recorded and included in the findings of this study. Question 9 of the client qualitative questionnaire (Appendix A, Part II) and question 8 of the staff qualitative questionnaire (Appendix A, Part III) will provide data toward this response.

Findings from this investigation are expected to determine if the current preventative, educational model of intervention utilized at the shelter is effective in educating clients about abuse and preventing subsequent abuse. Evaluation is expected to provide information to enhance the intervention toward this end. It is further expected that the method and process of presentation of the intervention will be strengthened by providing information to ensure consistency and continuity in its delivery. Development of an evaluation tool is the first step in this research effort.

Rationale

The current investigation through an analysis of prior instrument use and accumulated data is expected to lead to the development and implementation of a new evaluation tool. It is further anticipated that this research effort will contribute by serving to fill a gap in the literature, as well as provide a model of intervention that can be implemented by other shelters. Research in the field of

domestic violence has typically focused on signs, symptoms, and effects of abuse whether it is with regard to the perpetrator, the victim, or the children involved. Government criticism, as well as cutbacks, make it necessary to demonstrate accountability of methods in addition to necessity of service.

Assumptions

Shelter practice consistently and necessarily operates within a separatist feminist perspective and is carried out from a radical feminist framework; that is, the work occurs within a social structure wherein men are dominant over women. To minimize the influence of the power dynamics that exist within our society, shelter practice dictates that women help women who have been abused by their male partners and success is marked by leaving the man.

An educational component within the shelter's model of practice is a needed and necessary service. It is anticipated that the findings of this study will lead to a change in the shelter's current educational model of practice. Revisions to the existing model should enhance the ease with which clients and staff participate in the program. Research findings should contribute to the evolving structure and format of client service within the shelter setting. Recommendations and implications of the study will be used to better meet the needs of shelter residents.

As an intervention model that works with the victims of abuse, it is important

to acknowledge that the model is reactive and does not address in any way the source of the violence perpetuated against women. Individual women will, however, use the information obtained to identify potentially dangerous situations in the future.

Importance of Study

This study is important because its impact is far-reaching. Upon analysis of the findings the intervention model will be revised as needed to better meet client needs. All abused women in a mid-sized southern Ontario city who come to the shelter in the future will be affected. The research is expected to provide insight into how to enhance the model of intervention to better meet the residents' needs. The potential also exists for all victims in other shelters to be affected as well through regional and provincial links. The results, coupled with a presentation of the model of intervention, are expected to be provided to shelters across Southern Ontario and it is anticipated that many will implement it.

Scope and Delimitations

Due to the need for a 2-month follow-up after the shelter stay, only residents who utilized the services of two Southern Ontario shelters during the months of June, July, August, September, and October 1998 will be included in this study. It is common for residents who are in crisis to move in an attempt to avoid further contact with an abusive partner. For this reason it is expected that

the sample size will be reduced during the follow-up phase of the study because the women will not be able to be contacted at their previous phone number.

Outline of Remainder of Thesis

Chapter 2 demonstrates the need for the present study, while familiarizing the reader with the area under investigation. It provides an historical background and builds a theoretical base for understanding the development of the evaluation instrument as well as the model of intervention to be evaluated.

Chapter 3 outlines the quantitative and qualitative nature of this study. Steps in the development, assessment, and implementation of the program evaluation, along with identification of the participants, are laid out. Issues related to ethics are outlined.

Chapter 4 summarizes the findings of this study both statistically and descriptively. Research questions identified in Chapter 1 are addressed.

Chapter 5 discusses the importance of this study from individual, shelter, and societal levels. Recommendations for improving the model are outlined. Implications for practice, theory, and future research are addressed.

CHAPTER TWO: REVIEW OF RELATED LITERATURE

Overview

The following review of literature demonstrates the need for the present study while familiarizing the reader with the area of investigation. It will further determine whether or not a study of this situation has been done in other circumstances. The review will include a summary of some of the major theories and practices surrounding domestic violence.

Domestic Violence / Wife Abuse

The issue of violence in the family, and in particular, against the woman in a married, common-law, or dating relationship, has come to be labelled in several ways. These terms are often used interchangeably and may include: domestic violence, wife assault, woman abuse, and family violence. Wife abuse has been defined as the physical and sexual assault, emotional and psychological intimidation, degradation, deprivation, and exploitation of women by their male partners (Government of Canada, 1991). Any one or any combination of these behaviours constitutes abuse. It is the control and misuse of power through bonds of intimacy, trust, and dependency. The abuse works by making the woman feel unequal, powerless, and unsafe (The National Clearinghouse on Family Violence, 1995). Advocates argue that it is important to differentiate between assault in

general and that perpetuated specifically against women. In situations of wife assault, the abuse is related to an imbalance of power between the sexes where females are most often the victims of this violence. Michael Valpy (1991), in a column for The Globe and Mail, illustrates a fundamental difference in the realities of men and women in today's society. He points out the need for women to put constraints on their daily activities in order to protect themselves from being assaulted, abducted, harassed, or murdered. Men do not have to implement such constraints daily in an attempt to ensure their safety. While women frequently fear assault, men do not share this fear on a daily basis. It is the existence of these differences between men and women that illustrates the potential for violence against women.

Theoretical Perspectives of Domestic Violence

Domestic violence is a societal problem documented in cultures throughout the world. Response and intervention with the perpetrators and victims of this crime vary tremendously. Within our own country it is difficult to envision even a compromise on how best to intervene to bring an end to violence in the home. Difficulties exist and arguments ensue about who should carry out this front line work.

Numerous perspectives from varied disciplines have been developed and

suggested as explanations for the existence and treatment of domestic violence. Together the theories offer insight into the complexity of this societal problem. Individually they offer explanations that on their own are not enough to provide a foundation for the solution to this growing problem.

A. Psychological Perspective

The psychological or psychodynamic perspective suggests the presence of a mental illness in either the abuser or the abused. Therapy is geared toward changing this underlying disorder. A discussion of psychology would be incomplete without reference to the work of Sigmund Freud. Violence in the home, according to Freudian theory, suggests that women are masochists who seek out relationships where violence and pain will inevitably be experienced and secretly enjoyed. Freud's theory also offered explanation for the abuser in this situation. Quite simply, Freud suggested that men view sex as an act of aggression, stating that it is their role to be in a position of power over the woman in an intimate relationship (Laird McCue, 1995).

Other psychological theories of male violence suggest that men abuse because of low self-esteem and vulnerable self-concepts (Taubman, 1986). These traditional attitudes about male dominance imply the need for men to assert themselves aggressively and powerfully in order to be a real man. Similarly,

explanations of jealousy and fear of dependence are also offered as explanations for battering behaviours.

Anger has long been identified as a key emotion in the psychological profile of the domestic batterer. Mairo, Cahn, Vitaliano, Wagner and Zegree (1988) suggest that domestically violent men have significantly higher levels of anger and hostility than control subjects. They further found that anger and hostility were more commonly accompanied by depression in this sample as well.

In 1986, Browning and Dutton implemented the Conflict Tactics Scale (CTS) to a clinical sample of 30 couples. In all cases the husbands had been referred to therapy for assaultive behaviour toward their wives. Findings suggested that husbands tended to view the relationship as mutually violent, while wives reported the relationship as husband violent. Browning and Dutton (1986) suggested that men tend to discount the differential consequences of male and female violence. Further, they reported that many men emphasized the frequency of violence and ignored the fact that their actions caused severe injury or hospitalization to their wives.

Social learning theory basically suggests that aggressive behaviour is learned. Aggressiveness is then perpetuated by the reinforcement of society's belief in male behaviours and roles as aggressive and macho (Laird McCue, 1995).

B. Sociological Perspective

The sociological perspective on family violence uses a group behaviour approach. Family violence is a societal problem and sociologists suggest that the beliefs of society contribute to its high incidence. DeKeseredy (1988) notes that the abuse of women is a public issue, not an individual's personal trouble. Sociologists study society's prevalent attitudes and find that they reveal the causes of the violence in our society. Violence as a means of resolving conflict has become acceptable. Sociologists suggest that this belief translates into high rates of domestic violence. Laird McCue (1995) reports that violent behaviour from a sociological perspective is the result of conditions that inhibit biological, psychological, and/or social needs of human beings.

DeKeseredy (1988) notes that problems exist in defining domestic violence. Of particular relevance to the current study is his suggestion that gender-neutral definitions of the problem have major implications for the treatment of female victims. DeKeseredy (1988) explains that not only does the concept of gender neutrality affect the services provided to the victim, it also can lead to a belief that men and women are equally violent. He suggests that such claims have the potential to lead to inadequate social support as well as indifference toward battered women.

DeKeseredy and Hinch (1991) outline how Smith set out to test the feminist hypothesis that wife beating results from adherence by batterers to an ideology of familial patriarchy. Interviews with female respondents suggested that husbands who maintain an ideology of male power and control over women in the household are in fact more likely to beat their wives than men who do not hold patriarchal beliefs and attitudes. The study further suggested that men with low incomes, low educational attainment, and low status jobs are more likely than higher status husbands to adhere to the ideology of familial patriarchy.

Family violence researchers grounded in Sociology tend to carry out quantitative research in the field. They investigate the commonalities and links between various forms of violence in the family. They also record frequencies within this context and probe the instigating role of stress in this problem. In line with the sociological perspective, family violence researchers study public adherence to social norms. Family violence researchers commonly examine the normalization of violence in the family within our society, namely the spanking of children. Researchers here are concerned that certain levels of violence are considered acceptable in the family context and it is difficult to break through such strong social norms.

C. Systems Theory

Systems theory offers a psychosocial explanation of domestic violence by examining the family unit as an operational system. The research focus from this perspective is on the process of interactions within the family unit. Accordingly, there is a belief in established rules of behaviour for each member within the family. Each member's boundaries are defined and the patterns of interaction become dominant over time (Laird McCue, 1995). Violence is seen as a product of this family system. Family violence is then viewed as an engrained behaviour within the system and treatment must be carried out with the whole family.

D. The Ecological Perspective

The ecological perspective is interactive and focuses on relationships among individuals, communities, institutions, and the larger environment (MacLeod, 1989). Important to this theory is the influence each element has on one another. It suggests that violence against women occurs when social and legal systems do not support human rights or the restraint of destructive behaviour (MacLeod, 1989). According to this perspective, prevention of violence against women would occur when society supports the individual and assists her to acquire skills and resources to meet her personal needs and live in safety in society.

E. Feminist Theory

Feminist perspectives suggest that society is traditionally structured along

gender lines with men having power over women (Laird McCue, 1995). Men have access to material as well as symbolic resources while women have been devalued as secondary and inferior. According to radical feminist perspective, domestic violence occurs when men dominate women with implied power (Laird McCue, 1995). Traditional roles for men as breadwinner and head of the family, coupled with a societal structure of patriarchy, leads to violence perpetrated toward women. Feminists frequently report the devastating effects of sex role socialization. Girls are socialized to become submissive victims while boys become aggressive perpetrators of violence.

Yllo (1993) notes that patriarchal societies are characterized by pervasive inequality between the sexes. That men as a group are dominant over women in our society is a key tenet in a feminist analysis of domestic violence. Yllo (1993) suggests that the inequality between men and women is not natural as some may choose to believe. Rather it is something that has evolved historically and remains strong since it continues to serve the interest of many men and those in power within our society.

Feminist perspectives emphasize the need for equality in society. This would empower and enhance each member of a family. Within feminist movement there has been disagreement over whether domestic violence should be addressed by

helping individual women or by putting energy into changing the pervasive social attitudes that allow the abuse to take place (Laird McCue, 1995). This analysis of violence calls for enormous societal changes in our current structure and values.

While rooted in a political philosophy of sexual inequality, feminist initiatives and interventions are typically concrete and practical in nature. Duffy and Momirov (1997) suggest that feminists responded first to the numerous victims of domestic violence through the establishment of shelters, counselling programs, and lobbying for changes in the response of the criminal justice system.

Duffy and Momirov (1997) identify with Graham who suggests that feminist analysis brings concrete societal change by challenging current ideological systems. By drawing attention to the violence perpetrated against women as a societal issue, feminists brought the issue out in the open. One example of concrete change involves the contribution of feminist input to the educational curriculum of the Ministry of Education. Classroom initiatives to prevent family violence have been incorporated. These initiatives have led to classroom discussion of gender stereotypes, violence against women, violence in intimate relationships, as well as the effects of media violence (Duffy & Momirov, 1997).

Further efforts in this area include public education campaigns about abuse against women. These campaigns challenge the myths and misconceptions around

the issue that, if ignored, actually reinforce or support the ongoing abuse of women.

Feminist initiatives are sensitive to the diversity of the issues. Materials have been created and printed in numerous languages in order to reach the various cultures which represent our society. Often specific initiatives will focus on women from a particular cultural background who are at risk for abuse by their partner. While this is a significant area of concern it is only acknowledged in this research and will not be dealt with in an in-depth manner.

Feminist research is largely qualitative, attempting in-depth descriptions of the issues and consequences of woman battering. Examination of the factors associated with male violence toward women are commonly linked with the historical traditions of patriarchy. The research commonly focuses on society's constructions of what is masculine and feminine, as well as the structural constraints that make it difficult for women to escape (Laird McCue, 1995).

Crisis Intervention Theory

As a theory of practice, crisis intervention theory does not offer an explanation for the cause or existence of domestic violence. It does, however, illustrate how shelters have operated. Crisis intervention theory and practice emerged with the concept of crisis being linked to brief treatment. Crisis brief treatment as the

process has been termed is present oriented with a strong focus on the “here and now”. Belkin (1980) suggests that the state of crisis is often characterized by a loss of orientation, a disequilibrium of the intra-psychic forces, and profound feelings of confusion, alienation, disruption, and panic. Emotional indicators may also include high anxiety, shame, hostility, guilt, and depression (Rapoport, 1970). It is a framework for viewing individuals and families who have been in a state of crisis or stress.

Three factors have been reported to produce a state of crisis: one or a series of hazardous events that pose a threat, a threat to current or past basic needs which may be linked to earlier threats that resulted in vulnerability or conflict, and an inability to respond with adequate coping mechanisms (Rapoport, 1970).

The dynamic force for change in crisis theory is made possible by the disequilibrium of a crisis that produces a fluid ego as well as an altered environmental state. The goal in crisis brief treatment is action and the furthering of rapid behavioural change through positive reinforcement (Rapoport, 1970).

The goals of crisis intervention treatment include relief of symptoms; restoration of optimal level of functioning (prior to crisis); understanding of relevant precipitating events that contributed to the state of disequilibrium; and identification of helpful measures that can be taken (Rapoport, 1970). Time

permitting, additional goals in crisis resolution may include: recognition of the current stresses and their origins in past life experiences and conflicts, initiation of new ways of perceiving, thinking and feeling, as well as the development of new adaptive and coping responses that will be useful beyond the phase of crisis resolution (Rapoport, 1970).

Of particular importance to the current investigation is Rapoport's (1970) identification of the growth promoting potential within a crisis state. If favourable conditions are operating, individual clients will not only be able to restore, but also enhance their functioning. The stress of the crisis state causes the client to be more readily influenced and therefore more susceptible to an educative process. Rapoport (1970) contrasts this approach with the medical model of therapy where the perspective is one of cure and shift.

Additionally, a time limit has been associated with the state of crisis that is important to the work carried on in shelters for abused women. Rapoport (1970) considers the crisis state to be a time-limited process with a peak state of upset. While there are no indications of how long this state typically lasts, Caplan (in Rapoport, 1970) suggests a usual time frame of 6 weeks. This finding is specifically relevant to the current investigation in that this is the time frame in which shelters work with women following a crisis event. Rapoport (1970) states

that intervention must take place during this 6-week time limit if the counsellor wishes to influence the outcome of this crisis.

Shelter Movement

According to Laird McCue (1995), domestic violence became an issue of the women's movement in the early 1970s. Shortly after rape crisis centres were established, it was realized that women needed protection from the violence in their own homes.

This movement began by a group of feminists who studied the battered women's movement and shelters in Britain by Erin Pizzey (cited in Laird McCue, 1995). The grassroots movement declared a woman's right to be safe in her own home and the establishment of safe haven and shelters was at the heart of this crusade. This action set out to bring about political, social, and criminal changes through education of those in power.

Shelter Interventions

Primarily, the need of battered women for safety from abuse in their homes was met with the provision of a shelter to which they could escape. Shortly after the establishment of the safe haven came the need for crisis line services so advocates could assist and support women who were unable or not yet ready to leave their home. The supportive, more personal approach to intervention focused largely

on counselling and therapy. Various approaches to this treatment are used, but empathy, active listening, and empowerment underlie the basic philosophy of shelter practices.

In the beginning, advocates of battered women were expected to be knowledgeable about the laws affecting female victims as well as have a societal understanding of why the abuse happens (Sinclair, 1985).

Primarily the shelter took a crisis intervention approach to services. Issues of safety and security were of utmost importance followed by supportive, empathic counselling whereby women were encouraged to talk and “get the pain out”.

Today the current Conservative provincial government argues that this type of treatment is expensive and inefficient in that it heals victims one at a time. This rationale was the foundation for immediate financial cuts to shelter programs and services as well as a demand for accountability in the services that remained.

Today shelters offer a range of services including safe shelter and accommodations along with educational groups and programs aimed at the prevention of further abuse. In addition, specialized programs and services respond to the needs of child victims and witnesses of violence in the home. By the 1990s, MacLeod (1994) notes the existence of a Canadian network of over 400 shelters.

Shelters operate in accordance with a feminist theory of empowerment whereby women are empowered to question the societal structure that dictates stereotypical roles of dependency and caregiving to women. Counselling which remains the main intervention is offered in most shelters by paid staff and volunteers in a number of ways including: a 24-hour crisis line; individual (one to one); group; court support; and information and referrals.

Duffy and Momirov (1997) report that shelter counselling services focus on empowerment of the woman, providing support to her decisions while ensuring that she has accurate and current information about the community resources available to her. The goal of this counselling is to assist the woman in establishing her own sense of control.

McNamara, Ertl, Marsh, and Walker (1997) explored the short-term outcomes of receiving counselling or case management services from a domestic violence shelter. Eighty-one women in a mid-sized Ohio city participated in the 9-month study. Clients completed a pre-intake questionnaire which included the abusive behaviour inventory, life satisfaction questionnaire, and the abuse problem-solving questionnaire. McNamara et al. (1997) found the clients to be highly satisfied overall with the shelter's initial service. While satisfaction decreased following the client's third session, the response remained quite favourable. The client's

satisfaction with the service was affected by such things as who rendered the service and the nature of the services (McNamara et al., 1997). The clients of counsellors reportedly expressed the greatest satisfaction with service.

Following three sessions of service, client reports of global life satisfaction and perceived ability to cope improved, while measures associated with physical and psychological effects of abuse decreased. Clients were further asked to rate how improved they felt due to the sessions. Following one session, clients reportedly felt "somewhat improved" (McNamara et al., 1997). The two additional sessions were not enough to raise the level of improvement consistently above this rating.

McNamara et al. (1997) found no relationship between clients' satisfaction with service and life satisfaction. This is important to the current investigation. It is important to be aware that shelter clients may enjoy the educational intervention sessions, but the enjoyment will not indicate a change in behaviour.

Limitations noted by the authors that are expected to also affect the evaluation of the EMPOWER Program include attrition and incomplete questionnaires (McNamara et al., 1997). They further note that retaining participants for shelter studies is problematic, pointing out that many women utilize shelter services for very short periods of time. The challenge then becomes the development of an intervention that can produce change in a short period of time.

Berk, Newton and Fenstermaker Berk (1986) investigated the impact shelters have on new violence. That is, the study evaluated a single outcome variable -- the impact shelters had on further spousal violence for a sample of battered women. In particular they wanted to identify the effect the shelter had on women once they had left the shelter. Berk et al., (1986) found that shelters do have beneficial effects on violent households, but explained that the effects are dependent upon victim attributes. When the woman is already beginning to take control over her life, a shelter stay can dramatically reduce the likelihood of new violence.

Related Interventions

MacLeod (1989) suggests that if we are to ever eliminate violence against women in the home, values and social structures which promote and condone violence, as well as emphasize the power of men over women and children must be identified and changed. The historical beliefs that support the notion of men as superior are rooted in the patriarchal structure of our society and maintained through socialization. MacLeod (1989, 1994) suggests that individual, institutional, and societal values must be challenged and changed through preventative interventions while still maintaining effective crisis response to women victims.

Some preventative efforts involve direct intervention with the perpetrators of

this crime. Male batterer interventions are generally carried out in two ways, group counselling or the criminal justice system. Frequently today, court-ordered counselling sessions are handed down to batterers. Mills (1996) outlined a comprehensive program in Duluth, Minnesota which uses a combined criminal and therapeutic mode. This intervention begins at the site of the violent episode with the police and representatives from the shelter and batterer programs attending. Primarily, police have been instructed to arrest male batterers when the evidence is present. The staff of the shelter and the batterers program are called in to talk with the respective parties following the arrest (Mills, 1996). The Duluth Model, upon evaluation, revealed an increase in conviction rates, protection orders, and batterers brought back to jail for noncompliance with court orders (Mills, 1996).

Having examined this model and others like it, Mills (1996) has proposed a postmodern approach to legal interventions in order to end domestic violence. She identifies the need for a Domestic Violence Commission that acknowledges the ambivalence of the battered woman's experience. Central to Mills' (1996) approach is the idea of empowerment and the need for the woman to determine on her own and in her own time the resolution to this situation. This flexible system would allow for learning to occur including information about healthy and unhealthy relationships. The current system which requires women to make too

many decisions during a life crisis ensures the failure of the system to both the woman and society. Legal and other interventions that provide the battered woman time, support, and flexibility encourage self-guided resolution to the problem (Mills, 1996).

Mediation between the victim and assailant is yet another form of intervention practiced in the 1990s. This approach is commonly rejected by feminist theorists who suggest that the history of violence and abuse make it impossible for women to confront their victimizers in this manner. They do, however, acknowledge that it may work in an aboriginal community where this intervention is often practiced. The support and healing within this context has been demonstrated. It has yet to be determined how effective mediation is outside of this close-knit community.

MacLeod (1994) noted that individuals and groups must be empowered and involved in prevention. Long-term abuse survivors suffering from very low self-esteem, often assume responsibility for the success or failure of the relationship as well as accept the abuser's accusations of blame. Prevention programs must aim to meet the abused woman's primary needs for healing, the building of self-esteem, and the discovery of learning opportunities, programs, services, and a support system (MacLeod, 1994). This program must strive for the empowerment of abused women in an attempt to equalize the power dynamics and assist them in

making choices to live free of violence.

Relationships Australia Inc. is an organization that provides services in Australia and New Zealand to all persons involved and affected by family violence situations. In 1996, they designed a longitudinal study whose purpose was to assess whether their domestic violence programs were effective in achieving identified objectives, as well as to ensure the quality of their client service.

Relationships Australia Inc. (1996) also set out to review their program design with a view to further improvement and accountability. The objectives of the women's program included: the provision of a safe, supportive environment to tell her story; information to assist the woman in making informed choices; to increase the woman's ability to make choices, exercise autonomy, and express opinions; to decrease social isolation; and assist women in recognizing their partner's responsibility for the abuse (Relationships Australia Inc., 1996). Educational information provided to the women who utilize this service is similar to the topics covered in the EMPOWER Program to be evaluated in the current study. These topics include, but are not limited to, power and control tactics, community resources, and the social context that supports the use of violence against women. Analysis of raw data is ongoing for this research.

Violence Against Women Prevention Initiatives

In the late 1980s the federal government committed \$136 million to a federal initiative on family violence involving seven government departments. This allotment contributed to the progress experienced in the field of wife battering during this time. It facilitated an increase in the number of emergency shelters across the country, the development of public education campaigns and programs aimed at prevention, as well as the institution of nation-wide policies for police to charge men who batter (MacLeod, 1989).

Each year the provincial government provides funding through the Ontario Women's Directorate for various Violence Against Women Prevention Initiatives. The funds, which must be applied for annually, allow for projects that create awareness of the issues through printed materials in various languages as well as billboard displays throughout the province. Funding has recently focused on the prevention of violence against women and children. Programs and projects with this aim often involve education to school and community organizations. Finally, the third form initiatives may take, although less commonly funded, is approaches to treatment. Part of the criteria of most grants is that the project cannot create an ongoing need within the community. Most treatment initiatives would do so. Similar to the current project, analysis and evaluation of a particular model of

treatment fall within this category, without creating an ongoing need for further funding.

In November 1996, tremendous controversy and outrage erupted from women's groups across the province in reaction to a government commissioned paper, commonly known as the McGuire Report. The Government of Ontario commissioned McGuire and Associates to develop practices, models, and approaches with the Violence Against Women Prevention (VAWP) Initiatives to make services more effective, efficient, and accountable. Operating under the assumption that existing services were not working, The Framework for Action on the Prevention of Violence Against Women in Ontario (McGuire & Associates, 1996) made numerous recommendations for change to the existing service structure.

A key finding cited in the report is that government programs and services are too narrowly focused on intervention (McGuire & Associates, 1996). The paper infers that such a focus leads to a development of dependency by the victims. In response to this, McGuire and Associates (1996) recommended a continuum of services ranging from prevention to healing. They went on to suggest that the focus on violence as a gender issue limits the response to diverse communities that is necessary to ensure accessible programs and services.

Having indicated a need for change, as violence is not decreasing, McGuire and Associates (1996) suggested that the need and use of shelters is different from the current structure. They recommended that shelters become more proactive in their efforts to assist women in becoming more self-reliant while remaining safe and able to heal. The models implemented by shelters must therefore intervene in the crisis in such a way that recurrence of the abuse is prevented, while helping women heal from the damage of being victims.

The McGuire Report, translated into practice, would create what its critics suggest to be a one-stop shopping for shelter, counselling, and support services (Morrow, 1997). Accusations that shelters create dependency were combined with cuts to prevention grants leaving shelters struggling for answers to the mixed messages. Outrage again erupted when the Conservative government suggested a "good neighbour policy" to assist in the prevention of violence in the home. Neighbours were expected to report any suspicions or witnessing of private domestic violence situations to the police as well as provide support to the victim. This remains a difficult suggestion to accept in light of the continued denial of the problem by society at large, not to mention the commonly believed myths about the crime that are so often accepted as fact. Such methods would require citizens to rely on a neighbourhood that no longer exists.

Transformative Learning, Emancipation, and Evaluation

As a preventative model of intervention, the EMPOWER Program seeks to bring about learning in its participants. Cranton (1994) suggests that learning occurs when an individual enters a process of reconciling newly communicated ideas with the presuppositions of prior learning. MacKeracher (1993) examined the issue of women as learners and how educational programming could be more responsive to women's styles of learning. MacKeracher (1993) noted three ways to increase women's active participation in learning. The first method suggests that women be included as sources and creators of knowledge in the development of the information base used in the learning activities. Secondly, she notes that the materials associated with the program should be of interest and about the women who participate. Finally, teaching methods should be consistent with women's methods of self-development and learning (MacKeracher, 1993). The EMPOWER Program is facilitated in such a way that the women's experience is personally relevant to the information disseminated. MacKeracher (1993) concluded that it is very important to the self-esteem and empowerment of the learner to focus on the individual and her personal experience.

The EMPOWER Program as an intervention curriculum set out to bring about learning that would result in change in resident knowledge, skill, and

behaviour. In placing this study in a theoretical context, the search of related literature revealed the theory and practice of transformative learning.

Transformative learning involves a process whereby the learner examines, questions, validates, and revises their preconceptions. Transformative learning has been defined by Cranton (1994) as the development of revised assumptions, premises, and ways of interpreting experience or perspectives on the world, by means of critical self-reflection. Critical self-reflection permits the learner to revise old or develop new assumptions, beliefs, and ways of seeing the world. This is a necessary process for abused women if they are to openly view the impact violence has had on their lives.

The key to transformative learning according to Mezirow (1990) is the ability for the individual to act on these critical reflections and the resulting insight they produce. This too is key to any measure of success for the EMPOWER Program with shelter residents. As the desired impact is prevention, it is necessary for participants to respond to the learning with action that will lead to their ongoing safety. The current investigation implemented a follow-up measure to provide information to this end.

Mezirow (1990) outlined 10 phases in his transformative learning theory. Phase 1 parallels tenets of crisis intervention theory and represents the

precipitating, disorienting dilemma that quickly leads to the self-evaluation associated with phase 2. In phase 3 the learner becomes involved in critical assessment of behaviour, beliefs, assumptions, and knowledge. The person draws parallels and relates to other's experiences in phase 4. In phase 5 Mezirow (1990) suggests that the individual explores options for new behaviour. Phase 6 involves the building of competence and the development of new roles. Phase 7 sees the individual laying out a plan of action while acquiring new knowledge and skill in phase 8. During phase 9 the learner makes provisional efforts to try out the new roles and receive feedback pertaining to it. In the final phase, the learner reintegrates into society.

Closely associated with a discussion of transformative learning is the concept of emancipation and emancipatory learning. Cranton (1994) defines emancipatory learning as the process of freeing ourselves from forces that limit our options and our control over our lives, forces that have been taken for granted or seen as beyond our control. The EMPOWER Program seeks to educate women in a way that not only allows for personal reflection, but also increases the options and resources available to them.

Cranton (1994) suggests that emancipatory learning can be a very difficult and painful process for the learner. The questioning of personal psychological beliefs

as they relate to the learner's life can cause considerable emotional upheaval. It is therefore important that such processes are undertaken in a comfortable and supportive environment. The shelter exists as a safe haven that offers support and counselling to the women who utilize its services.

The EMPOWER Program is a newly developed intervention program and as such must be evaluated to ensure it is effective in meeting the goals and objectives of the shelter. Davie (1993) suggests that evaluation be carried out to facilitate decision making. Evaluation assists in the determination of the worth of a program or specific curriculum. It is often difficult to develop evaluations, in particular, program evaluations because the researchers are looking for some indication that learning has occurred. As Davie (1993) notes, learning is a private act and cannot be directly observed. Typically learning is frequently measured by testing students and scores indicate the amount of learned knowledge. Other methods include student self-report or the evaluator observing the use of new knowledge or skills.

The relationship between the EMPOWER Program and the theory of transformative learning lead to consideration of how to evaluate the program from this perspective. Mezirow (1991) suggests the development of hypothetical dilemmas as an approach to evaluation of transformative learning programs. He goes on to suggest that responses be measured prior to and following the program.

It is important that attention is paid to why learners responded as they did. Mezirow's (1991) suggestions provided a foundation for the development of the scenario-based and open-ended questionnaires used in the evaluation of the shelter's intervention program. Pre, post and follow-up measures in the current study were supported by Mezirow's (1991) above suggestions.

The EMPOWER Program

The educational preventative model of intervention was named the EMPOWER Program, an acronym to meaningfully describe its purposes and goals. EMPOWER stands for Encouraging, Meaningful, Proactive, Oriented, Women's Educational Resources. The EMPOWER Program, developed by a shelter in Southern Ontario, attempts to address the need for shelters to educate victims of family violence using a flexible model which does not rely on additional counselling staff and can be adapted to the work environment of a shelter. This self-directed educational program consists of six curriculum units. Each unit consists of handouts, exercises, fact sheets, resources, and reading materials. In some units video material is available to support the information. An outline of the model and the six units included are:

1. What is abuse and why does it happen? Topics discussed under this heading include the following: are you a victim of woman abuse?; what is woman abuse

(types and examples); types of abuse; myths, and facts; bill of rights for abused women; and making an escape plan.

2. Is abuse part of my life? Topics discussed include: a personal assessment quiz; denial, facing the truth, positive affirmations; self-blame (what did I do to deserve this?); the reality of woman abuse; phases of abuse; power and control wheel; personal power and control wheel; cues and clues.

3. How does abuse enter our lives? Materials include: cartoons; our families, our selves (looking at core relationships); cultural power and control wheel; the socialization of women; institutional and cultural supports for battering.

4. What keeps women in abusive relationships? Included: what keeps women in the relationship? (personal wheel); what keeps women in the relationship? (list); how does violence affect women?; and the equality wheel.

5. How to spot potential abuse. Included: learning to spot the controller/abuser; questions to ask yourself about a new partner / relationship; how do you keep from facing or acknowledging you're in danger and the benefits and costs to this; choices; gut feelings chart; listening to our gut / intuition (discussion)

6. How are the children affected? Included: the effects of violence on children; what children witnesses of abuse may believe; and children learn what they live.

Summary of Review

Numerous perspectives attempt to explain or offer reasons why domestic violence exists in our society. Chapter 2 outlined some that have contributed to the evolution of current shelter philosophy and practice.

Most closely aligned with the philosophical beliefs of shelters is the feminist perspective. The existence of an imbalance of power between men and women, the perpetuation of stereotypical roles, and the patriarchal, hierarchical structure of our society, underlie assumptions in shelter work and intervention. The need for and right to equality within the family and society at large is necessary in ending the pervasiveness of violence against women.

Interventions with abused women, like the theories explaining it, are numerous and varied. Primarily intervention responds to the woman's crisis by providing support and a safe haven to escape to. Counselling which remains the main intervention in most shelters is offered by paid staff and volunteers in a number of ways, including a 24-hour crisis line, individual (one to one), group, court support, information, and referrals.

More recently the need for accountability in service delivery has lead to the implementation of psycho-educational modes of intervention. Intervention aimed at being supportive and helpful has been coupled with an educational component

that seeks to increase client knowledge and understanding of abuse issues.

Chapter 2 further outlined the development and implementation of the Provincial and Federal Government Violence Against Women Prevention (VAWP) Initiatives campaign and its direct relation to the current investigation.

Since the EMPOWER Program is an educational curriculum that seeks to bring about learning and prevention in its participants, it was necessary to consider how that learning took place and the resultant impact it would have. Literature relevant to the model of intervention and the study's findings has been included under the heading of transformative learning. The personal relevance of the materials coupled with the self-directed format of the EMPOWER Program laid the foundation for the possibility of transformative learning to occur. Details of this learning theory have been elaborated upon as well as the specifics that associate it with the EMPOWER Program.

CHAPTER THREE: METHODOLOGY

Overview

This is a study about the development, assessment, and implementation of a program evaluation instrument which was carried out to evaluate the impact and efficacy of the EMPOWER program. This program is currently being used within shelters for abused women. As such there exists no manipulation or treatment conditions within the study. Residents participate in the EMPOWER Program as part of their residency requirements at the shelter, receiving information and educational materials in a semistructured manner. The current evaluation is conducted as part of the normal course of events during a woman's stay. For the purposes of this study one exception exists. A follow-up call from the primary researcher was placed to each participant 2 months after her stay at the shelter was complete.

Design

This is a quantitative and qualitative study of the development, assessment, and implementation of a program evaluation. A scenario-based questionnaire approach was taken in the current investigation. Subjects completed a preintervention questionnaire as part of the shelter's general intake process with a resident. In line with agency guidelines, this process is expected to be completed within 48 hours

of the woman's arrival at the shelter. The postintervention questionnaire is completed during the agency's general discharge process in addition to a process questionnaire. A small focus group made up of volunteers who participated in the follow-up condition of this investigation will be held following analysis of the raw data where findings will be presented to participants to ensure the findings represent what they said. This will also provide opportunity to discuss with the clients how meaningful this evaluative process has been for them.

Background of Research Situation

Existing Data

A thorough investigation of archival records in the two participating shelters revealed an additional source of information related to an evaluation of this model.

In conducting the pilot study of the intervention model it was discovered that some information contained in the agency's service evaluation was also relevant to an evaluation of the intervention model. This separate questionnaire provided information from the previous year's files. Data were gathered and summarized and contributed to the development of the new instrument. This evaluative questionnaire had been provided to each resident upon discharge with the purpose of evaluating the service received by each resident during their stay. Of specific relevance to the current investigation were questions 1, 2 and 4 through 9

(Appendix C, Part V). Ninety-seven service evaluations were obtained and summarized.

The following is a summary of information taken from these archived questionnaires.

When asked if they felt safe and accepted during their shelter stay, all women responded by stating that they had. This is an important finding since comfort level would affect a person's ability to receive and understand new information and might impact on educational intervention.

Clients were then asked to rate according to their needs on a 10-point scale, anchored by "not enough" and "enough", the amount of time spent with them in one-to-one counselling sessions. Sixty-six percent of respondents scored a 7 or above, indicating enough time had be spent with them. Thirteen percent rated this item between ratings of 3 and 6. This suggests there may be some problems, concerns, or issues in relation to the amount of counselling time they received in this activity. Only two percent of the residents circled from 0 to 2 indicating that not enough time had been spent with them. Comments related to problems in this area included the resident's busy personal schedule (work, appointments), the limited length of stay and the distraction of caring for children.

Eighty-three percent of respondents stated that they really looked forward to

the counselling sessions. Some women commented on how good it felt to talk about their abuse and the decision to leave.

When asked if the counselling / intervention sessions helped them understand the issue of abuse and how it had affected them, all of the respondents believed the education and counselling sessions helped them understand the various issues surrounding abuse and how they personally had been affected.

Most women believed their understanding and knowledge of abuse would help them from being abused in the future.

Clients reported that the topics covered in Phase I of the intervention model were most helpful to them. They were able to identify specific information and knowledge acquired at the shelter that would assist them in their lives when asked to identify the ways the shelter had helped them.

Restatement of Research Questions

1. What is the current impact and effectiveness of the educational model in place? Does the EMPOWER Program educate residents in such a way that knowledge and skill level increase following participation?
2. Is there a relationship between changes in knowledge, skills, and beliefs and the clients' length of stay at the shelter? Does the impact last over time?
3. Does the process and method by which the intervention is presented to residents

facilitate client learning?

4. How might the model be changed to better meet client needs?

Pilot Study

A two-level pilot study investigated client and staff response to the current model of intervention used at the shelter.

1. Client Questionnaire and Interview

Client information was gathered through individual interviews with a single staff person. The interviewer explained the purpose of the interview and obtained written permission from participating residents to use the information in the current investigation. Nine women participated in this pilot study. Findings suggest that all scores increase in the post condition regardless of the length of stay. That is, individual and mean scores were higher in the post measure when compared to the pre-score. In particular, the scores were found to increase the most where residents resided at the shelter for 4 to 6 weeks.

The second level of the pilot involved distribution of a questionnaire for shelter staff. The questionnaire was placed in the mail slot of each employee with the expectation of return within 1 week to ensure all staff received a copy and an opportunity to complete the form. The questionnaire inquired about staff experience with presenting the intervention information to residents. The

issues explored included: individual opinions and feelings about administering the educational intervention model, as well as process and content-related issues. Seventeen of 24 questionnaires were returned. Findings suggest a wide variance in the facilitation experience among the various staff. Some staff members had delivered 13 intervention sessions while others had yet to do one. The timing of sessions was found to vary from 30 to 90 minutes. Comfort levels with the materials and their delivery varied from “very comfortable and easily understood” to “very uncomfortable and need training”. This questionnaire was especially helpful in developing a foundation for the qualitative process-oriented evaluation in the current evaluation’s development.

Ethics

Informed consent to use information contained in a client’s pre and post questionnaires as well as permission to contact her by telephone 2 months from the date of discharge were part of the discharge procedure. Informed consent occurs as the final step in the discharge process to ensure the pre and post questionnaires are completed without potential bias. Both intake and discharge procedures were carried out by the staff person on duty at the time the resident is admitted or discharged respectively. Since this will vary with each resident, an information and training session was held to provide consistency to the data

gathering process and to ensure the rights of potential participants are maintained.

Upon receiving informed consent, a subject's completed pre and post questionnaires, the intervention (process) evaluation, as well as the name and telephone number of the participant were placed in a file marked according to the month of discharge. The primary researcher picked up each file on the last day of the month. The participant was then contacted by the primary researcher by telephone 2 months from the date of discharge to complete the follow-up and process questionnaires.

Permission granted by the Ethics Board of Brock University is attached in Appendix E.

Participants

The subjects for this study consist of 27 adult, female residents of shelters for abused women and their children within a mid-size Southern Ontario city. The data obtained from clients who utilize the shelter's services during the months of June, July, August, September and October 1998 were included in the current investigation. Results are expected to be generalizable to the larger population of abused women who reside in a shelter for abused women. The effects of abuse, while numerous, know no regional boundaries. The findings of this study will be relevant to all women who escape abuse and turn to shelters for help and support.

A single measure was obtained from an additional sample of participants. As facilitators of the EMPOWER Program, it was important to include information obtained from the staff employed at each shelter.

Instrumentation

The scenario-based questionnaire (Appendix A, Part I) was developed from materials and content covered with residents during the educational, preventative intervention. This scenario-based questionnaire was provided to individual residents in each of three conditions: pre, post and follow-up. It was expected that a scenario-based questionnaire would provide a better predictor of the participants' beliefs, knowledge, and future behaviours by producing a realistic and personally relevant context in which to ask questions. Each of the four scenarios is based on five criteria: type of abuse; perpetrator responsibility; societal role; effects on children; and likelihood of staying. The five criteria represent the main issues covered in the educational, preventative intervention model.

The process-oriented questionnaire (Appendix A, Part II) was based on information obtained during the pilot study that was considered relevant to the administration and facilitation of the educational, preventative intervention. The process-oriented questionnaire sought to identify factors affecting learning and delivery of intervention materials was administered in the post and follow-up

conditions.

The staff questionnaire (Appendix A, Part III) was developed through analysis of the pilot study data and staff feedback at the workshop. The staff questionnaire was distributed to each staff member in order to identify strengths and weaknesses of the intervention from a facilitator's viewpoint. This format further provided an opportunity to recognize potential areas for staff development.

Procedures

Background

Prior to the collection of data, staff at each shelter participated in a workshop with the primary researcher and the research assistant to go over the following issues and materials: instructions to ensure ethical treatment of participants; content they are to present to clients; methodological issues; and explanation of the revised instruments and their proper use. Protocols for the organization and storage of raw data were outlined. As with all client files and data, research materials will be maintained in storage boxes at the shelter for a period of 5 years. Following this time frame the information will be destroyed.

Outline of Research Process

Upon entering the shelter, women completed the agency intake procedure, (usually within 72 hours). During this procedure, clients were asked to complete

the pre measure associated with this study which included reading each of the four scenarios and responding to the related questions.

When the client decided to leave the shelter, a series of paperwork was carried out as part of the agency's standard discharge procedure. A post measure was taken at this time and included having the client complete each of the four scenario-based questionnaires as well as a qualitative process-oriented questionnaire.

For the purposes of the present study, a final step was added to the routine discharge procedure. In order to obtain a follow-up measure, contact had to be made with clients once they had left the shelter. To facilitate this activity, client permission to be contacted at a forwarding phone number had to be obtained. Permission was obtained by the staff person on duty at the time of a woman's discharge. They explained the current investigation and participant responsibility to all potential participants while paying particular attention to ensuring research ethics were maintained. Participants were then contacted following a 2-month hiatus after discharge from the shelter. By telephone the primary researcher asked the participant to respond to the questions in the scenario-based and process-oriented evaluation instruments. Participants were further asked if they would be interested in participating in a focus group following data analysis. Permission to

contact the women with a date, time, and location for the focus group was obtained.

Data were compiled and analyzed using descriptive statistics and keyword content analysis. Statistical analyses involved the compilation of client scores on the scenario-based questionnaires to determine mean pre, post and follow-up scores. Mean scores were compared in each of the three conditions using t-tests to determine if there were significant differences in scores at each stage. Keyword content analysis involved summarizing and clustering client responses to the process-oriented questionnaire according to themes. Upon completion of data analyses, a focus group luncheon was arranged and participants were contacted by phone with pertinent details. Transportation to and from the group was provided to the women who were able to attend. Participants were presented with a booklet outlining a summary of the research, including a breakdown of the research findings and recommendations for changes to the EMPOWER Program. This process allowed participants a final opportunity to respond to and provide feedback on the purpose and findings of the study.

Data Accumulation

Data from the pre and post questionnaires were held in individual client files until the completion of the discharge procedure. Information containing the pre

questionnaire, the post questionnaire, the agency's service evaluation (process-oriented survey), and the client's first name and phone number were handed over to the primary researcher. The case number was the only identifying source of information on each questionnaire and only agency staff have access to that information. The data used in this study are stored separately from other client files, but with the same attention paid to ensure the confidentiality of participants.

Data Analysis

Data were entered into the SPSS program for statistical analysis. Significant differences between pre, post and follow-up measures as well as their relationship to the resident's length of stay were examined. T-tests and ANOVAs were performed on the raw data to make this determination. Keyword content analysis provided a summary of qualitative (process-oriented and staff) questionnaires. Following keyword analyses, summarized data were grouped according to themes that emerged from participant responses. Participant comments according to identified themes were presented in graph format (Appendix D).

Limitations

As preliminary research exploring a nontraditional intervention within a shelter setting, there are inevitable limitations in the use of the EMPOWER Program. The current investigation, being evaluative in nature, recognizes that the

model is limited in its cross-cultural applicability. It is further restricted by its inability to currently respond to women with disabilities or those who may have problems with literacy.

A methodological limitation exists in the fact that it is not uncommon for shelter staff to be unable to reach past shelter residents. Often phone numbers are found to be no longer in service. Part of the current study's sample was lost as a result.

CHAPTER FOUR: FINDINGS

Following the completion of data collection, pre, post and follow-up measures were analyzed quantitatively and qualitatively. Data from 27 participants in the post condition and 12 participants in the follow-up condition were included in the study. Only those women who completed the post questionnaires remained part of the study's sample. Women who consented to participate in the follow-up condition of the study contributed to the follow-up measure taken two months from the women's discharge from the shelter.

Data obtained from the scenario-based questionnaires, both post and follow-up, were compiled and analyzed statistically. Data from the client intervention questionnaire (qualitative measure) and staff survey were subject to keyword content analysis to identify themes and trends in client and staff responses. While all findings were considered important, only those data which are imperative to the response to research questions identified in Chapter 1 have been addressed here. Because the data support and extend the issues raised, I felt tables and figures representing the data were best included in the appendix. Throughout the chapter, appendix references are provided for the reader.

In order to assess the impact and effectiveness of the EMPOWER Program, quantitative and qualitative pre, post and follow-up measures were obtained from

clients residing in the shelters over a 5-month period of time.

Quantitative Analyses

Data from client responses to the scenario-based questionnaire were scored by adding the client's ranking for each of the 20 questions associated with the four scenarios in each of the pre, post and follow-up conditions. The possible range of scores was 0 to 100 in each condition.

Appendix B1 illustrates pre and post scores for each participant. In all 27 cases, post scores were found to be higher than the pre score measure. Mean post scores illustrated in Table 1 (Appendix D1) were approximately 9% higher than pre scores, suggesting the possibility of a positive relationship between participation in the intervention model and knowledge acquisition.

In order to identify whether the increased knowledge associated with higher scores on the post scenario-based questionnaire would last over time, a follow-up measure was taken. Through a telephone interview, clients once again responded to each question contained in the scenario-based and intervention questionnaires. Mean follow-up scores from the 12-participant group suggested that the increased scores were maintained 2 months after the clients' discharge from the shelter. Maintenance of these higher post scores can be seen in the follow-up scores laid out in Table 2 (Appendix D2), which further supported the suggestion that

knowledge acquisition occurred following participation in the EMPOWER Program. Figure 1 illustrates client mean pre, post and follow-up scores on the scenario based questionnaire.



Figure 1. Client mean pre, post and follow-up scores on the scenario based questionnaire.

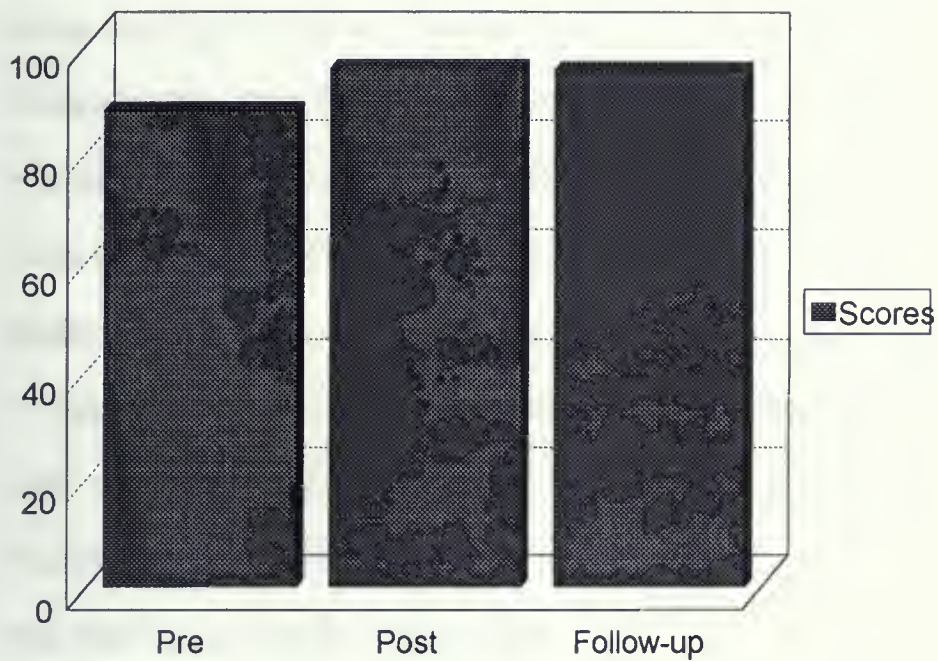


Figure 1 Mean pre, post, and follow-up scores on the scenario-based questionnaires.

Analyses were then carried out to determine if there was a relationship between increased post scores and the clients' length of stay at the shelter. From Table 3 (Appendix D3) we can see that mean post scores were higher than mean pre scores regardless of the clients' length of stay. It is noteworthy that the greatest increase in client scores (where n was greater than 1) occurred with respondents who resided at the shelter for 5 to 6 weeks. Clients' mean post scores in this category rose 15.25 % from the pre score.

Qualitative Analysis

Data obtained from participant responses to the intervention questionnaire were analyzed using keyword content analysis. Data summaries of all client and staff responses are located in Appendix B.

Post Measure - Intervention Questionnaire

On average, participants completed 2/3 of the available intervention topics during their residency at the shelter. While respondents identified that all topics were helpful and informative in some way, post intervention responses suggested that abuse information and awareness topics were most helpful to them personally. Further, topics identified as very beneficial are illustrated in Figure 2 and include issues of self-esteem, assertiveness, decision making, and nutrition for the women. Finally, topics related to children were identified as useful and informative.

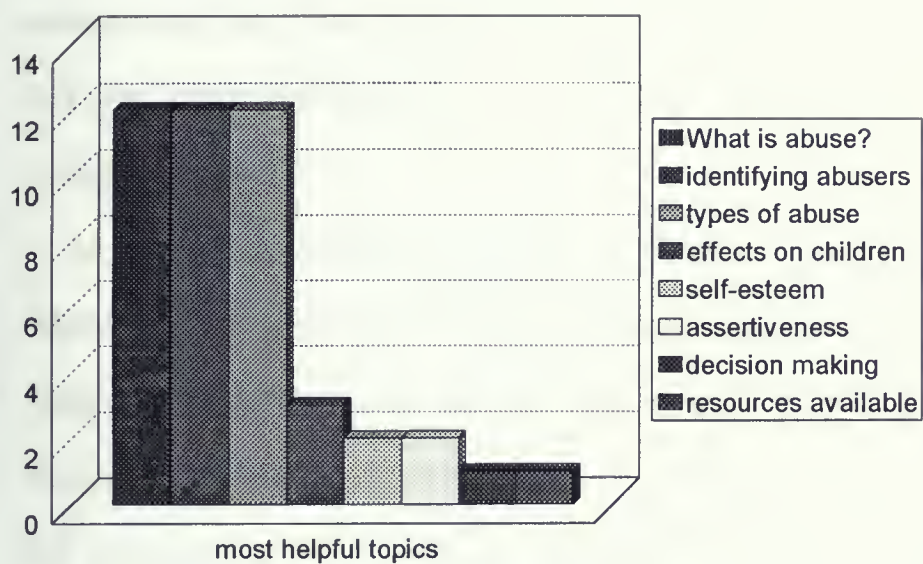


Figure 2. Post client responses indicating most helpful topics.

To determine whether the educational materials were easy to understand, clients were asked and their comments were recorded and graphed in Figure 3 (Appendix D). All post intervention client comments suggested that the materials were not only straightforward and well organized, but the staff were very helpful during the educational sessions, further facilitating their understanding of the information.

All respondents stated that the presentation and format of each session was helpful to their understanding of the issue of abuse. Figure 4 illustrates a strong theme that emerged from client responses, suggesting that the intervention had a transformative impact on the women; that is, women explained, they were not only able to comprehend the new information and relate it to their own lives, but that they also believed this new understanding would lead to prevention and protection of abuse for them in the future. Client comments indicated personal change in both how the woman viewed abuse in general and in her own situation. This understanding and change in self provided the women the confidence to transform the way in which they would move ahead with their lives.

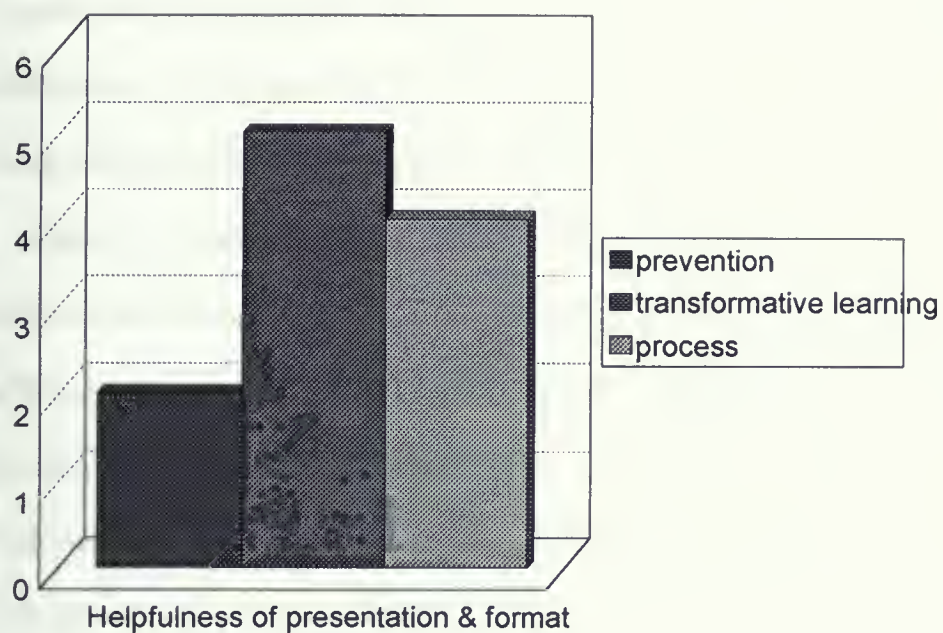


Figure 4. Post client response indicating how the presentation and format of the program was helpful in understanding issues.

Participants further suggested that the mutually convenient timing and flexible nature of the process contributed to their learning. Womens' comments are represented in Figure 5 (Appendix D) and indicate that the ability to self-direct participation in the program and work in a supportive environment allowed for comprehension and understanding of the effect of abuse on her life.

Figure 6 demonstrates that all respondents indicated that the educational sessions were useful to their understanding of the issue of abuse and how it had affected them personally. Client explanations also suggested that the self-directed process contributed to client learning as well as the ability to personally reflect on their own situation. This reportedly impacted the women's belief that this would help them to prevent abuse in the future.

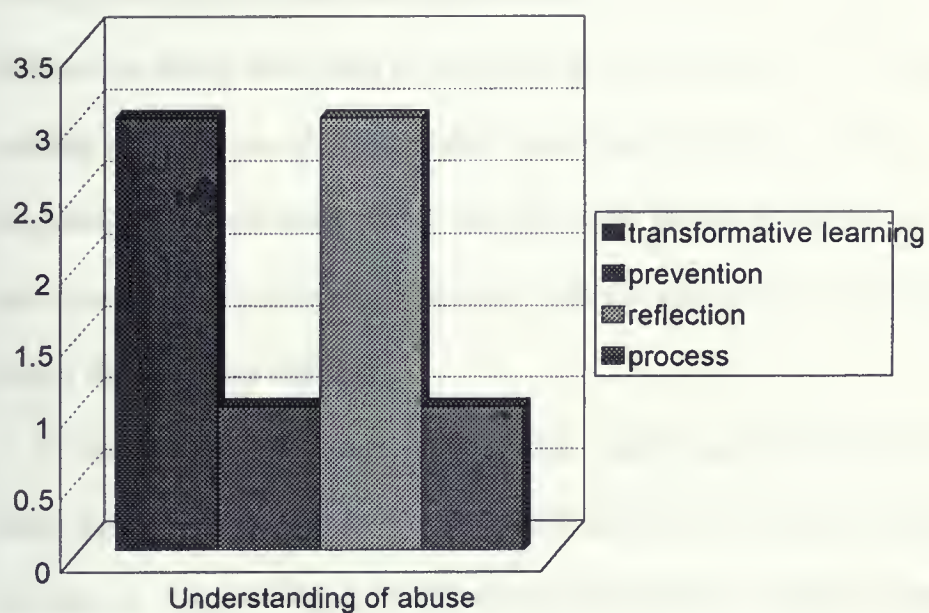


Figure 6. Post client response indicating how the education sessions helped them understand the issue of abuse and how it has affected them.

All respondents reportedly believed this understanding would help them avoid being abused in the future. Client comments characterized in Figure 7 (Appendix D) suggested that the understanding developed from participation in the intervention model would lead to prevention through the early identification of warning signs that would in turn enable them to get out sooner. Further comments suggested that the personal growth associated with the acquired knowledge and understanding made permanent changes to who the women are and how they would choose to live their lives.

To improve the current intervention model, clients suggested that additional topics be added, as well as an allowance for free time and more group-based discussions. Figure 8 (Appendix D) provides a breakdown of these themes identified in client recommendations for change to the program. Overall client ratings of the EMPOWER Program as very good (4) or excellent (5) suggested that the model was very helpful to participants.

Follow-up Intervention Questionnaire

Upon completion of the shelter's discharge procedure, 26 clients agreed to participate in the follow-up component of this evaluation. Fourteen members of this sample were lost due to phone numbers found to be no longer in service. The

remaining 12 participants responded via telephone interview to the intervention and scenario-based questionnaires.

Once again clients reported that all information was helpful, even that which was repetitive. Figure 9 depicts that abuse information including types, effects, and characteristics of abusers was primarily considered most helpful by the respondents. Issues of safety and prevention as well as self-esteem, decision making, and assertiveness were also identified by respondents as helpful.

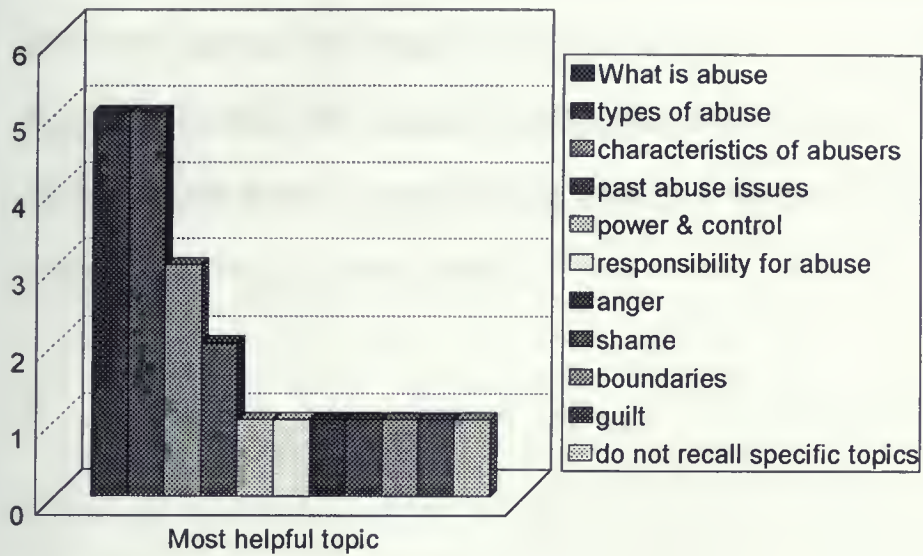


figure 9. Follow-up client response indicating most helpful topics.

Follow-up respondents stated that the presentation and format of the intervention sessions were helpful to their understanding of the issue of abuse.

Figure 10 illustrates client responses which further indicate that the self-directed and flexible process was most helpful as it facilitated understanding and retention of the program's content.

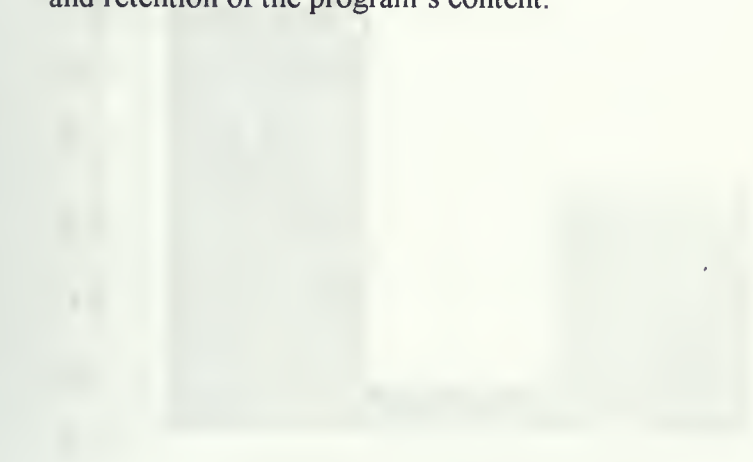


Figure 10: Client responses indicating that the self-directed and flexible process was most helpful as it facilitated understanding and retention of the program's content.

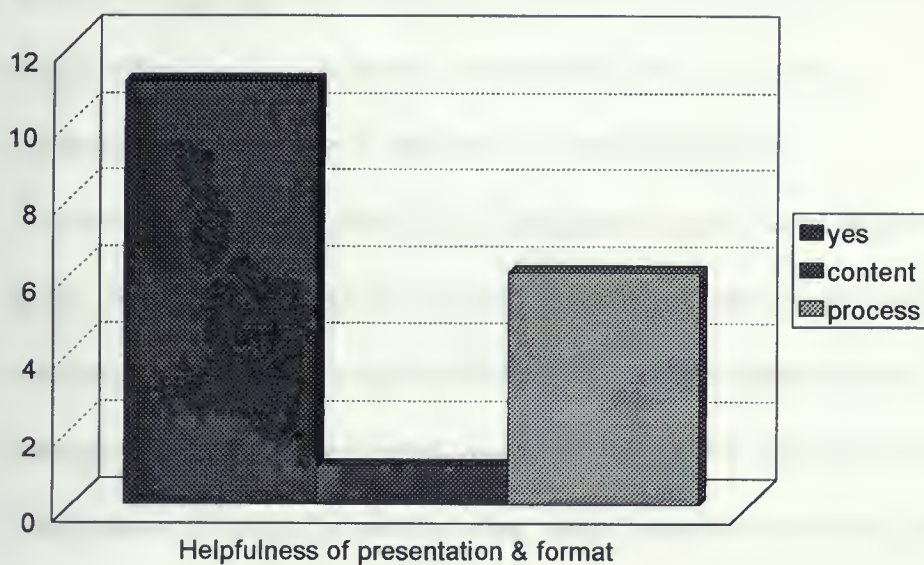


Figure 10. Follow-up client response indicating how the presentation and format of the program was helpful to their understanding of abuse issues.

Intervention materials were described as easy to understand and personally relevant (Figure 11 - Appendix D).

Figure 12 (Appendix D) illustrates that most participants found the timing of the intervention sessions suitable to their needs. Respondents stated that the flexibility in approach and process was valuable to their understanding of the issues. Obstacles to participation were identified by two participants and included scheduling difficulties due to obligations to work and children.

Follow-up clients indicated that the educational sessions were effective on three levels. Figure 13 represents the reports by participants that the materials were validating which led to personal reflection and increased comprehension and learning which further contributed to reported increases in self-worth and esteem. This process of change, women reported, would help them from being abused in the future.

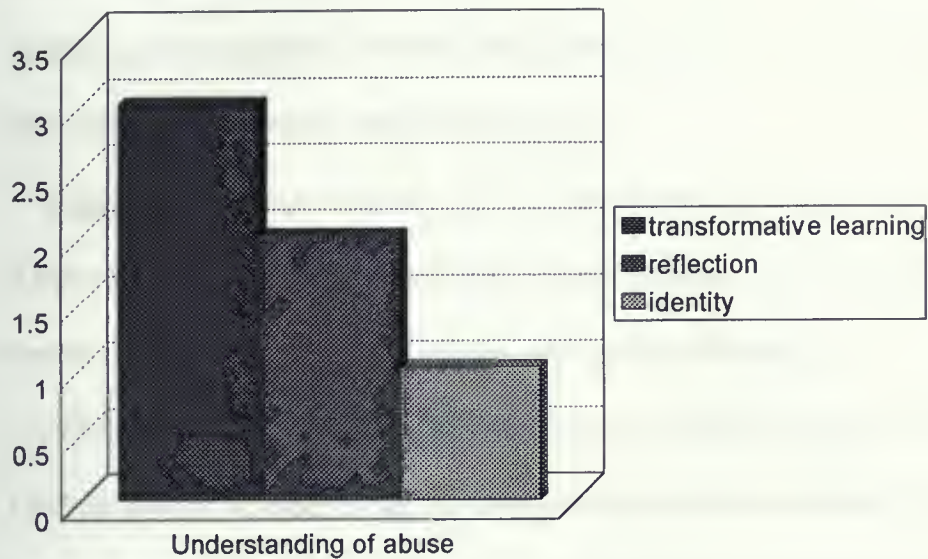


Figure 13. Follow-up client response indicating how the educational sessions helped them understand the issue of abuse and how it has affected them.

Respondents' comments illustrated in Figure 14 (Appendix D) suggest that understanding why and how abuse happened to them would help them to avoid and prevent themselves from becoming involved. They went on to state that they would know how to get out earlier, stating personal skills were acquired to give them the strength to carry through and move on.

Suggestions for improvement to the existing model of intervention are laid out in Figure 15 (Appendix D) and include: addition of other topics, changes to both current content and process and opportunity for critical feedback.

Client ratings of the EMPOWER Program were excellent in all but one case. The lone rank of 3 suggests that this client found the model satisfactory, but in need of some improvements. Clients' comments strongly suggested that the self-directed, flexible process facilitated learning and personal reflection of the information in their lives. This transformative process appeared to have led women to the belief that the knowledge and understanding they developed would prevent abuse from happening to them in the future.

Staff Questionnaire

Qualitative surveys were distributed to the mailboxes of each staff person at both shelter locations. Twelve surveys were completed and returned. This response rate is representative of all staff who are responsible for facilitation of the

intervention topics.

The number of educational sessions facilitated by staff members at the two shelter locations during the course of this study varied from 1 to 70. Two staff members noted that it would be too difficult to assess the number of sessions they had facilitated during the current investigation.

The median length of time spent in the delivery of an educational intervention session was 45 to 60 minutes. Facilitation time is represented in Figure 16 (Appendix D) and reportedly varied from 30 minutes per session to 75 minutes per session with one staff person suggesting that the length of time depends on the topic and the clients' interest.

Delivery of the educational sessions was generally carried out in one of two locations in each shelter (Figure 17 - Appendix D). Comments from a couple of staff members suggested occasional impromptu sessions at the kitchen table or that the site may depend on the time of day.

As can be seen from Figure 18, staff were divided in their belief about how easy the intervention materials were to understand and deliver. Staff suggested that the current model would be enhanced by changes to existing content. Specifically, changes involved the addition and removal of certain materials as well as updating and content changes to the remaining information. Staff identified that the process

would best be improved through more consistent presentation. A facilitator's manual was suggested to this end.

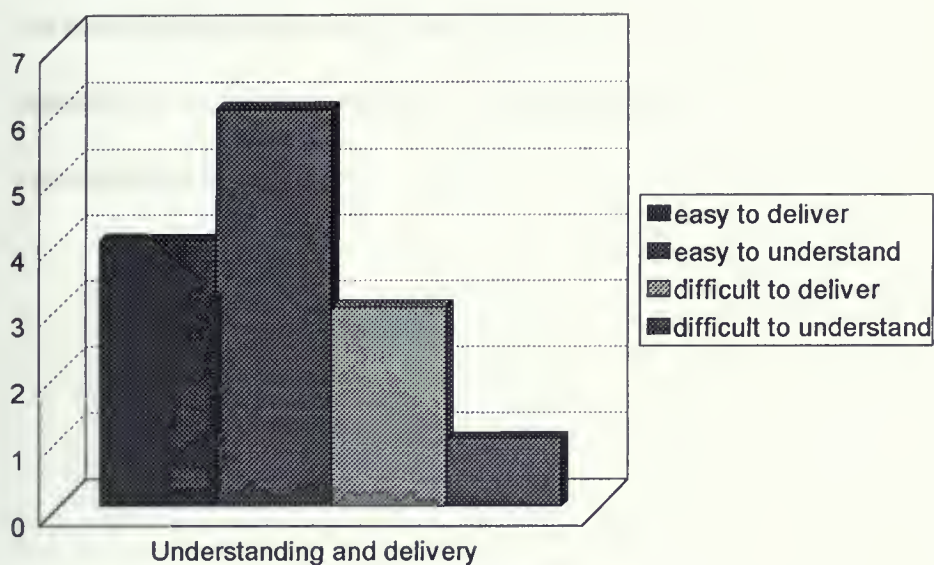


Figure 18. Staff response indicating whether the intervention materials were easily understood by clients.

Staff comments provide support to client beliefs that the educational process was excellent and facilitated awareness of the issues as well as provided the opportunity for transformative learning (understanding how abuse has changed the woman's life, their view of life now and for the future). Figure 19 illustrates that the understanding and acquired knowledge that staff believe occurs during the sessions serves to increase women's self-esteem and their belief in their ability to prevent abuse in the future.

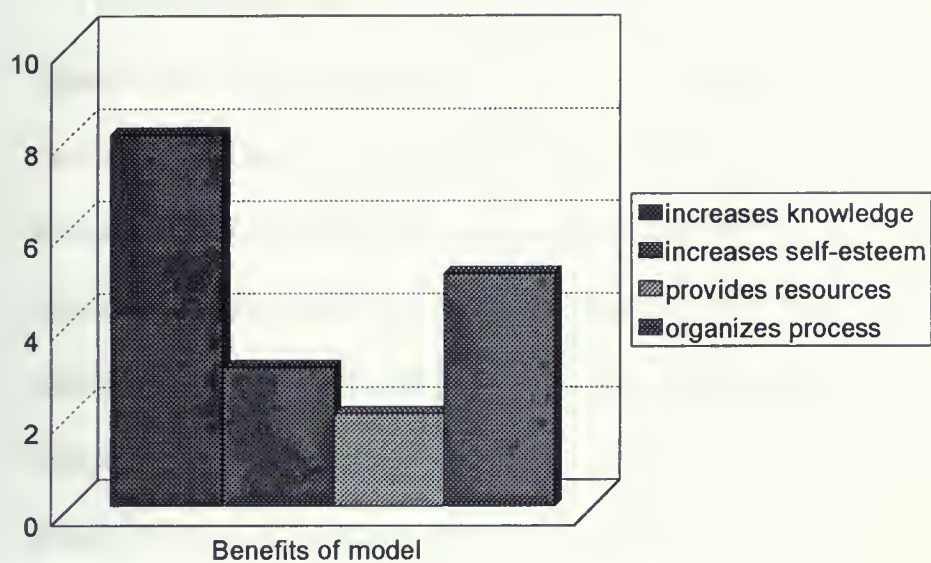


Figure 19. Staff indications of the most beneficial aspects of the EMPOWER Program.

Most staff reported that necessary changes to the model's content were obvious and provided suggestions to this end (Appendix B). Scheduling was again noted as a problem with the current model and would be addressed by a staff ad hoc committee.

Three quarters of the staff have received positive feedback from clients with regard to the current model. Client reports to staff suggested that the model was very helpful and had a tremendous impact on their lives. Staff suggested that women were learning because of the model and that the process facilitated this learning. One quarter of the staff reported negative client feedback which suggested that some of the materials were too complex or some materials (Bible quotes) were inappropriate.

Focus Group

All women who participated in the follow-up condition of the study agreed to be contacted about a focus group within a couple of months following completion of the study's final report to the shelter. Five women committed to attending the focus group luncheon at one shelter location. Four out of the five women who were expected attended. Summarized findings of the present study were presented to the women along with an explanation of the purpose of the study. Each woman received a booklet outlining the breakdown of data gathered as well as an overall

summary of findings.

The women all commented that their participation in the study had been a meaningful experience for them and that they appreciated the opportunity to participate.

Interest was expressed in how this intervention model had come to be studied. In response, measures of accountability and government cutbacks leading to the grant application process were outlined. Most women supported the idea that an ongoing evaluation of shelter practices be carried out.

Two women expressed their happiness at having their opinions matter and make a difference. One woman volunteered to sit on a consumer advisory committee -- an idea proposed to the group by the shelter's Executive Director. While only one woman volunteered, all of the women present supported the idea.

All women confirmed that the findings accurately represented what they had said during the course of the study. They were pleased and interested in the findings that suggested that the intervention made a difference. All women continued to suggest that the intervention had made a difference in their lives.

Research Questions

What is the current impact and effectiveness of the educational model called the EMPOWER Program? Does the intervention educate residents in such a way

that knowledge and skill level increase following participation?

Effectiveness was operationally defined as the change in scores representing client knowledge and beliefs following participation. Changes in knowledge were identified by increased scores on the scenario-based questionnaire in both the post and follow-up measures (Figure 1). All scores were found to be higher than in the pre condition. Client comments provided in-depth explanations of this newfound knowledge and understanding (Appendix B). The instrument is effective in that the desired outcome is one whereby clients' knowledge and understanding of abuse and how it has affected their own life situation is increased, as well as their belief in their ability to identify and avoid abusive situations in the future.

Qualitative data gathered in both the post and follow-up phases of the study suggest that the current model of intervention is effective in enhancing client knowledge of abuse and impacts clients in such a way that they describe it positively as life altering. Clients reported increased awareness of the types of abuse, what abuse is, how it affects them personally, as well as the effects on the children. Clients' responses indicated that they expected this awareness and understanding to lead to abuse prevention for them in the future. This transformative effect is echoed throughout the client reports. Further comments suggested that prevention would stem from increased self-esteem and identification

and awareness of the various resources and options available to them.

Is there a relationship between changes in knowledge, skill, and beliefs and the clients' length of stay at the shelter?

Knowledge, skills, and beliefs as measured by the score obtained from the scenario-based evaluation instrument was found to increase in all cases in both the post and follow-up phases of the study when compared with the pre score.

ANOVA's were performed on the data to determine if the increase in knowledge, skills, and beliefs was a factor related to the client's length of stay. An interesting result which is consistent with the findings of the pilot study was found. Table 3 illustrates that the greatest increase in client post scores occurs in the current investigation during a 5 to 6 week stay at the shelter. This is in line with the same finding occurring between 4 to 6 weeks in the pilot study.

Clients reported that they were more knowledgeable about what abuse is and how it had impacted their lives. They reported that this understanding would help them to avoid abusive situations in the future because they would know the signs to look for and would be able to get out earlier.

Does the impact last over time?

Findings suggest that the EMPOWER Program educates women in such a way that scores on post and follow-up measures are higher than in all pre

measures. Clients stated that they felt more knowledgeable, stronger, and confident following participation in the program. Analysis of variance of mean pre and post scores (Appendix B), were not significant, but revealed higher post scores following participation. The increased level of knowledge and skill associated with higher post scores remained constant in a follow-up measure taken approximately 2 months after the woman's discharge from the shelter. Often this is a stressful period of time and adjustment for women who have left abusive partners, yet the knowledge and understanding remained high.

Does the process and method by which the intervention is presented to residents facilitate client learning?

The process and method by which the EMPOWER Program is presented to clients was found to facilitate client learning. The informal, self-directed and flexible nature of the intervention, according to participants, allowed for comfortable, interesting, and informative sessions. Staff comments lent support to this process, indicating that the informal nature allowed for more open discussion.

How might the model be changed to better meet client needs?

Clients' suggestions for change were qualified by all respondents, first stating that they believed the intervention was personally relevant and helpful in meeting their needs. Feedback was clustered under the larger headings of content and

process. Suggestions with regard to content focused on the addition of specific topics such as sexual abuse, starting over and career information. Suggestions for changes to the model's process included making accommodations for women who work or have children as well as the facilitation of more group-based intervention sessions.

CHAPTER FIVE: SUMMARY, CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

Summary

This was a study of the development and assessment of the implementation of a program evaluation instrument. Primarily this research effort involved methods of development and assessment as they relate to the evaluation of the EMPOWER Program. Methods of development led to the transformation of the evaluation instrument to be used to assess the model. The deconstruction of past evaluation forms, coupled with analyses of archival evaluative data led to this end. A pilot study with residents provided further feedback used in the development of the new instrument.

Methods of assessment included the implementation of quantitative and qualitative measures. A revised scenario-based format of evaluation as well as client and staff qualitative questionnaires were implemented. Client measures were obtained in pre, post and follow-up conditions. All clients who completed the post questionnaire were included in the study. Of those 27 participants, 12 agreed to be contacted for the follow-up measure. Staff questionnaires were completed following the gathering of client data. Information gathered from the assessment suggested that the model is effective in bringing about increased knowledge and understanding of abuse-related issues.

Scenario-based questionnaire data revealed overall increases in scores following

participation in the program. This increase was consistent with earlier findings (archival data) that the intervention impacted the women through increased knowledge. Qualitative measures allowed women to describe the effect the intervention had on them. All women believed the intervention had helped them and would help them from being abused in the future.

Government suggestions that shelters must be more accountable and that somehow they create dependency initially stimulated the idea for this investigation. Contrary to these claims, womens' comments indicated quite the opposite. The increased self-esteem and knowledge attributed to participation in the educational intervention, women stated, helped them to leave the shelter, leave the abuse, and move confidently ahead with their lives.

The method of facilitation was widely accepted by staff and clients alike. In agreement with adult learning principles, the self-directed and flexible nature of the discussions allowed for comfortable and open discussion of the issues and an ability for clients to understand and relate them to their lives.

An ad hoc committee has been struck by the shelters to address client and staff suggestions for revisions to the current model. Efforts are ongoing to implement a consumer advisory committee.

Conclusions

The findings obtained from this study are important on several levels. The fact that one woman believed she could or did change her life is significant. The fact that several women in the study indicated the same thing is very important. They are important because these women have altered the course of their lives in a positive and proactive way as a result of their participation in the program.

From a shelter level, the program is successful because the findings are noteworthy and detailed enough to indicate that the model in fact does make a difference to their clients.

At a societal level the importance relates to the cumulative effect and impact each woman will have on the people in her life and the abatement of the violence in the lives of each participant who might otherwise have continued to be abused.

Measures indicating positive change occurred following participation in the program. Women reported identity changes associated with increased knowledge of abuse, resources, increased self-esteem, and assurance in their ability to avoid abusive relationships in the future. These beliefs were found to last over time. The follow-up measure is of particular importance because this is the time when the women are most likely to return to an abusive partner. During follow-up women identified difficulties associated with starting over including: single

parenting, affordable housing or the lack thereof, financial difficulties, etc., but remained constant in their belief that they would not be involved in an abusive relationship ever again.

The importance of this study is far-reaching. All participants clearly reported that the EMPOWER Program had a very positive impact on their lives. But we must look at this finding more clearly to realize the true impact of the women's words. In situations of domestic violence the effects ripple down, often through generations. So it can be with prevention. The effects experienced by one participant in this study have the potential to impact numerous people in her life alone. First, the woman's decision to remain free of abusive relationships spares abuse and its lasting effects on her. Second, it impacts the woman with children. No longer are these children witnessing abuse and suffering the long-lasting effects. The friends and family of this woman see her experience and the possibility for modelling and learning are present. Now we can multiply the effects on just one woman to all of the women in the study, signifying just how great the impact can be.

This model was shared with other shelters across Southern Ontario, creating a potential societal impact. This ripple effect may eventually lead to decreased victimization, and as the government is quick to point out, the

economics associated with it would be staggering.

In ascertaining the importance of this study, it was once again disturbing to me to see that prevention of abuse has been left in the hands of the victims. While I am thrilled and inspired by the stories of empowerment and confidence of the women who participated in and were affected by the intervention, there remains the ongoing problem that we have not dealt with the root of this incessant societal phenomenon. Responsibility and blame for this violent crime must always remain in the hands of the abusers.

Until society and government, as our leaders, look at the basis of why violence against women and children exists, methods of empowerment and resources found in safe shelters / havens must exist for women to once again search for solutions in a world that will not look for a core solution to the problem.

Implications

Practice

As an educational, preventative model of intervention, the EMPOWER Program has demonstrated some promising outcomes. The model, coupled with the study's important findings, were shared with other shelters throughout Southern Ontario. Implementation by shelters in other areas of the province may not only provide further data from which to reevaluate the program, but

might also bring about the transformative potential witnessed in this study to women in other areas of the province.

In order to ensure the success of shelter intervention, it is necessary to determine whether client needs are being met. Ongoing evaluation of shelter programs as well as processes are important in ensuring this end. Prior to evaluation, some measure or record of client needs should be taken and used comparatively in determining the ongoing success of the program.

A suggestion by staff for consistency in the presentation of topics will be addressed through the development of a facilitator's manual. The manual will provide guidelines and suggestions which are meant to be helpful to staff facilitators in their interaction with residents. The manual will contribute to the accessibility and sharing of the program with other shelters.

The ad hoc committee will examine and address all client and staff recommendations for changes to the current model. It is expected that implemented changes will enhance the model in better meeting client needs. The ongoing work of this committee will ensure quality of service delivery to women utilizing shelter services.

Of particular importance to ongoing efforts to improve the EMPOWER Program is the accessibility of information to women with literacy issues,

disabilities, as well as ensuring cross-cultural applicability of the program. It is important to note the case specifics of a woman who resided at the shelter during the study. The resident was deaf, and recorded by staff as having not been able to participate due to her disability. Nonetheless, the woman was provided the reading materials associated with the intervention sessions and on discharge signed up for participation in the study. My contact with this participant indicated that she believed she had participated in the intervention through reading of the materials. Her follow-up measure was obtained through the use of a TTY and the data obtained was included with the larger sample.

Perhaps through a further grant-based project, the EMPOWER Program could be adapted to respond to women with varying disabilities. In the meantime however, simple modifications to some materials and process would respond to women with hearing impairments who come to the shelter for services. This will ensure that the program responds to women with literacy issues as well as its applicability cross-culturally.

Theory

Transformative learning theory and its relevant principles, while not purposefully incorporated, appear to be an important part of the EMPOWER Program model. Review of the literature, coupled with the present study's

findings, suggests this approach is highly effective. Explicit identification of the goals and objectives of the EMPOWER Program, along with a background review of transformative learning theory, may provide further clarification of the model to residents and staff alike.

Traditionally the radical feminist framework in separatist feminist practice within shelters was based on a gender analysis of the problem whereby men were commonly found to be abusive to women. This was a grounding belief in shelters throughout the 1980s. However, in the early 1990s, there has been acknowledgement within our society of the high incidence of abuse in disabled, culturally diverse, and lesbian populations. Shelters being impacted by the society in which they exist have softened their radical feminist stance and are moving away from a gender analysis of violence to one based on power. While men in our society remain dominant in terms of power, the presence of violence and the absence of a male perpetrator begs for alternative explanations for the problem.

This point is made to illustrate the social political shifts in philosophy within the shelter movement and in no way wishes to shift responsibility from men who commit violence against women.

As the current approach was evaluative and not from a stated feminist perspective, implications for social interaction and feminist theory were only

touched upon and should be explored in greater detail in further research efforts. Feminist issues associated with domestic violence and the implications for theory are important to the issue of violence against women.

Further Research

In considering areas for future research arising out of the current study, primarily I would want to investigate the change in participants more longitudinally. This chapter has discussed the potential impact of the changes that occurred within this study's participants. It would be interesting to document the impact of these changes over a longer period of time. Research could indicate whether the transformation is maintained, the impact it has on the people who are close to the participant, whether statistically significant differences emerge, as well as the effects on the woman's self-esteem and other identity issues.

Further investigations on educational preventative interventions within a shelter setting are necessary to strengthen support for the present study. Concrete identification by residents as to their needs would provide a basis for further evaluation of the EMPOWER Program.

An additional evaluation of the cross-cultural applicability of the EMPOWER Program is necessary to ensure that the intervention meets the needs of women from diverse cultural backgrounds.

Since evaluation of practices in the shelter are ongoing, statistical measures of change may be more readily available with increases in the participant sample. Perhaps data gathered over a longer period would provide the significance this study did not achieve.

A positive trend toward a transformative impact of the EMPOWER Program was identified in the current study. Qualitative data repeatedly outlined the importance and meaningfulness of the intervention on the women who participated. Further research should include evaluation criteria that are qualitative in nature to ensure meaningful understanding of the impact intervention has on the shelter residents.

Recommendations

During the course of this study and following analysis of all of the data, several recommendations stem from the process and findings.

Evaluation Instrument

In order to maintain high standards and ensure quality of service it is necessary to continue with the evaluation of the programs and services offered by the shelter. For the purposes of the present study, the evaluation instrument appears to be reliable in measuring change in women's attitudes, beliefs, and knowledge about the issues of abuse.

In subsequent use of the current evaluation instrument the following are recommended:

a) Question 3 in each scenario attempts to measure the client's understanding of society's role in the existence of violence against women. The question is lengthy and complex, but a very necessary component in the assessment of a client's education on abuse. During follow-up it became apparent that participants did not want to make judgements about these issues for what they presumed in the scenarios to be other people. Any difficulty in understanding could be eliminated by using this evaluation time as an educational session, answering and explaining what is meant by the question. Attempts to simplify the language without losing the point of the question are encouraged.

b) An interpretation problem was found to exist in Question 5 of some of the scenarios. Women often responded to the question with what they thought the woman in the scenario should do, not what they thought they would do. To clarify this point, the question should be written in such a way that solicits the information desired.

Intervention Materials

An ad hoc committee should be created to carry out the following suggestions and monitor the ongoing efforts to keep the educational intervention model

effective in meeting the needs of the clients.

a) Add further information to topics that have been identified by staff and clients as lacking.

b) Simplify topics by limiting the number of resources in each area. Choose those which clients have found most helpful.

c) Update topics to ensure the information is relevant and current.

d) Some materials should exist that will meet the needs of clients with disabilities and literacy issues (e.g., audiotapes, large typeface, written explanation of intervention topics and purpose).

e) Investigate Phase 2 and 3 topics to determine if any should be included in Phase 1 or be moved to follow-up and group.

Intervention Delivery

In order to assist with the inconsistency as well as the anxiety expressed by staff about the presentation of the intervention topics, the following is proposed:

a) Development of a facilitator's handbook. Each topic should have learning objectives for the client and suggested means of presentation. The guide should provide enough information to assist a staff person in the presentation of any topic while providing consideration to individual presentation styles.

b) Upon completion of the handbook, carry out an internal staff training to explain

consistent use of the document as well as the intervention materials.

c) An external staff training workshop focusing on adult learning principles. This will assist staff in an effective delivery of the intervention topics.

d) Develop a follow-up chart that ensures staff on call know where each client is in terms of the intervention topics. This will assist staff and the women to move through the intervention topics.

e) Set up a process to accommodate educational needs of women with disabilities.

Women who are deaf are frequently able to read. During this study, staff reported an inability to respond to a woman who was deaf, yet she believed she had participated by reading intervention materials.

Research Reflections

As a front line worker in a field working toward the abatement of violence against women, I am grateful for the opportunity to investigate the effect and impact of one local effort. The most enjoyable aspect of this research came from my personal contact with the women who participated in the follow-up portion of the study. However, the most difficult task associated with the project was trying to ensure that I accurately represented the women's comments, feelings, and excitement. Changes in the women which they attributed to their participation in the intervention, were incredibly powerful and very important in the final analysis

of the study.

While the lack of statistical findings was disappointing, it allowed me a firsthand opportunity to see the value of qualitative research. My limited experience in research, along with my years of work in social services has always been underlined with the implication that statistical information is most important. The depth and meaning associated with the qualitative aspect of this study was so important and what I realize now, crucial to a true understanding of the impact of the EMPOWER Program. There exists no number or statistic that would accurately represent the breadth of feelings, meaning, and understanding expressed by the women who participated.

It was interesting for me that staff did not share quite the enthusiasm nor the belief in the potential impact the intervention could have. The discrepancy in staff beliefs and resident reports caused me to wonder whether staff recognize the contribution they are able to make. It is for this reason that follow-up is also important. Not only does it provide ongoing support to women and additional measures of the impact of the intervention, but also affords staff an opportunity to see the changes women are making as a result of their participation in the model. Too often in crisis intervention work, the positive outcomes are not witnessed by those on the front line.

This study has helped to validate my belief that we can make a difference in this work. The positive, indepth feedback from the women who participated in the program demonstrated for me the importance of working toward concrete solutions to the problem of violence against women. The efforts of the shelter staff in the development of the EMPOWER Program serve to reenergize and help us move ahead.

While I am happy with the important findings that emerged from this research, I struggle with the irony that the onus is once again on the victim to effect or bring about change. I am thrilled with the positive changes women attributed to the EMPOWER Program, but am all too aware that it in no way addresses the source of the problem. There exists a need for comparable evaluation of men's programs. Society must address the root of this problem if it is ever to stop the epidemic of violence against women.

While not statistically significant, it was nonetheless satisfying to note a trend in resident scores that indicated that shelter stays were most beneficial if they lasted 5 to 6 weeks. This finding offsets suggestions by the Provincial Government that shelters provide only up to 48-hour stays to decrease the possibility of a dependent relationship. Counteracting the dangerous and deliberately misleading messages put out in such things as the McGuire Report will be an ongoing

challenge to research in this field.

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Appendix

Table of Contents - Appendices

Appendix A- Questionnaires

	Page
Part I: Scenario-based client evaluation instruments	107
Part II: Client qualitative intervention questionnaire	111
Part III: Staff qualitative intervention questionnaire	112

Appendix B- Statistics / Keyword Summaries

Part I: Analysis of Variance of client pre and post scores	113
Part II: Analysis of Variance of client pre, post and follow-up scores	114
Part III: Individual client data for pre and post measures	115
Part IV: Individual client data for pre, post and follow-up measures	116
Part V: Keyword content summaries for client post measure	117
Part VI: Keyword content summaries for client follow-up measure	122
Part VII: Keyword content summaries for staff responses	128

Appendix C- Pilot Study Instruments and Data

Part I: Pilot study client questionnaire	134
Part II: Pilot study staff questionnaire	135
Part III: Pilot study analysis of archival data indicating client scores	136
Part IV: Pilot study analysis of archival data indicating the relationship between client scores and their length of stay at the shelter	140

Appendix D- Tables and Figures

Part I: Tables 1, 2 and 3	141
Part II: Figures	144

Appendix E - Ethics

Part I: Signed Permission from Ethics Board of Brock University	154
Part II: Participant Consent Form	155

0	1	2	3	4	5	
Not Affected			Affected			

Intervention Questionnaire

Scenario #2:

Donna has asked Brian several times over the last couple of months for extra grocery money because what he has been giving her hasn't been enough. Donna realizes that she is out of bread and needs to make Michael's lunch for school. She reluctantly decides to ask Brian for it.

"DONNA," Brian yelled so loud Donna thought the roof was going to blow off, "if I have to hear about you needing money from me again I am going to lose it." "What do I look like to you - a bank?!" Donna began to respond quietly, "I really just need a little to buy a loaf of bread ..." Brian wasn't listening: "You waste my hard-earned money, you empty headed female, what's wrong with you that you can't figure out what our family needs each week? You're so stupid Donna!"

"Brian I'm at home because that is what you wanted me to do so I'm home when Michael gets home from school - I don't have any money and I do the best I can." Donna explained, feeling the need to justify her request. Later in the day while Donna was making Dinner she accidentally knocked a glass onto the floor, breaking it. Michael, Donna's seven-year-old son was in the room and yelled "Mommy you are so stupid!"

1. How verbally abusive is Brian to Donna?

0	1	2	3	4	5
Not Abusive				Abusive	

2. How responsible is Brian for his actions toward Donna?

0	1	2	3	4	5
Not Responsible				Responsible	

3. To what extent do attitudes that blame women affect this situation?

0	1	2	3	4	5
Not At All				A lot	

4. To what extent do you believe Donna will stay in this relationship because of her financial dependence?

0	1	2	3	4	5
Not At All				Completely	

5. How affected is Michael by this incident?

0	1	2	3	4	5
Not Affected				Affected	

0 1 2 3 4 5

Not Affected Affected

Appendix A: Part II INTERVENTION QUESTIONNAIRE

Case No: _____

1. What educational topics were you exposed to during your stay at the shelter?

2. Which topic was most helpful to you? And, why? _____

3. Which topic was least helpful to you? And, why? _____

4. Were the educational intervention materials easy to understand? Please explain.

5. Was the presentation and format of each session helpful to your understanding of the issue of abuse? Please explain. _____

6. Was the timing of the educational intervention sessions suitable to your needs? Please explain. _____

7. Do you feel the educational sessions helped you understand the issue of abuse and how it has affected you? Please explain. _____

8. Do you feel this understanding may help you from being abused in the future? Please explain. _____

9. Is there anything you would add or change to the current educational intervention information/ sessions? _____

10. Overall, how would you rank the educational intervention sessions (information sessions).

0	1	2	3	4	5	
Poor						Excellent

Appendix A: Part III
Staff Questionnaire

To ensure confidentiality, please do not sign your name.

1. Approximately how many educational sessions did you deliver during the study? _____

2. How long does the delivery of one educational session take? _____

3. Where do you usually deliver an educational session?

4. Do you think the educational intervention materials are easy to understand and deliver? Why or why not? _____

5. What are the most beneficial aspects of the educational intervention model? Why? _____

6. What are the least beneficial aspects of the educational intervention model? Why? _____

7. When and how do you explain the educational intervention topics to a new resident? _____

8. Is there anything you would add or change to the current educational intervention model (process, topics, resources)? _____

9. What type of client feedback have you received regarding the educational intervention program? _____

10. Comments: _____

Appendix B1

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
score on pre test	Between Groups	501.900	6	83.650	.558	.759
	Within Groups	3000.767	20	150.038		
	Total	3502.667	26			
score on post test	Between Groups	79.141	6	13.190	.246	.955
	Within Groups	1072.267	20	53.613		
	Total	1151.407	26			

Appendix B2

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
score on pre test	Between Groups	152.738	2	76.369	.807	.476
	Within Groups	852.179	9	94.687		
	Total	1004.917	11			
score on post test	Between Groups	.202	2	.101	.002	.998
	Within Groups	390.714	9	43.413		
	Total	390.917	11			
score on follow up	Between Groups	682.143	2	341.071	24.390	.000
	Within Groups	125.857	9	13.984		
	Total	808.000	11			

	prescore	postscor	stay	sessions
1	97	100	7	6
2	100	100	4	2
3	80	97	7	6
4	77	94	7	6
5	66	80	7	6
6	88	100	7	6
7	94	100	7	6
8	87	90	4	2
9	91	97	7	6
10	95	95	2	1
11	91	92	4	2
12	85	100	4	4
13	78	84	6	6
14	62	73	2	1
15	77	96	2	1
16	100	100	2	1
17	95	96	7	6
18	79	97	1	2
19	98	100	7	5
20	82	88	7	6
21	87	97	6	6
22	89	98	6	2
23	76	90	3	1
24	91	93	5	6
25	88	98	3	6
26	99	96	3	2
27	55	91	6	6

	id	prescore	postscor	followup	stay	sessions
1	1	97	100	100	7	6
2	2	100	100	100	4	2
3	3	80	97	89	7	6
4	4	77	94	95	7	6
5	5	66	80	99	7	6
6	6	88	100	100	7	6
7	7	94	100	100	7	6
8	8	87	90	96	4	2
9	9	91	97	97	7	6
10	10	95	95	70	2	1
11	11	91	92	94	4	2
12	12	85	100	100	4	4
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Appendix B5
Educational Intervention Study
Consumer Questionnaire Results - POST Measure

1. What educational topics were you exposed to during your stay at the shelter?

Responses: 19 of 27 responded to the question.

Keyword Analysis Findings:

What is Abuse? = 10

Types of Abuse = 10

Effects of Abuse = 10

Safety & Rights = 4

Getting Out = 4

Effects on Children = 4

Child Discipline = 4

Nutrition = 3

Self-esteem = 2

Assertiveness = 1

Decision making = 1

Budgeting = 1

2. Which topic was most helpful to you? Why?

Responses: 21 of 27 responded to the question.

Keyword Analysis Findings:

What is abuse? = 12

Identifying abusers = 12

Types of abuse = 12

Effects on children = 3

Self-esteem = 2

Assertiveness = 2

Decision making = 1

Resources available = 1

Why?

* Information will help me to know what to look for in the future.

- * Helped me to understand and accept that it wasn't my fault.
- * Helpful because I need to understand abuse in order to not be a part of it again.
- * Gave me peace of mind and the courage to go ahead alone.
- * My future depends on my decisions.
- * Get to see own cycle of abuse.

3. Which topic was least helpful to you? Why?

Responses: 14 of 27 responded to the question.

Keyword Content Analysis:

All helpful = 13

Repetitive topics = 1

Why?

- * Interesting and informative.

4. Were the educational materials easy to understand? Please explain.

Responses: 21 of 27 responded to the question.

Keyword Content Analysis:

Yes = 21

Please explain.

*Easy to understand = 5

*Straightforward = 8

*Counsellors helpful = 5

*Well organized = 1

*Videos helpful = 1

5. Was the presentation and format of each session helpful to your understanding of the issue of abuse? Please explain.

Responses: 17 of 27 responded to the question.

Keyword Content Analysis:

Yes = 17

Please explain:

- *Helped me realize what the early signs are.
- *Because it made my head knowledge into heart knowledge.
- *Because it delved into the actions, reasons, reactions and relapses.
- *Helps you to understand and cope easier.
- *It equips you to leave the shelter.
- *Counsellor went through each presentation and gave me information and questionnaires to understand.
- *Because I wasn't being judged.
- *One-on-one that followed was the best.
- *Comfortable environment so topics were openly discussed.
- *Realization that I am the victim.

6. Was the timing of the educational intervention sessions suitable to your needs? Please explain.

Responses: 20 of 27 responded to the question.

Keyword Content Analysis:

Yes = 20

Please explain:

- Mutually convenient times = 8
- Counsellors available day and night = 4
- I learned a lot about abuse = 3
- Appropriately timed to suit my daily needs = 1

7. Do you feel the educational sessions helped you understand the issue of abuse and how it has affected you? Please explain.

Responses: 22 of 27 responded to the question.

Keyword Content Analysis:

Yes = 22

Please explain:

- *A lot clearer now that I know what I'm watching for.
- *I knew the information before but this time it sunk in because I was willing to admit the abuse was happening to me.
- *The educational topics mixed well with the counselling.

- *Really opens your eyes and helps you to view the situation from afar.
- *Easy to now identify own "cycle" of abuse/ victimization and follow it through my experiences from childhood to now.
- *Knowledge is intervention.
- *I realized abuse was not normal like I had thought.
- *It made me realize that I'm right in having feelings--it's how I deal with them that is not always right.

8. Do you feel this understanding may help you from being abused in the future? Please explain.

Responses: 20 of 27 responded to the question.

Keyword Content Analysis:

Yes = 20

Please explain:

- *If I notice the signs early enough I can get out.
- *I have learned that I don't have to compromise myself to be happy.
- *I am more confident and stronger.
- *I am more educated about abuse and how it has affected me and my children.
- *I have options.

9. Is there anything you would add or change to the current educational intervention information session?

Responses: 17 of 27 responded to the question.

Keyword Content Analysis:

No = 15

Suggestions:

- *Add more topics.
- *Life skills for young mothers.
- *Time away from children (couple of hours).
- *Healthy parenting topics--fearful of repeating damaging attitudes experienced in childhood.
- *More time.
- *More group-based open discussions.

Comments:

- *They are very resourceful and very educational.
- *Everyone is very supportive and helpful.
- *It helps women understand why they fall into abusive relationships.
- *Every counsellor has their own way to get the message across-- helped me make an informed decision about my life.

10. Overall, how would you rank the educational intervention sessions? (0 = poor to 5 = excellent).

Responses: 21 of 27 responded to the question.

Keyword Content Analysis:

Score of "5" = 20

Score of "4" = 1

Comments:

- *Great Job!!
- *Good Job!!
- *You all have given me inspiration to continue--I can't thank you all enough!

Appendix B6
**Educational Intervention Study
Consumer Questionnaire Results--FOLLOW-UP
Measure**

1. What educational topics were you exposed to during your stay at the shelter?

Responses: 12 of 12 responded to the question.

Keyword Content Analysis:

All = 4 (please see appendices for list of topics)

Types of abuse = 5

Effects of abuse = 3

Characteristics of Abusers = 2

Do not recall specific topics = 2

Power and Control = 1

Dangers of Returning = 1

Being Independent = 1

Media influences = 1

Gender stereotyping = 1

Self-esteem = 1

2. Which topic was most helpful to you? Why?

Responses: 12 of 12 responded to the question.

Keyword Content Analysis:

What is abuse? = 5

Types of abuse = 5

Characteristics of abusers = 3

Past abuse issues = 2

Power and Control = 1

Responsibility for abuse = 1

Anger = 1

Shame = 1

Boundaries = 1

Guilt = 1

Cannot remember specific topics = 1

Why?

- *Helpful because I personally identified with them.
- *Factual and validating.
- *Explained the why and how of abuse.
- *Topics helped me realize I have to trust my gut instinct.
- *Understand why women get trapped.

3. Which topic was least helpful to you? Why?

Responses: 12 of 12 responded to the question.

Keyword Content Analysis:

Everything was helpful = 11

Repetitive materials = 1

Why?

- *Would like counsellor to have listened more--dwelled on self more.
- *Even repetitive stuff was beneficial.

4. Were the educational materials easy to understand? Please explain.

Responses: 12 of 12 responded to the question.

Keyword Content Analysis:

Yes = 12

Please explain:

- *I really liked them. They used everyday language and were straightforward.
- *Materials had too much emphasis on physical abuse. Need more on verbal and emotional abuse.
- *I could identify with the scenarios and materials.

5. Was the presentation and format of each session helpful to your understanding of the issue of abuse? Please explain.

Responses: 12 of 12 responded to the question.

Keyword Content Analysis:

Yes = 11

Please explain:

- *It was in plain English.
- *Really good--no interruptions.
- *Time is a big problem.
- *Informal and comfortable.
- *Easy to ask questions and say what you wanted to say.
- *Open format.
- *Explained fully.

6. Was the timing of the educational intervention sessions suitable to your needs? Please explain.

Responses: 12 of 12 responded to the question.

Keyword Content Analysis:

Yes = 8

Sometimes = 1

Please explain:

- *Well organized and flexible.
- *Timing not good once I went back to work--not considered as serious.
- *Flexible scheduling--able to work from the paperwork when I had to miss a session.
- *With 3 children it was difficult to find time, but efforts were made to make it convenient.

7. Do you feel the educational sessions helped you understand the issue of abuse and how it has affected you? Please explain.

Responses: 12 of 12 responded to the question.

Keyword Content Analysis:

Yes = 12

Please explain:

- *Validating.
- *Really good--good links and identifying characteristics.
- *Helped to understand why I stayed so long.
- *Great information that was eye-opening.
- *Helped me to feel good about myself.

*A lot more about how to deal with it.

8. Do you feel this understanding may help you from being abused in the future? Please explain.

Responses: 12 of 12 responded to the question.

Keyword Content Analysis:

Yes = 5

Definitely = 5

Hope so = 1

Already has = 1

Please explain:

*When I doubt or question myself I pick up the shelter resources and remind myself of why I left.

*Referral to marriage therapist very helpful.

*I now know the signs to watch for and will not get dragged back in. I realize now that saying "that is just how he is" is not justification. I now have control over my life--thought I had it but I didn't.

9. Is there anything you would add or change to the current educational intervention information session?

Responses: 12 of 12 responded to the question.

Keyword Content Analysis:

Nothing = 2

Suggestions:

*Probably more sessions and information.

*Child counselling should be with the mother.

*Need someplace to vent and talk--didn't get that.

*Make accommodations for clients who work.

*Too much focus on physical assault which did not pertain to my situation.

*Include poems, inspirational and motivational materials.

*Parenting topics and effects on children.

*Go around once a month to the shelter to talk with the women directly.

Let women know their information will contribute to changes.

*Include sexual abuse topics.

- *Include stress and anger management materials.
- *Financial resources and career counselling.
- *Have someone in to talk to women about finances and choices because financial constraints make you think about going back.

Comments:

- *Information definitely helpful because it helped me see that abuse is more than just physical--problem only in that the materials focus so heavily on physical battering.
- *Readings are really good.
- *Covered everything I needed.

10. Overall, how would you rank the educational intervention sessions? (0 = poor to 5 = excellent).

Responses: 12 of 12 responded to the question.

Keyword Content Analysis:

Score of "5" = 11

Score of "3" = 1

Any other comments?

- *Staff were very pleasant.
- *Shelter located in great area.
- *Helped me to get on with things -life.
- *Life circle--men and women should help each other out to be best for each other.
- *I enjoyed the educational topics.
- *Should not force children to attend counselling.
- *Felt punished for not being able to attend meetings--rules didn't allow freedom needed without feeling I had done nothing wrong. I expected rules, but felt there should be flexibility in the shelter to allow for work schedules.
- *Made good friends = support network now.
- *Shelter stresses listening and trusting yourself and doing things for yourself.
- *You are an individual--you have to be you before you can be Mom, Wife or Girlfriend.
- *I believe the views of shelters are distorted in society--would like to see that perception changed--"shelter experience the best thing that has ever happened to me."

- *The shelter was very helpful and flexible, adapting to the different situations that would come up.
- *I liked the family atmosphere--everyone worked together; not just with chores but with problems.
- *Counsellors always there to talk.
- *I know that I am very strong--shelter reminded me of my strength.
- *Helped to give me good self-esteem.
- *"Head to heart knowledge".
- *Validating--I always knew it was wrong the way he talked.
- *Need more shelters.
- *Women really put the feedback into what they want to talk about.
- *Group meetings were very helpful.
- *We'd get talking on a topic and just go with it--really easy to do this with the staff.
- *It was a great big awakening in my life.
- *Opened my eyes to fact that I was in a pattern.
- *If education/ information sessions continue, 10 years from now I expect there will be less women needing shelters.

Appendix B7
Education Intervention Study
Staff Questionnaire Results - Post Study

1. Approximately how many educational intervention sessions did you deliver during the course of the study?

Keyword Content Analysis:

70 = 1

30 to 40 = 1

21 to 30 = 3

11 to 20 = 3

1 to 10 = 2

Too difficult to assess = 2

2. How long does the delivery of 1 educational intervention session take?

Keyword Content Analysis:

45min. to 1hour & 15min. = 2

1hour = 2

45 to 60min. = 5

30 to 60min. = 3

Depends on topic & client interest = 1

3. Where do you usually deliver an educational intervention session?

Keyword Content Analysis:

Counselling office = 5

Intake office = 1

Front office = 3

Quiet room = 2

Kitchen table = 1

Depends on time of day = 1

4. Do you think the educational intervention material is easy to

understand and deliver?

Keyword Content Analysis:

Yes = 4

Easy to understand = 6

Difficult to understand = 1

Difficult to deliver = 3

Why?

*Less reading.

*Could be more user-friendly to promote discussion.

*No flow to sheets.

*Need more material, newer statistics and information.

*Some parts need clarification (e.g., Myths vs. Facts). Some clients had hard time determining myths.

*Just reading to the women.

*Need more activities and discussion material.

*Leads to discussion.

*Language is clear and handouts are helpful.

5. What are the most beneficial aspects of the educational intervention model? Why?

Keyword Content Analysis:

Increases knowledge/ awareness = 8

Increases self-esteem = 3

Provides resources = 2

Organizes educational process = 5

Why?

*It helps women realize that they are not to blame.

*Keeps women from being stuck.

*Increases self-esteem.

*The more you know, the better you are to protect yourself in the future.

*Knowledge is personal power that no one can take away.

*We are providing the women with educational information.

*Model gives counsellor format to follow and client concrete information to discuss and take with her. A lot of great discussion evolves from the

topics.

- *Targets a specific issue.
- *Organizing information for us and the client.
- *Easy for staff to continue with information from one shift to the next.
- *Anger--good explanations.
- *Helps women to better understand abuse.
- *Good icebreaker.
- *Empowers women and helps them to make more informed decisions.
- *Covers all aspects and allows openness to discussion.
- *Handouts are concrete.

6. What are the least beneficial aspects of the educational intervention model? Why?

Keyword Content Analysis:

Need for content / topics to be revamped = 6

Amount of paper needed = 1

Client scheduling difficulties = 3

Why?

- *Unfortunately it isn't always easy to get women to come in for a topic, especially those with children.
- *Some of the topics really need to be revamped /replaced e.g., Shame & Guilt.
- *Amount of paper needed for each topic--create packages.
- *Women are busy - difficult for her to keep appointment time of topic.
- *"Fears" topic--there is no description; could be shared with Grief and Loneliness.
- *"How do I take care of myself" topic--total overhaul to reflect in-house clients.
- *Boundary quiz--too wordy, intimidating, awful.
- *Do not have uninterrupted time with the women.
- *Too much reading.

7. When and how do you explain the educational intervention topics to a new resident?

Keyword Content Analysis:

Intake Phase I = 6
 Intake Phase II = 5
 Scheduled appointments = 1

How?

- *Let women know it is a requirement while she's here that it is beneficial to her.
- *Show topics to let her choose which topics she wants--tell her it is more of an opportunity for her to chat and discuss any feelings she's going through.
- *"Just part of the stay".
- *Explain that as part of their residency we ask that they participate in educational intervention (explain what this is) and how it provides them with information about abuse and gives them a chance to discuss their feelings about what has happened or is going on.
- *Explain that it is a proactive approach, not an historical in-depth type of account.

8. Is there anything you would add or change to the current educational intervention model (process, topics, resources)?

Keyword Content Analysis:

Add to menu of topics = 4
 Expand existing topics = 3
 Update materials = 1
 Organize process = 2
 Remove topics = 1
 Simplify use of materials = 5

Comments:

- *Add more hands-on material--graphs, True/False, statistics and worksheets.
- *Add more exercises, videos; newer, more updated information.
- *It might be helpful to have staff jot down some useful tips that they have found help them when delivering topics.
- *Since Child/Youth already does the effects of violence on children, perhaps it could be taken off of Mom's orientation package.

- *Get rid of big words e.g., Self-esteem (she may feel discontented and overwhelmed with life).
- *It's all over the place. Once we've completed an educational topic the woman reads the material and often becomes stuck. I've had many comments that they "feel stupid" not understanding/comprehending the written material.
- *More user-friendly; easy to read.
- *Include in types of abuse: all types with descriptions.
- *Include topics on: How do I handle stress; stalking; characteristics of abused women; panic / anxiety attacks.

9. What type of client feedback have you received regarding the educational intervention model?

Keyword Content Analysis:

Positive = 9

Negative = 3

Comments:

- *Very good/ beneficial--clients seem to like them and find them helpful.
- *Clients have stated that they have learned more about themselves and abuse. Seeing things on paper helps them to recognize how abuse has affected their lives.
- *Words too hard to comprehend, left feeling stupid once they've read it on their own.
- *Some exercises are too complex.
- *Bible quotes do not go over too well (e.g., Socialization of women - St. Paul's quote).
- *Helps the women understand about abuse.
- *It seems to be helping.

10. Comments:

- *It is great to see the look of realization on a client's face when something in the educational topic touches them or clarifies their situation.
- *The ability to discuss the issue with some format and direction makes

interventions flow more easily.

*Child/Youth (staff, volunteers, placements) now schedule in pre-booked slots to accommodate women with children for educational topic times.

*Scrap the institutional and cultural worksheet.

*Not enough information in the topic: "What keeps women in abusive relationships."

*Pretty old material--need fresh up-to-date stuff.

*Take out how children are affected--already being done.

*Useful tool for women.

*Women relate to the educational topics.

*It provides an excellent framework for women to open up and discuss experiences.

Appendix C: Part I

***Educational Intervention Project
Pilot Study - Interview / Questionnaire***

Date interview was conducted _____

1. When did you arrive at the shelter? _____
2. How many educational intervention sessions have you participated in since you arrived? _____
3. What educational topics were you exposed to? _____

4. Which topic was most helpful to you? Why? _____

5. Which topic was least helpful to you? Why? _____

6. Were the educational intervention materials easy to understand? _____

7. Was the presentation and format of each session helpful to your understanding of the issue of abuse? _____

8. Do you have increased knowledge of how abuse has affected you as a result of these sessions? _____

9. Was the timing of the educational intervention sessions suitable to your needs? _____
10. Is there anything you would add that is not currently being offered in terms of educational intervention sessions? _____

Appendix C: Part II
Pilot Study Staff Questionnaire

To ensure confidentiality please do not sign your name.

1. Approximately how many educational sessions have you delivered in the past month? _____
2. How long does the delivery of one educational session take? _____
3. Where do you usually deliver an educational intervention session?

4. Do you think the educational intervention material is easy to understand and deliver? Why or why not? _____

5. What are the most beneficial aspects of the educational intervention model? Why? _____

6. What are the least beneficial aspects of the educational intervention model? Why? _____

7. When and how do you explain the educational intervention topics to a new resident? _____

8. Is there anything you would add or change to the current educational intervention model (process, topics, resources)? _____

9. What type of client feedback have you received regarding the educational intervention model? _____

10. Comments: _____

	prescore	postscor	stay	id
1	90	100	5	1
2	70	81	2	2
3	96	100	1	3
4	57	77	5	4
5	27	87	4	5
6	75	86	2	6
7	92	94	1	7
8	76	87	2	8
9	73	67	3	9
10	74	69	2	10
11	0	0	0	11
12	91	95	5	12
13	65	86	2	13
14	89	100	7	14
15	76	89	2	15
16	53	98	2	16
17	100	100	2	.
18	86	97	5	.
19	60	75	7	.
20	85	92	1	.
21	54	56	3	.
22	61	51	2	.
23	69	88	1	.
24	57	32	7	.
25	88	53	3	.
26	72	89	3	.
27	87	88	1	.
28	93	96	4	.

	prescore	postscor	stay	id
29	79	77	1	.
30	100	100	4	.
31	72	77	7	.
32	47	31	1	.
33	90	100	1	.
34	75	76	5	.
35	74	100	2	.
36	82	58	1	.
37	85	95	1	.
38	70	78	2	.
39	83	89	3	.
40	60	100	4	.
41	98	88	1	.
42	70	71	1	.
43	59	41	1	.
44	64	80	2	.
45	95	100	2	.
46	57	90	1	.
47	91	88	4	.
48	62	82	6	.
49	83	84	7	.
50	83	74	7	.
51	68	75	5	.
52	94	94	5	.
53	91	100	4	.
54	85	94	4	.
55	95	95	2	.
56	82	98	3	.

	prescore	postscor	stay	id
57	34	88	4	.
58	67	79	4	.
59	73	90	1	.
60	56	74	3	.
61	94	100	7	.
62	55	100	2	.
63	63	68	3	.
64	56	27	2	.
65	90	100	5	.
66	54	56	1	.
67	58	37	1	.
68	86	97	3	.
69	79	99	1	.
70	72	77	7	.
71	74	85	3	.
72	14	5	1	.
73	57	84	3	.
74	77	50	4	.
75	96	96	7	.
76	71	92	6	.
77	100	100	4	.
78	53	55	2	.
79	85	90	1	.
80	67	80	1	.
81	51	68	1	.
82	46	27	1	.
83	47	59	1	.
84	100	100	3	.

	prescore	postscor	stay	id
85	94	91	2	.
86	77	63	1	.
87	96	100	4	.
88	97	95	.	.

Table C2

Client Mean Scores by Length of Stay: Pilot Study Means

Case Processing Summary

	Cases					
	Included		Excluded		Total	
	N	Percent	N	Percent	N	Percent
score on pre test * stay	86	97.7%	2	2.3%	88	100.0%
scores on post test * stay	86	97.7%	2	2.3%	88	100.0%

Report

stay		score on pre test	scores on post test
0 to 7 days	Mean	69.88	71.48
	N	25	25
	Std. Deviation	19.90	26.33
8 to 14 days	Mean	72.56	81.83
	N	18	18
	Std. Deviation	15.10	20.02
15 to 21 days	Mean	74.00	80.00
	N	12	12
	Std. Deviation	14.46	16.15
22 to 28 days	Mean	76.75	90.17
	N	12	12
	Std. Deviation	24.99	14.43
29 to 36 days	Mean	81.38	89.25
	N	8	8
	Std. Deviation	13.29	11.18
37 to 44 days	Mean	66.50	87.00
	N	2	2
	Std. Deviation	6.36	7.07
> 45 days	Mean	78.44	79.44
	N	9	9
	Std. Deviation	14.08	20.77
Total	Mean	73.86	80.29
	N	86	86
	Std. Deviation	17.72	20.83

Table 1
Mean Client Pre and Post Scores on the
Scenario-based Questionnaire

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
score on pre test	27	55	100	85.44	11.61
score on post test	27	73	100	94.15	6.65
Valid N (listwise)	27				

Table 2
Mean Client Pre, Post and Follow-up Scores On the
Scenario-based Questionnaire

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
score on pre test	12	66	100	87.58	9.56
score on post test	12	80	100	95.42	5.96
score on follow up	12	70	100	95.00	8.57
Valid N (listwise)	12				

Table 3
Mean Client Pre and Post Scores by Length of Stay

Case Processing Summary

	Cases					
	Included		Excluded		Total	
	N	Percent	N	Percent	N	Percent
score on pre test * Length of stay	27	100.0%	0	.0%	27	100.0%
score on post test * Length of stay	27	100.0%	0	.0%	27	100.0%

Report

Length of stay		score on pre test	score on post test
0 to 7 days	Mean	79.00	97.00
	N	1	1
	Std. Deviation	.	.
8 to 14 days	Mean	83.50	91.00
	N	4	4
	Std. Deviation	17.41	12.19
15 to 21 days	Mean	87.67	94.67
	N	3	3
	Std. Deviation	11.50	4.16
22 to 28 days	Mean	90.75	95.50
	N	4	4
	Std. Deviation	6.65	5.26
29 to 35 days	Mean	91.00	93.00
	N	1	1
	Std. Deviation	.	.
36 to 42 days	Mean	77.25	92.50
	N	4	4
	Std. Deviation	15.59	6.45
> 43 days	Mean	86.80	95.20
	N	10	10
	Std. Deviation	10.36	6.53
Total	Mean	85.44	94.15
	N	27	27
	Std. Deviation	11.61	6.65

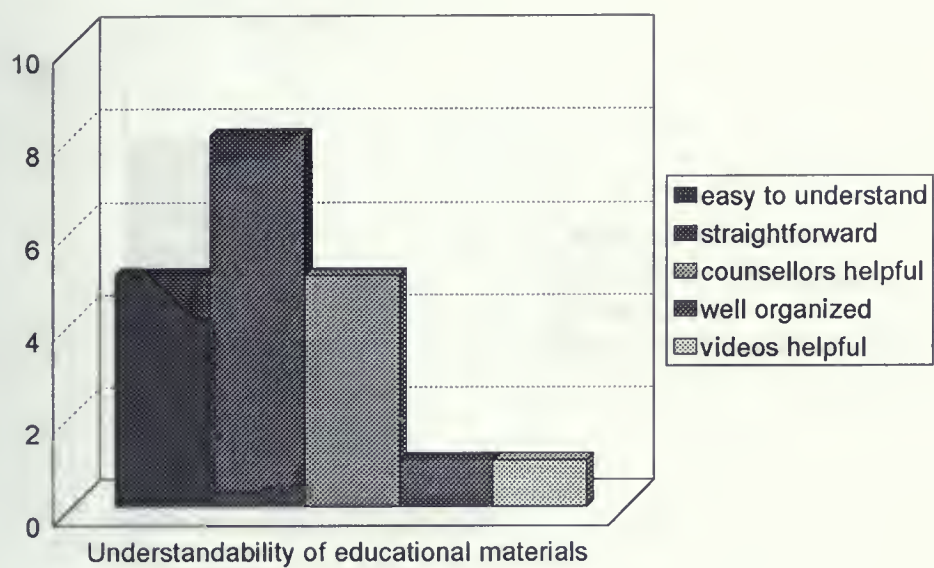


Figure 3. Post client response indicating ease of understanding to educational materials.

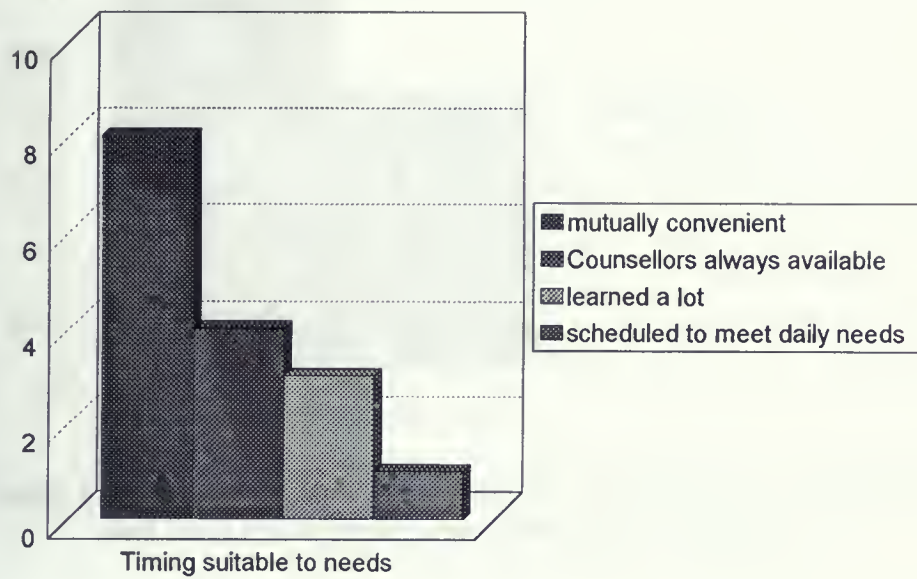


Figure 5. Post client response indicating how the timing of the sessions suited their needs.

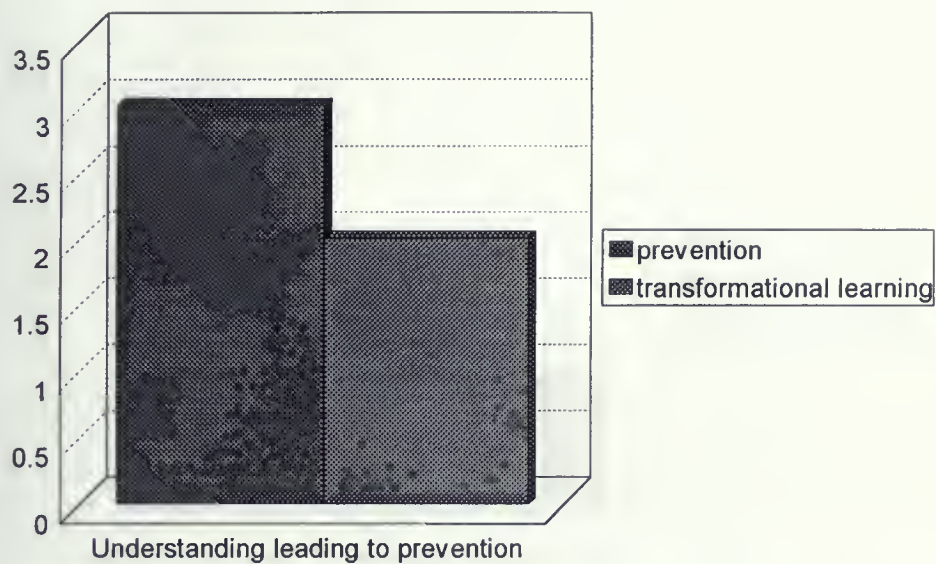


Figure 7. Post client response indicating how this understanding will help them from being abused in the future.

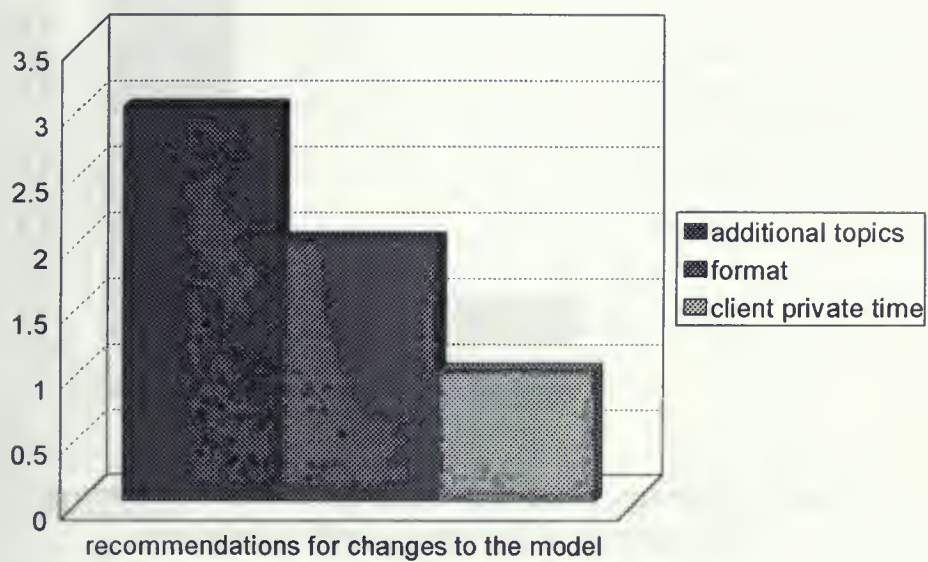


Figure 8. Post client recommendations for changes to the EMPOWER Program.

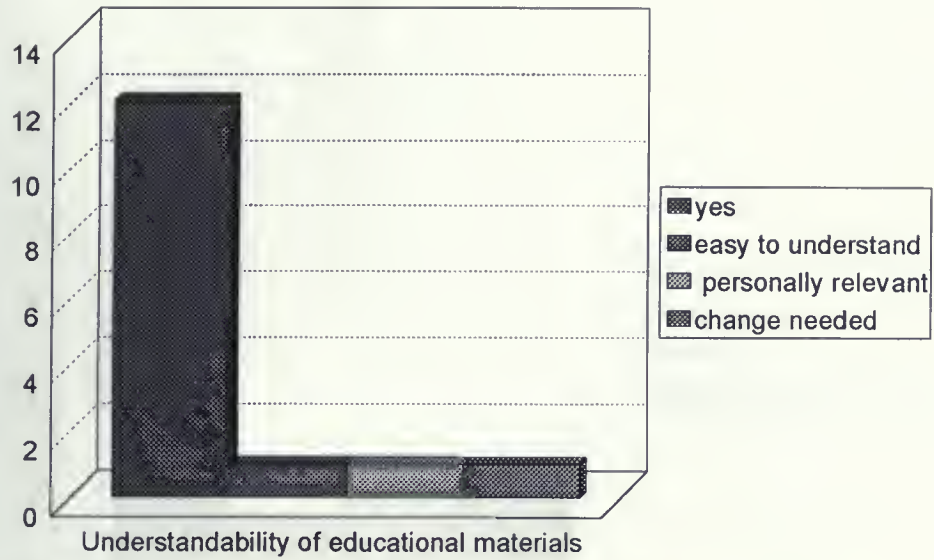


Figure 11. Follow-up client response indicating ease of understanding to educational materials.

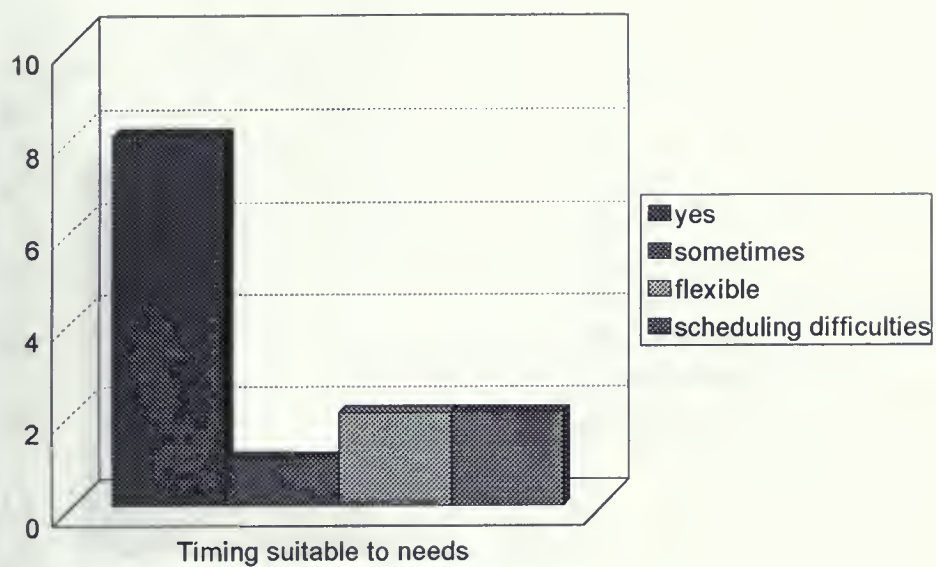


Figure 12. Follow-up client response indicating how the timing of the sessions suited their needs.

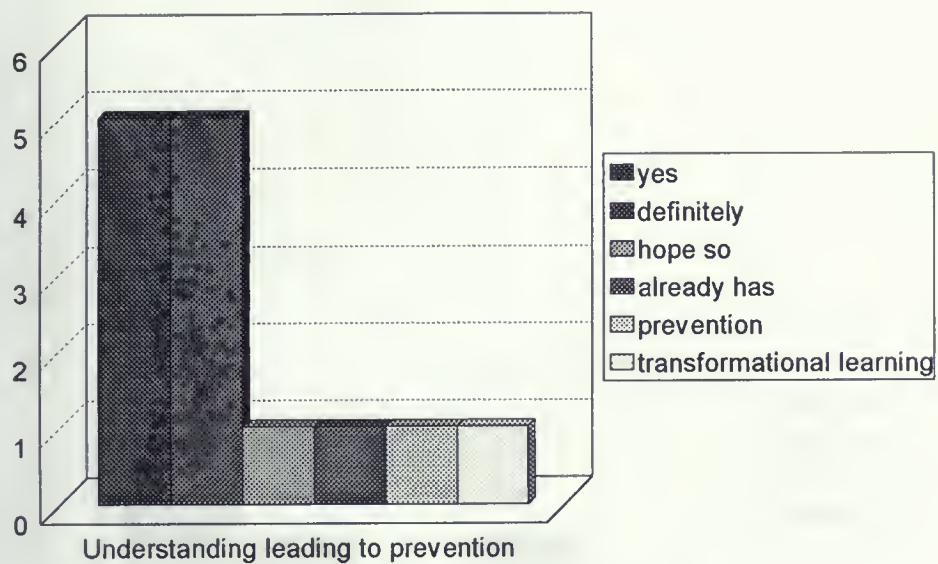


Figure 14. Follow-up client response indicating how understanding will help them from being abused in the future.

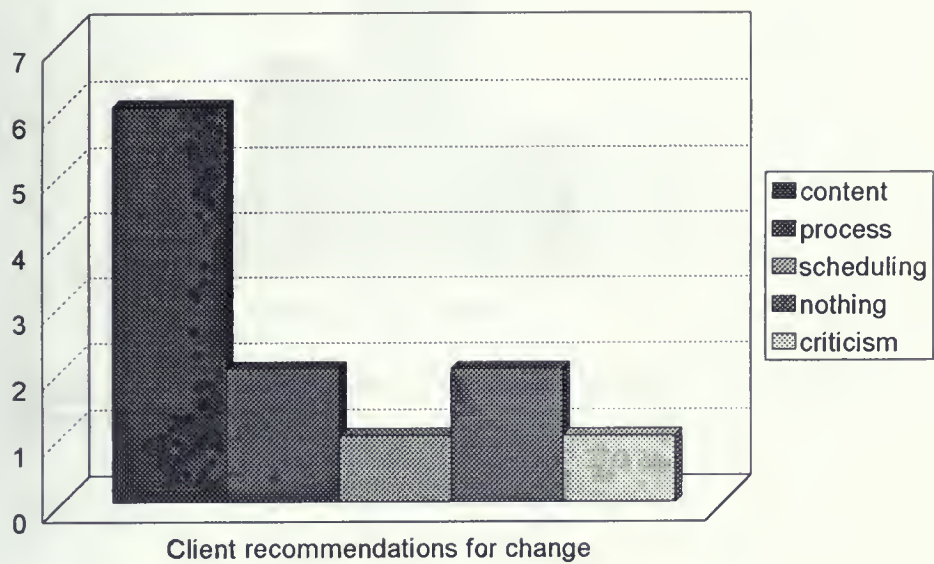


Figure 15. Follow-up client recommendations for changes to the EMPOWER Program.

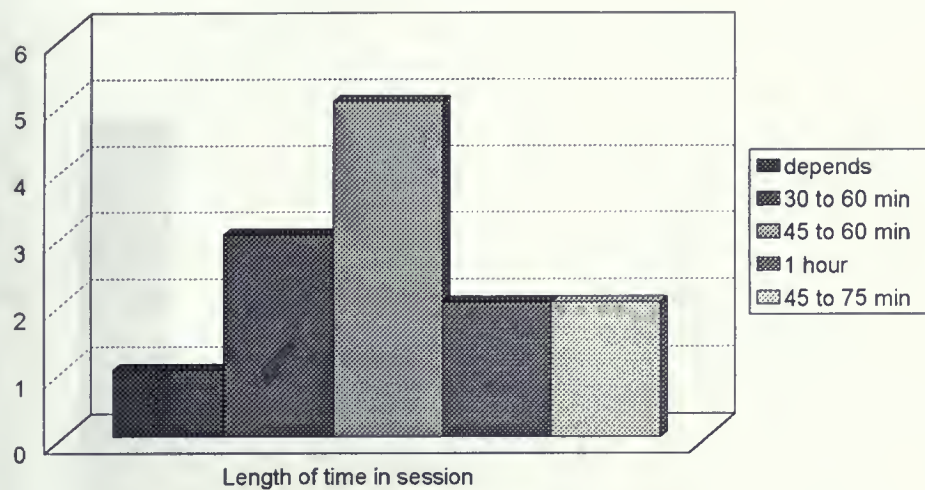


Figure 16. Staff response indicating the length of time taken to deliver one session.

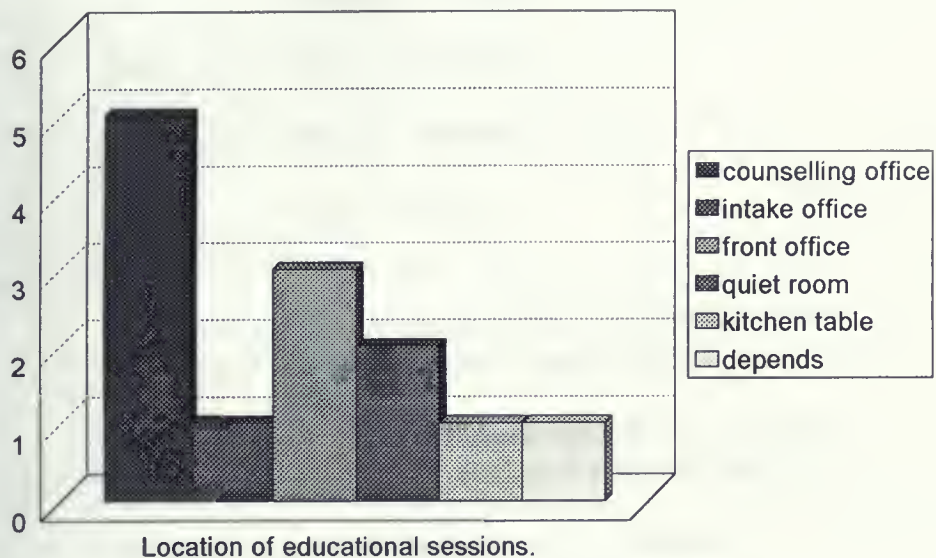


Figure 17. Staff response indicating where the educational sessions were delivered.

Informed Consent Form

Title of Study: "An Evaluation of an Educational, Preventative Model of Intervention at a Shelter for Abused Women." (Master's Thesis, Brock University)

Researchers: Dr. Michael Kompf and Kimberly Regehr

Name of Participant: _____
(Please Print)

I understand that the study in which I have agreed to participate will involve allowing the researcher access to intervention questionnaires I completed while staying at the shelter. As well, I agree to have the researcher contact me at my forwarding telephone number two months after I leave the shelter for the purpose of completing a third questionnaire by way of a telephone interview. The later process shall take approximately 15 minutes of my time.

I understand that my participation in this study is voluntary and that I may withdraw from the study at anytime and for any reason without penalty.

I understand that there is no obligation to answer any question / participate in any aspect of this project that I consider invasive.

I understand that all personal data will be kept strictly confidential and that all information will be coded so that my name is not associated with my answers. I understand that only the researchers named above along with shelter staff will have access to the data.

Participant Signature: _____ **Date:** _____
(First Name)

Phone #: _____

If you have any questions or concerns about your participation in the study, you can contact Kim Regehr at (905) 682-6116 OR Dr. Michael Kompf at (905) 688-5550 ext. 3935.

Feedback about the use of data will be available during the month of January, 1999, at the shelter office. A written explanation will be provided for you upon request.

Thank you for your help! Please take one copy of this form with you for future reference.

I have fully explained the procedures of this study to the above volunteer.

Staff Signature: _____ **Date:** _____
(First Name)

(Funding for this project has been provided by the Ontario Women's Directorate)

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