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The Effect of a Training on Client's Relationship Satisfaction and Awareness of Domestic Violence

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THE EFFECT OF A TRAINING ON CLIENT'S RELATIONSHIP SATISFACTION
AND AWARENESS OF DOMESTIC VIOLENCE

by

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This dissertation meets the standards for appearance, conforms to the style and format requirements of the Graduate School of the University of North Dakota, and is hereby approved.

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ABSTRACT

The purpose of the current study was to test the effectiveness of a curriculum focused on the prevention and intervention of domestic violence and healthy, nonabusive relationships. A relationship training created by the author was tested in order to assess whether relationship satisfaction was affected by the relationship training, with the expectation that those who have experienced or are experiencing abusive relationships would become more aware of their relationship dissatisfaction. Furthermore, the relationship training was assessed according to the anticipated increase in the experimental group's knowledge of domestic violence. Pre-test and post-test measures were used to assess relationship satisfaction and knowledge of domestic violence. Instruments included the Questionnaire on Violence in Intimate Relationships, Relationship Assessment Scale, Abusive Behavior Inventory, and The Relationship Awareness Scale. The hypotheses of the study included: 1) Participants who in·'·ally rate their current or previous relationship as nonabusive will have no change after the relationships training, 2) Participants who initially endorse or report a range of domestic violence will have a significant decrease in relationship satisfaction after the relationship training, and 3) Relationships training will significantly increase the group's knowledge of abusive behaviors.

Twenty-five participants (experimental group) received training on healthy and unhealthy relationships, including domestic violence. Twenty-four participants (control group) did not receive training or information regarding healthy, unhealthy relationships from the author. The results of this study indicated that educating individuals on both healthy relationships and domestically violent relationships can increase the knowledge of domestic violence, but, for the participants who were involved in abusive relationship, that knowledge did not necessarily translate into increased dissatisfaction with their unhealthy relationship(s).

CHAPTER I

INTRODUCTION

The prevalence of domestic violence in the United States is shockingly high. The

Commonwealth Fund (1999) reported that nearly one-third of American women (31

percent) are physically or sexually abused by a husband or boyfriend at some point in

their lives. Additionally, seven percent of men have been physically or sexually abused by

a spouse or cohabitating partner (Tjaden & Thoennes, 2000). Half of the survivors live in

households with children under the age of 12 (U.S. Department of Justice, 1998). While

research is progressing in bidirectional domestic violence, as well as male to female

violence, female to female violence, and male to male violence, much of the literature is

still focused on male to female violence.

In response to a growing awareness of the depth and intensity of domestic

violence within American society, researchers (starting in the 1970's) have turned a

considerable amount of attention to the causes and resolutions for domestic violence

(Crowless & Burgess, 1996; Gelles, 1974; Herbert, Silver, & Ellard, 1991; Kilpatrick,

2004; Lloyd & Emery, 2000; Pence & Sheppard, 1998; Rosenbaum & Leisring, 2003;

Struas, 1978). Two consistent findings across studies involve the predictive variance

afforded to the role of substance use/abuse and self-sufficiency issues. Given the higher

base rates of domestic violence within these two populations (El-Bassel, Gilbert, Wu, Go,

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& Hill, 2005, Tolman & Raphael, 2000), the purpose of this study was to test the impact of a curriculum intended to teach healthy relationship skills to these two high risk populations. It was expected that those receiving the curriculum would have significantly different ratings of relationship satisfaction and significantly different levels of knowledge about abusive relationships.

Definitions

The term domestic violence and survivors can be defined in various manners. Four main definitions of domestic violence have been prominent in recent research literature. Raphael (1995) defined domestic violence as verbal and physical abuse and coercion towards individuals in an intimate relationship for the purposes of control. Tjaden & Thoennes (1998) defined domestic violence as chronic abuse of an individual by a current or former intimate partner. The Duluth Model defined domestic violence as a pattern of behavior used to gain power and control over another individual through fear and intimidation (Pence & Paymar, 1993). Recently, domestic violence has also expanded beyond the scope of spousal, familial, or heterosexual couple abuse and has encompassed all couples (heterosexual and homosexual) inside or outside of an intimate relationship (Stith & Rosen, 1990; Center for Disease Control, 2006). The expansion of the domestic violence definition encompasses all persons and therefore, for the purposes of this study the following more recent definition will be used for domestic violence. Domestic violence (also referred to as Intimate Partner Violence) in this study was defined as "actual or threatened physical or sexual violence or psychological and emotional abuse directed toward a spouse, ex-spouse, current or former boyfriend or girlfriend, or current

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or former dating partner. Intimate partners may be heterosexual or of the same sex"
(Center for Disease Control, 2006, retrieved on, paragraph 1).

The term "victim" has often been replaced by the term "survivor" as a means to
empower the individual who survives the trauma rather than taint the individual as
forever a victim. However, according to Debash and Dobash (1998) the term victim may
have both positive and negative connotations depending on the individual and their own
preference. The term victim may be portrayed positively for individuals as the blame is
taken off of the individual and put on the perpetrator (Debash & Debash, 1998).
Conversely, the term victim may also be portrayed negatively by the individual as they
may feel powerless and helpless for their problems and in essence blame themselves for
the act ensued upon them (Debash & Debash, 1998). According to the American Heritage
Dictionary (2003) a victim is defined as "one who is harmed or killed by another, one
who is harmed by or made to suffer from an act, circumstance, agency, or condition",
while a survivor is defined as "to carry on despite hardships or trauma, to remain alive or
in existence, to cope with a trauma or setback" (American Heritage Dictionary, 2003).
Therefore, for the purposes of this study the individual who is on the receiving end of the
trauma or act of violence will be referred to as "survivor."

Often survivors do not categorize their relationship as abusive or domestically
violent because their experience may differ from their own definition of domestic
violence. For example, survivors may consider a closed fist as domestically violent while
an open fist is not domestically violent. Likewise, survivors may not perceive financial

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and emotional abuse as domestically violent because the survivor does not have the evidence of physical scars to prove domestic violence (Brush, 2000; Campbell, 2004).

For some survivors and perpetrators of domestic violence, a lack of role models and less than ideal situations have made it difficult for individuals to decipher between "healthy" relationships and "better than" familial relationships (Straus, 1990). Domestically violent relationships are often mistakenly thought of as healthy if the physical violence is sporadic or absent and only emotional abuse is present. However, Kirkwood (1993) found that emotional abuse is quite harmful to individuals as it results in an altered negative perception of themselves, other relationships, and their place in the world.

Self-Sufficiency Needs

One main reason survivors stay in domestically violent relationships is a lack of resources (McWhirter, Torres, & Rasheed, 1998; Wettersten, Rudolph, Faul, Gallagher, Trangsrud, Graham, & Terrence, 2004). According to a United States senate report, almost half of women and children who are homeless are so because of domestic violence (Senator Jospeh Biden, 1991). In addition to homelessness, domestic violence frequency impacts a survivor's ability to obtain or maintain meaningful and or viable employment. For example, as much as 74% of abusive partners harass employed survivors at work, either in person or over the telephone, which results in the survivors being late for work, missing work altogether, and eventually 20% lose their jobs (Zora, 1991). Indeed, Raphael (1995) found an increase in violence when survivors sought education, training, or work.

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Conversely, Brush (1999) found that survivors who reported being hit, kicked, or coerced into sex were more likely to find employment than their peers who were not being abused or harassed. One possible reason for this finding may be that some survivors may use work as a means to avoid or get away from the abuser. However, Lloyd (1997) found that survivors whose partners in the last 12 months directly prevented them from going to work/school or had threatened to harm their children were less likely to obtain employment than survivors who did not experience this type of abuse.

Due to sporadic job histories, lack of references, and job loss, many survivors support their children by receiving welfare. Tolman and Raphael (2000) found that 38% to 74% of welfare recipients were also survivors of domestic violence. However, even this safety net is not impervious to the impact of domestic violence, as Brush (1999) noted that survivors who sought a protection order were six times more likely to drop out of the welfare program than survivors who did not file protection orders.

Despite the prevalence and impact of domestic violence in the lives and work of welfare clients, surprisingly little is done to address or intervene in this crucial area. For example, one study found that defining domestic violence directly with welfare clients, and discussing safety issues with domestic violence survivors, is often overlooked by welfare workers (Hagen & Owens, 2002).

<center>Substance Abuse</center>

Research has found that substance abuse may be a significant factor in domestic violence. One-fourth to one-half of domestically violent perpetrators have substance abuse problems, while approximately one-half of domestic violence incidents occur when

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either the survivor or perpetrator had been under the influence of substances (Pernanen, 1991). However, different perspectives emerge when considering the interaction between substance abuse and domestic violence. For example, Bennett (1995) reported that substance abuse does not cause domestic violence and most episodes of domestic violence do not involve substances. Nonetheless, most of the evidence suggests a strong connection between substance abuse and domestic violence (Leonard, 2001).

Substance abuse treatment programs have recently begun to focus on issues of domestic violence due to the high prevalence rates. Between 25% and 57% of women in treatment for substance abuse have experienced domestic violence by their partner (El-Bassel, Gilbert, Wu, Go, & Hill, 2005), while between 35% and 67% of men in treatment for substance abuse have experienced domestic violence by their partner (Chermack, Walton, Fuller, & Blow, 2001; Stuart, et al., 2003). Chermack, et al. (2001) found that individuals in a substance abuse treatment program received more severe partner violence than individuals who were not in a substance abuse treatment program. Despite these alarming statistics, several programs either do not address domestic violence at all or provide little education on domestic violence (Bennett, 1995).

Important Gender differences were found regarding the amount of psychological distress experienced by individuals in substance abuse programs. Specifically, women experienced a higher rate of psychological distress than men in the substance abuse treatment program who were also in domestically violent relationships (Chermack, et al., 2001). Likewise, Doumas, Margolin, and John (1994) found gender and socialization differences with individuals in a substance abuse treatment program. Men compared to

women were found to experience harsher physical discipline and abuse as children, be more physically aggressive when expressing anger as adults, and receive less disapproval for expressing themselves in a physical manner (Doumas, et al., 1994).

Healthy Relationships

While it is coming to society's attention that domestic violence issues are overlooked by service providers, it is even clearer that healthy relationship training is almost entirely ignored. This is true not only in the provision of social services, but also within academic circles, even within the disciplines of social psychology, clinical psychology, and counseling psychology. Instead, most researchers have focused on exploring how survivors find their way out of domestic violence. For example, while Jacobson et al. (1996) found that survivors who were able to stay out of a domestically violent relationship for at least two years were more likely to defend themselves in an assertive, nonbelligerent manner, very little literature has looked at how or why individuals maintain a satisfying relationship. And while a finding such as Jacobson et al.'s is crucial for understanding and ending domestic violence, it leaves as a virtual blank slate in terms of understanding healthy and or satisfying relationships.

The are some exceptions to the focus on violence intervention. For example, Collins and Read (1990) found that the level of communication is higher with couples who perceive less conflict in their relationship, are comfortable being close with one another, and have fewer feelings of jealousy. In addition, partners who present as warm and responsive listeners also display higher communication skills and greater self-disclosure (Collins & Read, 1990). Conversely, couples who have problems

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communicating also display higher anxiety, trust their partners less, are less responsive, and are more likely to act and feel jealous (Collins & Read, 1990). Moreover, couples with poorer communication felt their partners were less responsive listeners and less likely to disclose opinions and beliefs (Collins & Read, 1990).

One of the main researchers focused on understanding the dynamics of healthy relationships (defined as both satisfying and long-lasting) is John Gottman (1993, 1994, & 1999), who provides a body of evidence that is central to the intervention curriculum being tested in the current study. Gottman uses video-taped sessions, direct observation, psychophysiological instruments, and self-report assessments to find changes that occur within couples during times of stress or arguments, and in times of happiness (1993, 1994, & 1999). These changes have been researched in both couples with violent and nonviolent histories. Global aspects have been found that can be taught to couples on an individual level, thus increasing couples relationship satisfaction (Gottman & Notarius, 2002). These aspects include turning toward (versus turning away) from a partner, maintaining a five to one positive to negative interaction ratio, and staying away from such conflict tactics as stonewalling, criticism, defensive and (most especially) contempt (Gottman, 1999).

Purpose

Using Gottman's theory of healthy relationships as an underpinning, the purpose of this study was to present an intervention that will promote awareness of healthy and domestically violent relationships among two populations known to be at-risk—those on welfare and those with substance abuse difficulties. The intervention was intended to

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serve as a template for self awareness, interpersonal growth, and healthy relational behaviors for individuals who may have been involved in, may become involved in, have been exposed to, or have never been involved in domestically violent relationships.

The intervention was in the form of five sessions for a period of two-and-a-half hours and consisted of didactic training and exercises related to healthy and unhealthy relationships (including domestic violence). For the purposes of this study, healthy relationships was defined as both a relationship with no identified abuse (verbal, physical, sexual, financial) and a relationship with moderate to high levels of reported satisfaction. The effectiveness of the relationship training was measured by using a pre-tests post-test quasi-experimental design with both welfare recipients (TANF participants) and persons participating in a substance abuse treatment program (SAT participants). More specifically, TANF and SAT participants comprised both the Experimental group and the Control group (roughly half of each in the respective groups, and assignments were random).

The hypotheses for the current study consisted of the following: 1) Participant's who initially rate their current or previous relationship as healthy will have similar levels of relationship satisfaction whether or not they participate in relationship training, 2) Participants who initially endorse or report a range of domestic will have significantly less in relationship satisfaction after the relationships training in comparison to similar individuals in the control group, and 3) Participants who have relationships training will have significantly higher levels of awareness regarding domestic violence issues when compared to the control group.

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CHAPTER II

REVIEW OF LITERATURE

A review of the relevant literature suggests seven main areas that provide

background to the purpose and aims of the current study. The first section focuses on

power and control in relationships. The second section discusses various theories of

domestic violence. The third section discusses the impact of domestic violence on work.

The fourth section discusses the relationship between self-sufficiency and disclosing

domestic violence. The fifth section discusses how domestic violence is prevalent with

individuals who abuse substances. The sixth section pertains to individuals who receive

services through the Temporary Assistance for Needy Families (TANF) or alternatively

the Family Violence Option (FVO). The final section discusses a theory developed by

Gottman that explores healthy and unhealthy relationships, as well as relationship

satisfaction. Each of these areas is reviewed next.

Power, Control and Violence in Relationships

According to Pence and Paymar (1993) a nonviolent, healthy relationship includes

reciprocal interactions such as respect, trust and support, honesty and accountability,

responsible parenting, shared responsibility, economic partnership, negotiation and

fairness, and non-threatening behavior. Throughout these interactions an element of

power exists between both partners. Howard, Blumstein, & Schwartz (1986) have

defined power as providing an individual the control to influence and alter another's behavior. Couples challenge each other through exploring their own individual power and testing the limits within the relationship (Howard, et al., 1986). Tactics may include direct-rational (e.g., reasoning), manipulation (e.g., flattery), exchange (e.g., negotiation), and threats (Cody, McLaughlin, & Jordon, 1980). Couples who are involved in healthy relationships where sharing of decision-making is prominent tend to rely on direct-rational tactics (Cody, et al., 1980). However, even these relationships may become unhealthy and or violent when the power is used to dislodge the equality in the relationship. Jacobson and Gottman (1999) noted that violence is used to intimidate and control the survivor and Laura and Allen (2004) found that dissatisfaction with relationship power is a predictor of violence by either the female or male in a heterosexual relationship.

Interestingly, men and women use power to influence one another in differing ways. Fairhaust (1985) found that women more often than men use indirect and submissive tactics, whereas men use assertive and direct influence more often than women. Geis, Brown, Jennings, & Corrado-Taylor (1984) argued that social hierarchy is a contributing factor to the differences in how men and women assert themselves. For example, men are expected to be dominating and non-emotional, while women are expected to be weak and highly emotional. It is interesting to note that Howard et al. (1986) found that the social hierarchy definition of a weak individual was defined as an individual, regardless of gender, with less masculine and more feminine attributes than the individual's partner. While a strong individual was defined as an individual,

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regardless of gender, with more masculine and less feminine attributes than the individual's partner.

Social constructivists ascertain that the meaning of social hierarchy is obtained through interactions, language, and conversations rather than inherent differences (Lloyd & Emery, 2000). Most often these assumptions are seen in the differential of power between men and women in white-collar positions on television or in magazines (Howard et al, 1986). There is a discourse of equality that implies that, for example, women are not aggressive or get angry, while men do not cry or show vulnerability. Lloyd and Emery (2000) asserted that the discourse of equality serves two main purposes: 1) To mask control, coercion, and domination in relationships and 2) To encourage women that in order to maintain an equal relationship aggression is a necessary function in the relationship. This discourse of equality creates social acceptance where the perpetrator is often excused (e.g., he lost control) while the victim is often blamed (e.g., she was a tease and lead him on) (Lloyd & Emery, 2000).

In relation to the notion of social hierarchy, Ferraro (1996) adds that there is a cultural idea of "deservedness." This "deservedness" is exemplified when victims are automatically questioned about their behavior, actions to protect themselves, and reasons for not calling out for help or for staying in the relationship. The perpetrator, on the other hand, speaks about a "lack of control," impulsiveness, or extreme anger without having to explain why he or she beat, assaulted, or abused the victim.

Conflict and Violence. Conflicts and negative reciprocity between couples are common in marriage, but how that conflict is handled can differentiate satisfied couples from dissatisfied couples, and the presence of domestic violence from the absence of domestic violence. For example, Gottman et al. (1998) found that the way marital interaction began was predictive of divorce 96% of the time. Coan, Gottman, Babcock, and Jacobson (1997) found that in nonviolent couples the escalation of negative reciprocity (verbal disagreement to yelling) and husbands who tended to reject their wives' influence were more likely to divorce. Likewise, abusers who rejected their wives' influence also followed a sequence of escalated negativity. However, in abusive men the sequence went quickly from complaining to hostility to physically violent behavior (Coan, et al., 1997).

Marcus and Swett (2002) reported on several findings involving intimate relationships and violence. Specifically, they asked 283 upper-level undergraduates in current heterosexual relationships questions pertaining to the amount of time involved in the participant's relationship, how many physical fights resulted in the past year, and severity of injury if a physical fight occurred. Additionally, the participants filled out the Interpersonal Record Form-Intimacy (IRF-I; Prager & Buhrmester, 1998). In examining the results of their study, the authors made the following conclusions: 1) The ability to be open has an impact on how well a couple will protect the quality of their relationship; 2) Listening and understanding reduces the risk of violence in a relationship; 3) Feeling listened to and understood has an inverse relation to fighting in intimate relationships; 4) Violence in a relationship may suffocate acts of intimacy like healing qualities or positive

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affect; and 5) Self-disclosure relates positively to affective tone, listening and understanding and negatively with violence in relationships (Marcus & Swett, 2002).

Jacobson, Gottman, Waltz, Rushe, Babcock, and Holtzworth-Munroe (1994) recruited 60 couples who were in domestically violent relationships and 32 couples that were distressed but nonviolent. Each couple was paid $200 for participating in the study. Couples were found through public service announcements, media advertising, and random digit telephone calling. Jacobson et al. (1994) found that in domestically violent relationships husbands acknowledged that their wives were fearful during violent arguments, but denied responsibility of the violence and did not fear their wives (even if the wives reacted with violence). Wives indicated that they are violent only when their husbands are violent, whereas husbands indicated that they are violent whether their wives are violent or nonviolent. Husbands acknowledged there is nothing that can be done by the wife once the violence begins.

Jacobson, et al. (1994) also found gender differences between couples in domestically violent relationships. Women (who are generally the survivors) in domestically violent relationships were more likely to show fear, tension, and sadness, whereas men (who are generally the perpetrators) in domestically violent relationships were more likely to display aggression and controlling behaviors. Ironically, the same men that were more controlling and aggressive were also less likely to acknowledge that they had any problems (Jacobson, et al., 1994). This may help to explain why domestic violence is an ongoing problem. As the men who were controlling, aggressive, and violent saw nothing wrong with their behavior.

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Theories of Domestic Violence

The feminist movement prompted researchers to investigate the dynamics of domestic violence with many theories of domestic violence emerging in the 1970s. For example, in 1971 Goode applied Blood and Wolfe's (1960) theory of power to explain the physical violence an abuser uses against his or her victim. Goode (1971) surmised that physical violence is used comparatively to money or personal attributes to attain desired behaviors or terminate undesirable behaviors. More specifically, according to Goode, when the abuser has exhausted all other means to achieve submissiveness from the survivor, the abuser will use physical violence to control the survivor as the most overt and effective means of social control (Goode, 1971).

Over the past 30 years Goode's resource theory of violence has been revised and studied. In 1980, Allen and Straus tested Goode's theory of violence and found a distinct correlation between lower resource, working class individuals and the abuser's use of physical violence. However, O'Brien (1971), Rodman (1972), and Gelles (1974) all found that lower social economic status alone does not necessarily predict physical violence. Instead, they concluded that when the abuser feels like he or she does not have more resources or power than the victim, regardless of monetary value, than the occurrence of physical violence is likely to increase. Likewise, when the abuser feels threatened by an occupational or educational advantage physical violence may be used to give the abuser a sense of power (Yllo & Bogard, 1988).

The perception of power and control in a relationship was found to correlate with the presence of violence when Williams (1992) tested an integrated theory of assaults between partners. The theory integrated couples self-report of assaults in the past 12 months, assaults prior to the past 12 months, and couples without assaults in their relationships. Williams studied the couple's behaviors, attitudes, and demographic information. Specifically, the likelihood police would be notified, perceived power of the abuser, approval of assault by the abuser, age of abuser, race of abuser, socioeconomic status of the couple, and genders of the abuser and victim. Williams found that an increased use of physical domestic violence was found when the abuser felt more isolated from the police, had a heightened sense of power towards the victim, and had a favorable opinion towards violence. Interesting, Williams (1992) found that domestic violence increases 55% when there is a shift from not being able to imagine hitting ones partner to being able to imagine hitting ones partner.

McKenry, Julian, and Gavazzi (1995) tested a biopsychosocial model of domestic violence. Husband violence was analyzed with predictors of biological, social, and psychological variables. These three predictors were analyzed separately and together. McKenry, et al. (1995) found that violence against female victims is more likely to increase when there is an increase in levels of testosterone. Likewise, an increase in hostility resulted in an increase in violence towards female victims. Social variables, such as family income and relationship quality were also predictors of violent behavior. Males with lower familial income and lower relationship quality were more frequently violent with their female partner (McKenry, et al., 1995).

DeMaris and Swinford (1996) studied the self-efficacy theory to establish a connection between predictors of fear and future acts of violence. Self-efficacy theory concentrates on the individual's beliefs about controlling his or her life, the individual's ability to cope with stressors, and the individual's capability to obtain a desired outcome (DeMaris & Swinford, 1996). Based on the self-efficacy theory, DeMaris and Swinford (1996) found a difference in self-efficacy between women who felt that fighting back would put themselves in more danger versus those that felt that fighting back would not put themselves in more danger. Specifically, women who had experienced rape, women who believed their experience was the worst form of violence, and women who felt they evoked abusive consequences when defending themselves were more fearful and experienced a decreased sense of self-efficacy (DeMaris & Swinford, 1996). In contrast to this, women who felt that they would not put themselves in further danger by fighting back had a greater sense of self-efficacy and a decrease in fear of abuse (DeMaris & Swinford, 1996).

The theory that has likely had the most impact with professionals, law officers, courts, therapists, and survivors and has increased their knowledge of the behavior of domestic violence is the Duluth Model (i.e., The Power and Control Wheel). The Duluth Model was formed in 1980 after a brutal "domestic" homicide in Duluth, Minnesota (Pence & Paymar, 1993). The community, law enforcement agencies, the justice system, and human service providers were ready for change to occur with domestic violence incidents (for the abuser, victim, and the criminal justice system) (Pence & Paymar, 199   ers from the Duluth Domes   ject (DAIP) worked

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with law enforcement, the justice system, and human service providers to initiate a complete overhaul of the courts, police, and human service provider's responses to domestic violence cases (Pence & Paymar, 1993). Barbara Hart and Susan Schechter (Women's Leadership Institute) and Joe Morse and Miguel Gil (EMERGE in Boston) helped Ellen Pence and Michael Paymar, along with the DAIP and other professionals establish curriculum for training of these agencies and changing of the domestic violence protocol (Pence & Paymar, 1993). Dr. Anne Ganley provided training to shelter staff, probation officers, DAIP staff, and counselors on a counseling model for court-mandated abusers (Pence & Paymar, 1993).

In 1984, 11 survivors who were participating in educational classes offered by the Duluth domestic violence shelter were interviewed to start a framework for describing the behavior of men who are physically and emotionally abusive (Pence & Sheppard, 1988). Based off of these 11 survivor's personal experiences and criticisms about the earlier theories of domestic violence (i.e., abuse is a cyclical process instead of a continuous process, abuse is caused by poor coping skills instead of a way to obtain power and control over the survivor's thoughts, feelings, and emotions), the framework of the model began (Pence & Sheppard, 1988). The framework was further developed with the help of 200 additional survivors who participated in over 30 educational groups at the Duluth shelter. The purpose of these groups was to form a better representational perspective of "why survivors stay". The survivors wanted a representation of the constant force of abuse that illustrates a pattern, not just an isolated incidence of abuse or a cyclical process

of frustration and emotion. The result of these educational groups is the Power and Control Wheel (Pence & Paymar, 1993).

The Power and Control Wheel is a wheel with eight spokes that describes typical behavior used by batterers according to the survivors interviewed (Pence & Paymar, 1993). The wheel conceivable could be used with any group or individual that is in a position of power. For example, these tactics may be used to sustain racism, ageism, classism, heterosexism, and other forms of groups that dominate others. The eight spokes describe the following tactics and examples: 1) Using intimidation (making her afraid by using looks, actions, gestures; smashing things; destroying her property; abusing pets; displaying weapons); 2) Using emotional abuse (putting her down; making her feel bad about herself; calling her names; making her think she's crazy; playing mind games; humiliating her; making her feel guilty); 3) Using isolation (controlling what she does, who she sees and talks to, what she reads, where she goes; limiting her outside involvement; using jealousy to justify actions); 4) Minimizing/denying/blaming (making light of the abuse and not taking her concerns about it seriously; saying the abuse didn't happen; shifting responsibility for abusive behavior; saying she caused it); 5) Using children (making her feel guilty about the children; using the children to relay messages; using visitation to harass her; threatening to take the children away); 6) Using gender privilege (treating '   , like a servant; making all the big decisions; acting like the "master of the castle"; being the one to define men's and women's roles); 7) Using economic

her from getting or keeping a job; making her ask for money; giving her an allowance; taking her money; not letting her know about or have access to family

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income); 8) Using coercion/threats (making and/or carrying out threats to do something to hurt her, threatening to leave her, to commit suicide, to report her to welfare; making her drop charges; making her do illegal things) (Pence & Paymar, 1993). The wheel also contains an area in the middle with the words "power and control" and an area outside of the wheel that is emphasized with the words "physical and sexual violence". The abusers' use of physical and/or sexual violence may or may not occur often. The concept is that the physical and sexual abuse reinforces the spokes (i.e., behaviors) on the wheel. The whole wheel is based off the idea that abusers use power and control to dominate their victims (Pence & Paymar, 1993).

In conjunction with the ideas of power and control, is the idea of domination. According to Mihalic and Elliott (1997) domination is a learned behavior for boys and men in our society. While men are taught to maintain power and control, women are taught to accept male dominant relationships and meet the needs of others (Mihalic & Elliott, 1997). Many phrases are often used to reinforce the idea of power, control, and dominance. For example, "Somebody has to be in charge", "You can't have two captains for one ship", "If I don't control my child/wife/partner, she will control me", "This is my child, it is my responsibility to control him/her" (Pence & Paymar, 1993). In addition to basic cultural messages of male dominance, men who abuse may have a history of childhood abuse; have hostile and dominating male role models; may have exposure to misogynistic environments, or may have lacked love and nurturance as a child (Pence & Paymar, 1993). Societal norms and family behaviors regarding dominance and violence do not excuse the abusive acts of the batterer; instead it helps society, victims, the

criminal justice system, and human service providers understand how domestic violence has become so prevalent today.

Social Learning Theory has become a more popular alternative to understanding the dynamics and effects of domestic violence, especially among academics. Albert Bandura first introduced Social Learning Theory in his 1969 book *Principles of Behavior Modification* and then expanded on with his 1977 book *Social Learning Theory*. According to Social Learning Theory most humans learn behavior through the process of modeling (O'Leary, 1988). Social Learning Theory expands beyond the behavioral aspect that Skinner, Wolpe, and Lazarus theorized by integrating a cognitive perspective made up of the following components. First, Bandura argued that learned behavior is not just observed, but also needs to be attended to and remembered for an individual to imitate the desired behavior (O'Leary, 1988). For example, an individual may observe a behavior to be reinforced, unless the individual is aware of the reinforcement possibility than the individual will not be able to model the behavior. When the behavior has meaning it can be remembered, regardless of whether that remembrance is modeled exactly the same or not does not matter (O'Leary, 1988).

Second, the imagery of the observation develops into an expected outcome that may be perceived as a future consequence to motivate current behavior (O'Leary, 1988). These expectations may produce actions like buying car insurance before your car crashes. Similarly, imagery that motivates current behavior may produce a valid rationalization for an abuser to be violent. For example, an abuser may observe the survivor's compliance after yelling or hitting him or her. Thus the abuser may repeat the

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behavior or even increase the behavior to get a "more compliant" response. As a result the survivor may observe the abuser's behavior (i.e., yelling, hitting, etc.) and decide in the future to listen more carefully or to have dinner ready at a certain time.

Human beings have the ability to visualize or observe a situation or response, feel accordingly, and then react before the actual experience (O'Leary, 1988). The experience does not have to occur or directly affect the individual to be a learned behavior (O'Leary, 1988). In a healthy relationship one individual may be upset, and their partner may know the individual is upset because he or she has become quiet. The partner has learned to give the individual time to sort out his or her feelings before approaching him or her. Conversely, in a domestically violent relationship an abuser may become enraged thinking about their significant other being intimate with another individual, even if this image is not true. The abuser may drill the survivor with questions about his or her whereabouts, where he or she has been and proceed to call names, yell, hit, and/or throw objects.

Third, efficacy expectations are "the conviction that one can successfully execute the behavior required to produce certain outcomes. An outcome refers to an individual's estimate that a given behavior will produce certain outcomes" (Bandura, 1977, p. 79). Behaviors are more likely to be carried out when the individual feels strongly in his or her belief (efficacy expectation) (O'Leary, 1988). In a healthy relationship, one individual knows that calling his or her partner when late will help build respect and trust in their relationship. When abusers believe that violence will produce compliance, he or she is more likely to carry out abusive behaviors. Likewise, when a survivor believes they

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"deserve" the abuse, or will not be believed by others, the survivor's tendency is to keep quiet and protect the abuser.

In support of Social Learning Theory, one factor that may contribute to how a survivor responds to the abuser's behavior is past experience with domestic violence. The National Family of Violence Surveys found that children who grew-up in a home with domestically violent parents and suffered abuse themselves have a one in three chance of entering into a domestically violent relationship (Straus, 1990). Likewise, children who witnessed domestic violence within their home and did not suffer abuse were three times more likely to become abusers as adults than children who did not witness domestic violence (Straus, 1990). Despite these alarming figures, not every child who witnesses domestic violence and/or experiences abuse by a parent(s) will become a perpetrator or a victim of domestic violence (Mihalic & Elliott, 1997). In fact, Kaufman and Zigler (1987) found that approximately 30% of individuals who endure domestic violence, as children will actually become adult perpetrators of abuse. The likelihood of children who do not grow-up to perpetuate the cycle of abuse includes the following: 1) if as a child he or she felt loved by one parent, 2) if as an adult he or she is involved in a loving, supportive relationship, 3) if fewer stressful events (both as a child and adult) are experienced in life, and 4) if there is acknowledgement of the childhood abuse by the childhood survivor and a determination not to repeat the cycle (Kaufman & Zigler, 1987).

An increasingly popular application of Bandura's social cognitive theory is social cognitive career theory (SCCT) (Lent, Brown, & Hackett, 1994). SCCT surmises that an individual's pursuit of academic or career goals develops from an individual's self-

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efficacy beliefs and outcome expectations (Lent & Browne, 1996). Chronister &

McWhirter (2003) have suggested that SCCT may be quite relevant to understanding how

domestic violence impacts a survivor's work and or self-sufficiency opportunities. For

example, a key factor in changing an individual's self-efficacy beliefs and outcome

experiences is support. Domestic violence survivors often are isolated from neighbors,

friends, and family members so that the abuser can maintain the control over the survivor.

The effect of this isolation is a lowered belief in self-efficacy and outcome expectations

(Chronister & McWhirter, 2003). The survivor may believe that obtaining education,

work, or career-related activities is not possible due to the response from the abuser. The

abuser may emotionally belittle the survivor into feeling like they are unable to achieve

career-related goals but also force the survivor to give the abuser their paycheck, ask for

their money, harass them at work, or interfere with their school work (Chronister &

McWhirter, 2003).

Survivors of domestic violence may experience career and personal barriers due to

their abuser's influence. Abuser's may tell survivors that they are "crazy," "losers," or

will never "make it" without their help (Chronister & McWhirter, 2003). Even if the

survivor is aware of opportunities that exist they may quickly dismiss them because they

do not feel adequately qualified. The survivor may have been told by her or his abuser

that they are "stupid," "ugly," "not smart or good enough," which may prohibit the

survivor from pursuing work or educational opportunities that in reality the survivor

meets. The survivor is likely to have had constant reminders of both "real" and "made

up" failures. However, most common are survivors who are not aware of the vast array of

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opportunities or have faulty information on the occupations that exist (Wettersten, et al., 2004). Abusers may isolate survivors from friends, family, and helpful resources so that the survivor only has the information the abuser provides (Chronister & McWhirter, 2003; Wettersten et al., 2004). Without academic, financial, and personal support, survivors do not have the resources or confidence to realize the wide range of jobs that do exist for a variety of educational levels. Additionally, survivors may be deterred from opportunities due to lack of child care, flexible hours, and financial means to support their education. A majority of survivor's energy may be focused on surviving their abusive relationship which leaves little energy towards or focus on her or his own hopes and goals (Chronister & McWhirter, 2003; Wettersten, et al., 2004).

Impact of Domestic Violence on Work

The impact of domestic violence on work has recently been studied in the literature as a major barrier for survivors who want to leave and do leave domestically violent relationships (Chronister & McWhirter, 2003; McWhirter, Torres, & Rasheed, 1998; Wettersten, et al., 2004). Approximately 54% of survivors lose their jobs due to harassment by their abusers while 75% of survivors in abusive relationships are harassed at work (Crowell & Burgess, 1996). Additionally, nearly half (25% to 48%) of homeless survivors are homeless because they are escaping a violent relationship (Crowell & Burgess, 1996).

Wettersten et al. (2004) interviewed survivors who fled an abusive relationship and were currently staying in a shelter. The survivors in this study expressed employment barriers while being in an abusive relationship and also in leaving an abusive relationship.

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Wettersten et al. (2004) found that abusers would harass the survivors at work (over the phone or in person), keep them up all night so the survivor would be too tired to work or go to school, physically beat the survivor so that the survivor would be too embarrassed to go to work, and tell the survivor's boss lies about the survivor to get her fired. In addition, some survivors lost their job when fleeing to the shelter because they escaped hurriedly without being able to tell anyone, were unable to go to work for a few days for fear of their abuser showing up at work, or were fired due to their place of employment not wanting to get involved in the victim's "personal" life (Wettersten et al., 2004).

In addition to the barriers survivors endure from their abusers, survivors also face a number of external barriers (McWhirter et al., 1998). McWhirter et al. (1998) identified the following external barriers: sex discrimination, racism, homophobia, sexual harassment, an absence of mentors, and absence of social support. Thus survivors endure a number of barriers both during the violence and once the survivor has left the abuser.

Self-Sufficiency and Disclosure of Violence

Self-sufficiency may include independence, freedom to use or find transportation, finding affordable daycare, or paying bills with the individual's own money (Wettersten, et al., 2004). Self-sufficiency may be hindered when an abuser of domestic violence threatens to take or kill the children, keep the survivor up all night so the survivor is too tired to work or go to school, isolates the survivor, or takes the survivors paycheck (Pearson Griswold, & Thoennes, 2001; Tolman & Raphael, 2000). These acts of power and control from the abuser may leave the survivor with lowered self-esteem, self-doubt, and issues of trust (Pearson Griswold, & Thoennes, 2001; Tolman & Raphael, 2000).

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Disclosing domestic violence to welfare workers may be difficult for some survivors due to some of these tactics used by abusers. Currently, under TANF, welfare recipients are required to establish and cooperate with paternity testing and child support collection. Domestic violence survivors may be hesitant to disclose and give consent for paternity testing due to the risk of the abuser finding the survivor and the abuser wanting to establish child visitation (Pearson Griswold, & Thoennes, 2001; Tolman & Raphael, 2000).

Pearson et al. (2001) studied disclosure of domestic violence in relation to child support services. Three separate state agencies involved with child support services and public assistance agencies interviewed clients in relation to domestic violence. The study used various combinations of notification, screening, direct questioning, and use of specialists when speaking with clients from public assistance agencies. Each agency had a different research design and instrumentation. Questions about domestic violence were asked in a slightly different manner. Public assistance workers screened 1, 082 clients on the topic of domestic violence, distributed brochures to more than 2,900 applicants about domestic violence, and informed approximately 320 applicants of a domestic violence specialist (the specialist met with 169 clients). Child support agency workers interviewed 433 clients who disclosed domestic abuse and screened 1,078 clients about problems they may have with cooperating agencies. Seventy-seven clients who were interviewed by child support agency workers (42%) requested to meet with a resource worker for more information.

Pearson et al.'s (2001) study resulted in seven main findings. First, disclosure rates of domestic violence is higher when asked directly as compared with self-identification procedures and indirect notification methods. When asked directly if the client was a survivor of domestic violence 35 to 40 percent of the individuals said "yes". Conversely, when clients were given a brochure about domestic violence less than ten percent disclosed the abuse.

Second, the majority of clients' favored direct questioning of domestic violence and reported good experiences with workers using this approach. In two separate sample populations, Pearson et al.'s (2001) study found that 81 to 88 percent of clients who had not experienced domestic violence said it was a good idea to directly ask about the issue. Sixty-three to 71 percent of clients who had experienced domestic violence thought asking the client directly about domestic violence was a good idea. Additionally, 71 percent of domestic violence survivors who disclosed to their workers felt "very" or "fairly" comfortable discussing the topic and 93 percent of the survivors felt believed by the worker.

Third, the rules of welfare and child support are difficult to communicate and some clients do not understand the requirements of child support or the good cause option (Family Violence Option). Additionally, clients are less likely to remember the requirements of child support, if the client is told only once. Pearson et al. (2001) found that 39 to 67 percent recalled being told by a public assistance worker that they could ask the child support agency to not contact their abuser. Whereas, when both the child support worker and the public service worker told the client that they could ask the child

support agency to not contact their abuser there was an increase of 50 to 84 percent. Thus clients who are told more than once are more likely to remember a requirement of child support or the good cause option (Family Violence Option).

Fourth, the financial benefits of child support for survivors of domestic violence are highlighted in two opposing directions. Pearson et al. (2001) found that some clients felt that child support would be beneficial for their family to become self-sufficient, while other clients felt that if child support were pursued the client's abuser would try to see/harm the children. The majority of domestic violence survivors (77 to 93 percent) want child support. Clients view child support as financially making a difference in both the clients and children's lives. Conversely, some survivors do not want child support enforced for two main reasons. The first reason is that survivors do not want the abuser to know where they live for fear of the abuser harming them (62%), taking their children (55%), or harming their children (34%). The second reason is that if child support is enforced the abuser may retaliate for either telling someone about the abuse or having to pay child support. An additional threat to the client is the abuser coming to visit the children if the survivor enforced child support (65%). Some survivors felt that simply claiming child support will make the dangerousness of their situation worse (76%), as the survivor may be hiding from the abuser and if found the abuser may hurt or kill the survivor and or the children.

Fifth, several barriers exist to applicants who want public assistance beyond domestic violence. In fact, only five percent of clients felt that a violent partner was a barrier to disclosure of domestic violence. The most significant barriers were

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transportation (45%) and childcare (42%). It is interesting to note that health problems (22%), emotional problems (18%), and drug/alcohol problems (18%) made up the rest of the significant barriers, problems that may go hand-in hand with domestic violence (Pearson, et al., 2001).

Sixth, survivors of domestic violence feel it is important to have specialized workers at public assistance and child support agencies. Interestingly, the survivors also indicate that they will not use the services themselves. Survivors of domestic violence are supportive (92 to 96 percent) of having a domestic violence specialist available to clients (Pearson, et al., 2001). However, only 17 to 30 percent said that they would use the services. Reasons for this discrepancy include the violence was a long time ago, the problem has been resolved, and survivors were not interested in talking about the domestic violence. Remarkably, only half of the survivors who chose to see the specialist remember being told about the services during the intake interview (the survivors heard about the specialist at the exit interview). The desire to not seek help from a specific domestic violence advocate might be a secondary consequence of either or both the domestic violence and or having to be in the welfare system (Pearson, et al., 2001).

Seventh, training and staffing are critical in an agency's response to domestic violence. All three sites in this study participated in training on the dynamics of domestic violence from advocates and community service providers. The additional training at each site was diverse; one site used cross training (i.e., child support workers learned about domestic violence and public assistance workers learned about child support laws) and one site worked closely with a couple of county service providers. Mixed reactions

occurred in both fields when discussing domestic violence issues with clients. One site felt that additional training was needed on interviewing techniques to handle sensitive and emotional topics. Another site felt that domestic violence issues were best handled by "social workers who have been trained to handle emotional topics." The site where the domestic violence specialist was located had the most positive response. The majority of workers (88%) felt that the specialist helped in working with domestic abuse survivors and were more comfortable knowing that a specialist was available if the client disclosed domestic violence (Pearson et al., 2001).

In addition to the work of Pearson, et al. (2001), Raphael and Haennicke, (1999) looked at domestic violence disclosure issues in welfare agencies. They found that domestic violence advocates are four to five times more likely to be told about domestic violence than caseworkers (Raphael & Haennicke, 1999). The discrepancy between advocates and caseworkers is primarily due to two main reasons. First, the recipients do not want to be pitied by the welfare worker (Raphael & Tolman, 1997). Specifically, survivors may have issues of trust and confidentiality, while also being concerned about the caseworker's power to report to the police (or child protective services) that may result in loss of custody, deny assistance, and competence of domestic violence. These issues may reinforce the idea that the survivor will be pitied upon disclosure of domestic violence. Second, the recipients were afraid that the abuser would find out that the survivor disclosed the abuse (Pearson et. al., 2001; Raphael & Haennicke, 1999). Fear of the abuser harming the survivor or children may also keep the survivor from disclosing. A survivor may encounter several barriers to becoming self-sufficient. Disclosure of

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domestic violence is one of those barriers due to the power and control abusers often use

in the relationship (Pence & Paymar, 1993; Wettersten, et al., 2004). Additionally, the

survivor may be embarrassed or feel a great amount of shame for staying in the

relationship, not understanding that shame is one of the tactics used by abusers to get the

survivor to stay in the relationship (Pence & Paymar, 1993).

A major barrier in obtaining self-sufficiency for survivors is actually leaving their

abuser. Often survivors leave the abuser in the middle of the night (or while the abuser is

at work) without any money, identification, basic needs (i.e., tooth brush, shampoo,

diapers, etc.), transportation, or social support (Chronister & McWhirter, 2003;

Wettersten et al., 2004). Thus, the survivor is unable to obtain a job without proper

identification, keep a job without the money for daycare or means of transportation, and is

unable to maintain an apartment without a job, transportation, or daycare (Wettersten et

al., 2004).

Domestic Violence and Substance Abuse

Miller and Downs (1993) compared interviews from 98 survivors in substance

abuse treatment programs to 100 survivors in randomly selected households. They found

that survivors who were in substance abuse treatment experienced significantly more

severe levels of domestic violence than the survivors in the households. In addition, they

also found a correlation between survivor's alcohol problems and victimization as

children, including domestic violence. Miller and Downs (1993) postulate that survivors

who were victimized as children in domestically violent households suffer a lower sense

of self-esteem than children who are not victimized and therefore are more likely to abuse

alcohol to compensate for their lack of confidence. Likewise, nearly one-half of women in alcohol treatment programs reported severe violence by their fathers (Miller and Downs, 1993). Furthermore, approximately 65 percent of women in alcohol treatment programs experienced severe violence from either their mothers or fathers (Miller & Downs, 1993). Sadly, patterns of victimization seemed to continue with women who have alcohol-related problems (Miller & Downs, 1993).

Substance abuse has been shown to be a problem with both perpetrators and survivors of domestically violent relationship. Moore and Stuart (2004) studied 151 men who had been court referred to an intervention program for batterers. They compared men who were domestically violent in relationships who used drugs to those who were domestically violent and did not use drugs. The majority of men (92%) reported using marijuana, while many of the men (40%) also used marijuana and cocaine. The men who used substances reported significantly more severe violence, like injury to partner and physical assault, than those that did not use drugs. In other words, substance abuse was found to be a strong predictor of both the presence and intensity of domestic violence (Moore & Stuart, 2004).

It is important to note that most men who abuse substances are not violent to their partners (Bennett, 1995). What the research does suggest is that individuals who are angry, impulsive, and less agreeable are more likely to become aggressive while intoxicated (Quigley & Leonard, 2004/2005). Thus, intoxication only serves to make an already highly conflict relationship worse (Quigley & Leonard, 2004/2005).

Chermack, et al. (2001) studied the effects of violence across various relationships with males and females receiving substance abuse treatment. A total of 126 men and 126 women from a variety of substance abuse treatment programs were given questionnaires that focused on expressed and received aggression, family and childhood history of aggression, childhood conduct problems, psychological distress, alcohol and drug consumption, and alcohol and drug consequences. The results of the study found that the highest rate of expressed and received violence was with the participant's partners Chermack, et al., 2001). Specifically, the authors found that individuals who endorsed severe partner violence also reported higher cocaine use, drug consequences (i.e., withdrawal, loss of employment, loss of friends and family members), and psychological distress (as measured by the Brief Symptom Inventory) than participants who reported no partner violence (Chermack, et al., 2001). In addition, women who experienced severe partner violence also had a higher frequency of father-to-mother violence. While men who experienced severe partner violence experienced higher rates of conduct problems and childhood aggression (Chermack, et al., 2001).

Temporary Assistance to Needy Families and The Family Violence Option

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 changed welfare laws. Originally, the welfare system provided temporary ongoing cash to families on welfare and encouraged quick entrance into the workforce. PRWORA currently stipulates clients on welfare to a maximum of 60-months for single women or men (with children), requires clients to be involved in work-related activities, and provides a time span of 24 months to establish employment (Hagen &

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Owens-Manley, 2002; Tolman & Raphael, 2000). The revised welfare act under the PRWORA is called The Temporary Assistance to Needy Families (TANF) program. To meet the requirements of the TANF program individuals must be 1) separated with a child, 2) single with a child, or 3) married but supporting a partner's child from a previous relationship (children must be under the age of 18). The newly created requirements for the TANF program sparked an interest in advocates for survivors and policymakers. The main concern was that abusers would sabotage the victim's ability to work, which could lead to loss of employment (Tolman & Raphael, 2000). Thus, the victim would lose TANF funding and increase the probability of the victim to return to the abuser. Due to this concern the TANF program established separate requirements for victims of domestic violence. The waiver from TANF requirements became known as the Family Violence Option (FVO).

The Family Violence Option (FVO) was created to extend benefits and modify work-related requirements for recipients of TANF (Temporary Assistance for Needy Families). More specifically the FVO was formed due to growing evidence of the relationship between domestic violence and welfare recipients (Postmus, 2000). TANF requirements are still to be met by victims of domestic violence, however, the FVO temporarily waives time limits, federal work requirements, and other requirements of the TANF program to increase the safety of domestic violence survivors (Tolman & Raphael, 2000).

Initially, advocates for survivors of domestic violence were hesitant to endorse the link between welfare and domestic violence due to stereotypes of survivors (i.e.,

uneducated, poverty ridden, and living off the "system" due to laziness) (Postmus, 2000).

However research evidence indicated that domestic violence survivors could be anyone

including individuals who are educated, have a higher socioeconomic status, and a variety

of family histories (Postmus, 2000). As the trend moved away from the stereotypes of

domestic violence, advocates were more willing to support and endorse TANF with the

FVO waiver for domestic violence survivors.

Advocates strived to relieve survivors of domestic violence from the stringent

requirements of TANF for two main reasons (Postmus, 2000). First, survivors of

domestic violence may have difficulty meeting the requirements of TANF, working at a

job, keeping a job, and cooperating with child support services. Second, abusers may

sabotage the survivor's efforts by turning off alarm clocks, hiding or destroying books,

inflicting injuries before work or school, or threatening to take or kill the children

(Postmus, 2000; Tolman & Raphael, 2000). As advocates and researchers started to

support more flexible requirements for survivors of domestic violence, political leaders

followed. Two of the first political figures to sponsor the FVO were Senators Paul

Wellstone (Democrat, MN) and Patti Murray (Democrat, WA) in 1996 (Postmus, 2000;

Tolman & Raphael, 2000).

As a result of the work of policymakers and advocates, TANF requirements and

the FVO differ in three specific areas. First, the TANF program has a limitation of five

years to be in the program while the FVO will waive the time limits. In other words, the

survivor may not be able to attend all of the required activities of TANF (i.e., educational

trainings, meetings with a welfare worker, or keeping a job) so the FVO helps to alleviate

some of those time constraints. Second, TANF clients are required to work at least 30 hours per week or attend work-related activities. The FVO lowers the required 30-hour work-week to 20 hours of work-related activities (Hagen & Owens-Manley, 2002). Those activities may include personal or career counseling, resume writing classes, educational trainings, or a job or school. Third, TANF clients are required to give information about the absent parent's location. If the absent parent has not established paternity or denied paternity, the program will enforce paternity testing and child support enforcement (Tolman & Raphael, 2000). Survivors of domestic violence may not want to share this information due to fleeing from the abuser, fear of visitation enforcement from the abuser, or fear of children being kidnapped or killed. Consequently, the FVO does not require family caps, residency requirements, or child support cooperation.

State requirements dictate the kind of services that social service agency workers can give recipients of TANF and FVO. Some of the services that can be provided are confidential screening, withholding identification of domestic violence victims, and referrals to counseling and supportive services (Hagen & Owens-Manley, 2002). Due to these additional services social service agencies have changed from eligibility determination to a multidimensional role where the worker screens for domestic violence, educates survivors on domestic violence and their rights, and provides the previous services and requirements.

Hagen & Owens-Manley (2002) found a variety of discrepancies in workers implementing the FVO. A study was conducted with 29 workers who participated in focus groups. Each participant worked as an eligibility worker, had an average of 15 years

in the human service field. and ranged in age from 32 to 64. Interestingly, almost one-third of the workers received welfare in the past, one-fifth had been the victim of domestic violence, and 46.4 percent knew a close individual who was in a domestic violence relationship at one time.

The clients in each focus group were given scenarios; the workers then had to describe if the individual would qualify for benefits, the kind of benefits, or what would rule out the individual from receiving benefits. Each focus group discussed four broad issues; 1) the hardship exemption, 2) the family violence provisions, 3) the federally mandated work requirements for single-parent families, and 4) the five-year lifetime limit for cash welfare benefits (Hagen &. Owens-Manley, 2002). The following provides an expansion of these four areas.

In regard to the hardship exemption, the federal law states that the five year limit may be waived for up to 20 percent of a workers caseload if an individual client is experiencing a "hardship or if the family includes an individual who has been battered or subjected to extreme cruelty" (Hagen & Owens-Manley, 2002). The law does not provide a definition of "hardship". The law does however defines "battered or extreme cruelty" as "actual or threatened physical injury, sexual abuse, threatened or attempted physical or sexual abuse, and mental abuse" (Hagen & Owens-Manley, 2002). On the other hand, the specific types of abuse are not clearly defined. The hardship exemption is then left to each state and in most cases individual workers to define "hardship". The family violence provisions primarily provide special resources to domestic violence survivors. Such resources include relocation expenses and emergency assistance for household expenses.

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In regard to the family violence provisions, Caseworkers in the Hagen & Owens-Manley (2002) study expressed concern that recipients might claim to be a domestic violence survivor to obtain the special services that the FVO provides. Additionally, workers felt that few recipients were survivors of domestic violence (i.e., 6 cases out of 140 were identified as survivors at this particular site). Caseworkers also stated that speaking to a recipient about the extent of domestic violence goes beyond their role of assisting with financial support, and they indicated that they do not feel the extra services provided for survivors are a part of their job nor are the caseworkers comfortable with the new multidimensional role of advocate, counselor, and referral services (Hagen & Owens-Manley, 2006).

In regard to the federally mandated work requirements, federal law mandates any individual on TANF who has a child that is 3 years of age or older to participate and increase the amount of hours in work or work-related activities. Some of the caseworkers in the Hagen & Owens-Manley (2002) study felt that the philosophy of the agency went from "we give money" to "get a job". The study found a divide between the caseworker's beliefs on how quickly their clients should obtain work. For example, some caseworkers wanted the legislation to lower the age of the child, from three years to three months, so the client could work earlier. While other caseworkers felt that some clients needed additional training and job force preparation before expecting the client to go to work (Hagen & Owens-Manley, 2006).

One area where caseworkers mostly agreed was childcare. Most caseworkers in the Hagen & Owens-Manley (2002) study agreed that if clients were required to work

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than they should not be expected to pay child care expenses. The majority of caseworkers agreed that there is a shortage of childcare services and resources. The five-year limitation of benefits for welfare clients was considered mostly a "joke" to caseworkers and recipients. Most caseworkers felt that the clients would receive some sort of social service assistance (i.e., food stamps, rent, paying electricity, and state services) so the point of the limitation is void (Hagen & Owens-Manley, 2002).

Several limitations apply to the Hagen & Owens-Manley (2002) study. First, caseworkers were trained as social workers an average of 15 years ago. The education of social workers has likely changed with the additional research and exposure of domestically violent relationships. Individuals who have more recently completed their education may hold contrasting views to those that were interviewed in this study. Second, the caseworkers were from similar areas of the country which may contribute to similar views of domestic violence. Attitudes among caseworkers in different geological areas may not endorse the same beliefs as the clients in this study. Third, agency trainings may differ from county to county which may result in a wide variety of knowledge and beliefs that differ from the clients in this study.

Overall, Hagen & Owens-Manley (2002) study found discrepancies between the individual caseworkers in the four issues discussed. Specifically, the results of their study indicated that 1) some caseworkers were more willing to waive requirements for survivors who were taking action to address their situations, 2) most caseworkers did not identify domestic violence survivors or refer survivors to counseling/supportive services, 3) there were discrepancies regarding caseworkers willingness to refer domestic violence

survivors to supportive services or give the survivors benefits if the survivors have left their abusive partners more than once, 4) some caseworkers felt that some clients could not fully become self-sufficient in the limited time amount of five years (due to lack of education or being less-skilled in general), and 5) participation in the work force does not equal self-sufficiency (especially for less-skilled survivors).

In regard to this last point, clients in the Hagen & Owens-Manley (2002) study suggested becoming self-sufficient is easier said than done for many clients. Most clients who reach the five-year limitation may or may not have a high school education and often retain employment in the services field where minimum wage part-time jobs are their main source of income. Most clients in these positions do not receive medical benefits, which is an additional cost on top of childcare expenses. Therefore, the likelihood of the clients needing 2 – 3 jobs to support their families is high. Clients in this position have a very difficult time supporting their families, receiving training for jobs that may provide an increase in wages, and may be tempted to return to a domestically violent relationship for pure financial reasons. The five-year limitation in this study proves to be a barrier within itself.

Despite the flexibility that the FVO gives workers and discussion in the focus groups, most caseworkers in this study still define their role as an eligibility determination worker (Hagen & Owens-Manley, 2002). This may be due to the fact that the clients were long-term employees who do not want to expand upon their original conception of the job of a caseworker. A majority of the caseworkers in this study expressed that they do not have an obligation to "identify or uncover domestic violence"

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victims in their caseloads (Hagen & Owens-Manley, 2002). Thus, ignoring survivor's

needs (i.e., counseling, safety, support, etc.) that will in turn decrease the survivor's

ability to become self-sufficient. Unfortunately, there is a low number of waivers (300 per

state in an 18 month period) granted by the Family Violence Option (Raphael &

Haennicke, 1999). The reasons for the low number of waivers may in part be due to the

resistance by caseworkers to explore issues of and provide resources for survivors of

domestic violence.

Gottman's Theory and Relationship Satisfaction

Much of the literature reviewed so far has focused on the end of the healthy

relationship continuum, namely, domestic violence. This focus is reflective of the general

literature on relationships, that is, identifying and understanding relationship problems.

There are exceptions to that trend, and one of those exceptions is the work of John

Gottman and colleagues. For the past 16 years Gottman has been interested in the causes

and patterns of domestic violence, relationship satisfaction, and to related issues of why

marriages dissolve and why marriages thrive (Gottman, 1999). Gottman expanded his

research on marriage through developing the Gottman Institute in Seattle, Washington.

Currently, his research is focused on longitudinal data with over 700 couples (including

gay and lesbian couples) in seven different studies (Gottman, 1999). Couples are

videotaped discussing their day with each other, continuing a current disagreement, and

talking about joyful matters. Specific areas such as emotion, facial expressions of

emotion, problem-solving behaviors, and visual gaze patterns are coded from the tapes

(Gottman, 1993). In addition to observing the couples, Gottman uses a physiological read

of the couple's heart rate, blood flow, sweat output, blood pressure, and immune function to measure stress and relaxation from minute to minute. Furthermore, couples are interviewed about a variety of issues, such as specific moments in their relationship, their experience during the videotape, thoughts and expectations of the videotape process, and thoughts about their partner, hopes, and attributional processes (Gottman, 1993). Follow-up questions about the couple's marital satisfaction and quality of marriage are asked several years after the couple's initial videotape and interview (Gottman, 1993).

Gottman et al. (1998) found that the key to relationships satisfaction is how each partner behaves towards each other during the course of everyday life, not in how the couple handles disagreements. Thus, Gottman developed a theory that measures negative and positive affect of relationships on a day-to-day basis. Couples who displayed positive affect during disagreements were less likely to divorce and stay happy than couples who displayed negative affect during disagreements (Gottman et al., 1998).

Gottman et al., (1998) came to these conclusions via their study of marital happiness and stability within heterosexual newlywed couples over the course of six years. Seven models that focused on positive and negative affect were explored during the six years to assess relationship satisfaction: 1) anger as a dangerous emotion, 2) active listening, 3) the impact of negative affect, 4) negative startup in conversations and arguments by the wife, 5) de-escalation by either partner, 6) the impact of positive affect, and 7) husband's ability to sooth his wife through physiological acts like holding her hand, touching her shoulder, putting his hand on her knee, giving her hugs, etc. The study found the following were predictors of divorce: husband's rejecting his wife's

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suggestions in conversations, negative startup in disagreements by the wife, husband's inability to de-escalate his wife's low-intensity negative affect during conversations and arguments or a wife's inability to de-escalate her husband's high-intensity negative affect during conversations and arguments, and a lack of physiological soothing by the husband (Gottman et al., 1998). Gottman and his colleagues also found support for marital satisfaction when combining a balanced model of both positive and negative affect in couple's disagreements.

Interestingly, Carstensen, Gottman, and Levenson (1995) studied a variety of middle aged heterosexual couples (40s) to older heterosexual couples (60s) and found that older couples were less emotional, expressed less negative emotions, and displayed more affection in their relationship when compared to middle-aged couples, especially when resolving their marital conflicts. For example, older couples displayed less anger, disgust, belligerence, and whining when compared to middle-aged couples (Carstensen, et al., 1995). Gottman and Levenson (2002) encourage replication of these longitudinal studies due to limited research on relationship satisfaction. Limitations in studying couples at the Gottman Institute exist primarily for the reasons as follows. Longitudinal research, along with direct observations of couples is extremely expensive. Due to the expense of this multimethod research, the sample size of these studies is quite small, usually under 100 couples (Gottman & Levenson, 2002). Additionally, cultural differences have not been able to be analyzed due to the small representations of minority subcultures. Another limitation exists in observational coding of affect. Observers are often forced to set high detection levels to maintain interobserver reliability thus the more

subtle affects are coded "neutral" to maintain the reliability (Gottman & Levenson, 2002). A more sophisticated coding may be able to detect less often displays and greater ranges of sadness, anger, and other negative affect.

Recently, Gottman, Swanson, and Swanson (2002) collaborated with mathematical biologist James Murray and his students to build a mathematical model for Gottman's theory of marriage. Gottman's previous research predicted whether a married couple would stay together or divorce with an accuracy of 90% (Gottman, 1994; 1999). In his collaboration with Murray, three measurement domains were used to predict whether a couple would stay together or not: the couple's interactive behavior, their perception of the interaction, and their physiology during the interaction. Coding the positive and negative emotions was the primary predictor in the domains. Therefore, Gottman et al. (2002) was able to prove their rate of 90% was also accurate in both a theoretical and scientific manner.

The integration of social psychology and mathematical theory was unique in that its application allowed researchers to develop specific areas to suit individual couples in the experiment rather than apply a more global approach to changing the marriage (Gottman et al., 2002). In other words, instead of having a variable that predicts the longitudinal course of marriages, a theoretical method can be used to study the prediction (Gottman, et al., 2002). Results of the new mathematical model suggest integration between the concepts of power and affect in relationships (Gottman, et al., 2002). Specifically, the individual who has the most power in a relationship may be a result of the level of positive or negative affect. One person's affect in the relationship has great

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influence over his or her partner immediately following the affect, thus impacting the level of relationship satisfaction (Gottman, et al., 2002). Additionally, the shape of the influence is different in couples who are divorcing compared to couples who are happy and stable. For example, a wife may hold more power over her husband when she shows extreme negative affect. Whereas a husband may hold more power over the wife when he shows mild positive affect. Importantly, the model provides a precise mechanism for change where specific variables can be targeted using particular interventions. These interventions (and general principals for healthy marriages) have been laid out for the general public in Gottman's book titled *Seven Principles for Making Marriage Work* (Gottman & Silver, 1999).

Relationship satisfaction is obviously compounded when domestic violence is present in the relationship. Jacobson et al. (1996) researched the impact that domestic violence had on whether a couple stayed together or separated/divorced. Specifically, Jacobson et al. studied how marital satisfaction, survivor's assertiveness, and the severity of abuse affect the length of the relationship. Sixty married couples experiencing conflict were recruited through television advertisement, public service announcements, and random telephone dialing (Jacobson et al., 1996). Based on survivor's scores from the Conflict Tactics Scale, participants were chosen who experienced physical abuse (i.e., hit, kick, bite, grab, shove, beat up, used a gun/knife/weapon, etc.) by their husband six or more times within the past year. The longitudinal study occurred over a two-year period. The couples were interviewed, videotaped, asked to discuss an area of conflict, given

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self-report instruments. and monitored through psychophysiological instruments in the beginning of the study and at the end of the two-year period.

Jacobson et al. (1996) found that the couples who displayed less marital satisfaction were separated or divorced at the end of a two year period when compared to individuals who were still together. Couples who were geographically and emotionally distant from their family and friends were more likely to engage in domestically violent interactions. Likewise, couples who showed degrading tendencies. such as calling a spouse names and making the spouse say or do things that the spouse would not do on his or her own. These couples were more likely to separate or divorce and be physically violent. Specifically, the husbands of separated/divorced couples displayed a more significant amount of verbal disrespect, displayed less humor, and showed less neutral affect towards their wives. Likewise, the wives of separated/divorced couples displayed significantly more disrespectful behavior and less humorous demeanor towards their husbands (Jacobson et al., 1996).

Although Jacobson et al. (1996) were not studying bidirectional abuse; they did find that over 50% of wives had admitted to physical violence and 80 % acknowledged some violence towards their husbands. Interestingly, the study found that at the end of the two years only the group that reported a decrease in husband violence also reported a decrease in wife violence.

The differences between the couples who divorced and those who stayed together included a wide variety of actions, mostly by the wives. The wives who were divorced reported more dissatisfaction with their marriage, got more upset during arguments, and

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physically defended themselves (or retaliated against the abuse) when compared to the wives who stayed in the marriage (Jacobson, et al., 1996). Notably, the wives who divorced were also more likely to be assertive and verbally defend themselves during arguments. Jacobson et al. (1996) found that the wives who divorced behaved assertively, not aggressively in response to their husband's criticism, verbal disrespect, belligerence, and dominance. They stood by their opinions and reacted quickly, assertively, and without sarcastic humor when speaking to their abusive husbands.

Despite the findings that survivors who divorced were more assertive than survivors who stayed in the marriage, Jacobson et al. (1996) also found that survivors have little influence on the increase or decrease of violence. Although the findings of this study may be helpful, limitations exist in this study that should not be overlooked. First, the sample size was fairly low (N = 60). Second, variables that were not researched may impact the findings, such as attitudes towards violence and wife's resources/support network. Last, a small percentage (18%) of the abusers were in treatment, which might have affected the outcome.

<div align="center">Purpose</div>

The literature has increased the knowledge of domestic violence for many professionals and survivors. However, the focus of the literature has been on intervention, instead of prevention. Aside from Gottman's (1999; 1994; 1993) regarding healthy relationships, there is paucity of information regarding healthy relationships that may address the intervention and prevention needs of those at risk for unhealthy relationships

(here defined as those experiencing domestic violence and/or lower levels of relationship satisfaction).

Gottman's work (1999; 1994; 1993) has been able to provide key elements of healthy relationship qualities in comparison to unhealthy, violent relationship behaviors. Additionally, Gottman has been able to find changes that can occur within a relationship to increase the quality and marital satisfaction of a couple. Providing knowledge (within Gottman's framework) about how to increase the quality of relationship satisfaction was one of the goals of this study. An additional goal of this study was to address and increase awareness of domestic violence.

The prevalence of domestic violence is high for both persons on welfare (TANF clients) and persons in substance abuse treatment programs (SAT clients). TANF clients, for the most part, struggle with issues of self-sufficiency which may be a result of being involved in a domestically violent relationship or having a lack of knowledge on healthy, nonabusive relationships (Brush, 2000; Jacobson, Gottman, Gortner, Berns, & Shortt, 1996; Lloyd, 1997; Postmus, 2000). Likewise, approximately half of SAT clients have experienced domestic violence by their partner, which for women leads to an increase in psychological distress and for men leads to an increase in aggressive behavior (El-Bassel, et al., 2005; Chermack, et al., 2001,; Stuart et al., 2003). Despite welfare-to-work programs and a sparse amount of substance abuse programs focusing on dynamics of domestic violence, very few programs address the specific needs of these two populations. More specifically, no known programs addresses and defines healthy, nonabusive relationships in such a manner that may help individuals to overcome such

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difficulties in their current relationship or prevent future domestically violent relationships.

The purpose of this study, then, was to examine the impact that a relationship training program (based on the principles of Gottman, 1999) may have on (1) relationship satisfaction among those in healthy relationships, (2) relationship satisfaction among those in abusive relationships with domestic violence, and (3) awareness levels of domestic violence. The independent variable in this study was the relationship training program (experimental group and a treatment-as-usual control group). The dependent variables (considered individually), were knowledge of healthy relationships and relationship satisfaction.

Main Hypotheses

1) Participants who initially rate their current or previous relationship as nonabusive according to the Abusive Behavior Inventory, will have no change in their satisfaction of relationships, according to the Relationship Assessment Scale, after the relationships training (as compared to similar participants in the control group),

2) Participants who initially endorse a violent or abusive relationship, according to the Abusive Behavior Inventory, will have a significant decrease in relationship satisfaction, according to the Relationship Assessment Scale, after the relationships training in comparison to the control group, and

3) Relationships training will significantly increase the experimental group's awareness level of domestic violence, as measured by the Questionnaire of Violence on Intimate Relationships, as compared to the control group.

CHAPTER III

METHOD

Participants

A total of forty-nine participants were recruited from two separate programs;
Temporary Assistance for Needy Families (TANF) participants were recruited from the
state Job Service Agency and Substance Abuse Treatment (SAT) participants were
recruited from a substance abuse treatment program associated with a community mental
health agency. Both TANF and SAT participants were contacted in person during a
required educational training. The participants were put into either a control group or
experimental group through a randomized group assignment. Twenty-four participants
were in the control group and twenty-five participants were in the experimental group,
and both groups were comprised of equal numbers of TANF and SAT participants. The
control group did not receive any training by the author, while the experimental group
received an educational program on healthy and unhealthy relationships by the author (see
Appendix A for complete details of curriculum). The focus of the experimental
presentation was to educate participants on characteristics of a healthy and unhealthy
relationship, including domestic violence. The control group did not receive healthy
relationships training as part of their "treatment as usual," and they had the same amount
of time, five days between the pre- and post- test, as the experimental group. The author

provided the training to the experimental group. The trainings consisted of five sessions that were approximately two-and-a-half hours long.

Participant statistics were self-reported and are summarized in Tables 1 and 2. The age of participants ranged from 18 to 53 with a mean of 32.63. The genders of the participants were as follows: 22 men (Experimental 10, Control 12) and 27 women, (Experimental 15, Control 12). Participant's self-reported ethnicity were as follows: 31 identified as Caucasian (Experimental 19, Control 12); eleven identified as Native American (Experimental 5, Control 6), two identified as Latino (Experimental 0, Control 2); one identified as White/Mexican (Experimental 1, Control 0); two identified as Native American/White (Experimental 0, Control 2); one identified as White/Hispanic, (Experimental 0, Control 1); and one gave no report of ethnicity (Experimental 0, Control 1). Relationship status of the experimental participants included 1 married, 7 divorced, 14 single, 1 legally separated, 1 engaged, and 1 widowed. Relationship status of the control participants included 2 married, 8 divorced, 7 single, 7 legally separated, 0 engaged, and 0 widowed. The number of self-reported children were as follows; 11 participants with no children (Experimental 4, Control 7); 14 participants with one child (Experimental 8, Control 6); 5 participants with two children (Experimental 0, Control 5); 7 participants with three children (Experimental 9, Control 4); 2 participants with four children (Experimental 0, Control 2); and 1 participant with five children (Experimental 1, Control 0). Participants in a current romantic relationship were as follows; 24 participants in a current romantic relationship (Experimental 11, Control 13) and 25 participants not in a current romantic relationship (Experimental 14, Control 11). See Table 1.

Table 1. Self-Reported Gender, Ethnicity, Relationship Status, Children, and Current Romantic Relationship by Group.

Demographic	Experimental		Control	
	n	(%)	n	(%)
Male	10	(40.0)	12	(50.0)
Female	15	(60.0)	12	(50.0)
Caucasian	19	(76.0)	12	(50.0)
Native American	5	(20.0)	6	(25.0)
Latino	0		2	(08.3)
White/Mexican	1	(04.0)	0	
Native American/White	0		2	(08.3)
White/Hispanic	0		1	(04.2)
No Report	0		1	(04.2)
Married	1	(04.0)	2	(08.3)
Divorced	7	(28.0)	8	(33.3)
Single	14	(56.0)	7	(29.2)
Legally Separated	1	(04.0)	7	(29.2)
Engaged	1	(04.0)	0	
Widowed	1	(04.0)	0	
Number of Children				
0	4	(16.0)	7	(29.2)
1	8	(32.0)	6	(25.0)
2	9	(36.0)	5	(20.8)
3	3	(12.0)	4	(16.7)
4	0		2	(08.3)
5	1	(04.0)	0	
Current Romantic Relationship				
Yes	11	(44.0)	13	(54.2)
No	14	(56.0)	11	(45.8)

Participants for both the control and experimental group also self-reported (no psychometric properties) their current or past abuse from a romantic relationship and a

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nonromantic relationship on the demographics form. Participants reporting a current or past abusive romantic relationship are as follows: 5 participants reported no current or past abusive romantic relationships (Experimental 4, Control 1), 5 participants reported verbal abuse only (Experimental 3, Control 2), 1 participant reported emotional abuse only (Experimental 0, Control 1), 5 participants reported a combination of verbal, emotional, economical, physical, and sexual abuse (Experimental 5, Control 0), 10 participants reported a combination of verbal and emotional abuse (Experimental 6, Control 4), 10 participants reported a combination of verbal, physical, and emotional abuse (Experimental 5, Control 5), 2 participants reported a combination of verbal and physical abuse (Experimental 1, Control 1), 3 participants reported a combination of verbal, emotional, and economical (Experimental 1, Control 2), 1 participant reported a combination of verbal, physical, sexual, and emotional abuse (Experimental 0, Control 1), 3 participants reported a combination of verbal, physical, emotional, and economic abuse (Experimental 0, Control 3), 1 participant reported a combination of verbal, physical, sexual, and economic abuse (Experimental 0, Control 1), 1 participants reported a combination of verbal, physical, and sexual abuse (Experimental 0, Control 1), 1 participant reported a combination of verbal, physical, and economic abuse (Experimental 0, Control 1), and 1 participant reported a combination of verbal and economic abuse (Experimental 0, Control 1).

Participant also self-reported (no psychometric properties) whether they had been involved in a current or past *non-romantic* relationship as part of the demographics form. Participants in a current or past abusive nonromantic relationship are as follows; 16

participants reported no current or past abusive nonromantic relationships (Experimental 11, Control, 5), 6 participants reported verbal abuse only (Experimental 1, Control 5), participants reported physical abuse only (Experimental 0, Control 2), 1 participant reported a combination of emotional, verbal, and physical abuse (Experimental 0, Control 1), 5 participants reported a combination of verbal and physical abuse (Experimental 5, Control 0), 8 participants reported a combination of verbal, physical, and emotional (Experimental 5, Control 3), 1 participant reported a combination of verbal and physical abuse (Experimental 0, Control 1), 5 participants reported a combination of verbal, sexual, physical, and emotional abuse (Experimental 1, Control 4), 2 participants reported a combination of verbal, physical, and sexual abuse (Experimental 2, Control 0), 1 participant reported a combination of verbal, physical, and economic abuse (Experimental 0, Control 1), 1 participant reported a combination of verbal and economic abuse (Experimental 0, Control 1), 1 participant reported a combination of verbal, sexual, and emotional abuse (Experimental 0, Control 1), and 1 participant reported a combination of verbal, physical, emotional, sexual, and economic abuse (Experimental 0, Control 1). See Table 2.

Intervention. The curriculum for the healthy and unhealthy relationships training was based on Gottman's Theory (Gottman, 1993). Five sessions were completed with the experimental group. Half of the sessions were followed by a homework assignment pertaining to the session topic completed that day. The homework assignment was followed up at the beginning of the next session. Additionally, participants were asked to reflect on what they learned during the last session and the time between sessions. The

following is a summary of each of the five sessions. The first session focused on defining a healthy relationship. The participants considered past or present relationships and how society has influenced the image of healthy relationships. The second session looked at the elements that make a relationship work and the elements that contribute to an unhealthy and violent relationship (Gottman, 1993). The elements that help a healthy relationship include: 1) a deep friendship, 2) a phrase or behavior that can help to keep a disagreement from becoming negative or out of control, 3) support of each partner's dreams and hopes, and 4) agreeing to disagree – support each other and respect beliefs of one another even if one partner does not agree (Gottman, 1993). The elements that make up an unhealthy and violent relationship are based on the Power and Control Wheel (Paymar & Pence, 1993). There are eight elements that do not make a relationship work and can quickly turn from unhealthy to violent. The following present the eight elements: 1) Using intimidation, 2) Using emotional abuse, 3) Using isolation, 4) Minimizing/blaming/denying, 5) Using children, 6) Using privilege, 7) Using economic abuse, and 8) Using coercion or threats (Paymar & Pence, 1993). The third session discussed anger and conflict. Specifically, eight behaviors were applied to relationships in the participant's lives (Gottman, 1993). Those eight behaviors involve: 1) Discounting, 2) Withdrawal or abandonment, 3) Threats, 4) Blaming, 5) Belittling, 6) Guilt tripping, 7) Derailing, and 8) Taking away (Gottman, 1993). The fourth session focused on helpful and harmful tactics used in communicating to one another. Specifically, four opposing types of responses were discussed: criticism versus complaint, contempt versus appreciation, defensiveness versus openness, and stonewalling versus attentiveness

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(Gottman, 1993). After these responses were discussed the participants were broken into groups of three. Each group filled out a quiz that included each of the responses. Once the smaller groups finished, they gathered together as a larger group and discussed their answers. The fifth session entailed three different communication styles including assertiveness, passivity, and aggressiveness. The group broke into pairs and practiced different communication styles. Each pair then acted out their particular communication style, while the rest of the group pinpointed which communication style was being used. The group also summarized the last five sessions, the important points, and how they will use this training in their present and future relationships. See Appendix A for a complete description of the curriculum.

The control group did not receive training, however the participants filled out the same questionnaires as the experimental group. The participants were not given additional information about healthy and unhealthy relationships by the Primary Investigator, but were instructed to fill out the questionnaires according to the directions. There were five days in between the first administration of the questionnaires (pre-test) and the second administration of the questionnaires (post-test). The control group participants did not receive any contact with the author or research assistant in between these periods, nor did they receive additional information from the primary investigator and author regarding healthy and unhealthy relationships.

Table 2. Self-Reported Abuse in Romantic Relationships and Abuse in Nonromantic
Relationships by Group.

Demographic	Experimental		Control	
	n	(%)	*n*	(%)
Abuse Romantic				
None	4	(16.0)	1	(04.2)
Verbal	3	(12.0)	2	(08.3)
Emotional	0		1	(04.2)
Verbal/Emotional/ Economic/Physical/ Sexual	5	(20.0)	0	
Verbal/Emotional	6	(24.0)	4	(16.7)
Verbal/Physical/ Emotional	5	(20.0)	5	(20.8)
Verbal/Physical	1	(04.0)	1	(04.2)
Verbal/Emotional/ Economic	1	(04.0)	2	(08.3)
Verbal/Physical/ Sexual/Emotional	0		1	(04.2)
Verbal/Physical/ Emotional/Economic	0		3	(12.5)
Verbal/Physical/ Sexual/Economic	0		1	(04.2)
Verbal/Physical/ Sexual	0		1	(04.2)
Verbal/Physical/ Economic	0		1	(04.2)
Verbal/Economic	0		1	(04.2)
Abuse Nonromantic				
None	11	(44.0)	5	(20.8)
Verbal	1	(04.0)	5	(20.8)
Physical	0		2	(08.3)
Emotional	0		1	(04.2)
Verbal/Physical	5	(20.0)	0	
Verbal/Physical/ Emotional	5	(20.0)	3	(12.5)
Verbal/Physical	0		1	(04.2)
Verbal/Physical/ Sexual/Emotional	1	(04.0)	4	(16.7)

Table 2 continued. Self-Reported Abuse in Romantic Relationships and Abuse in Nonromantic Relationships by Group.

Demographic	Experimental		Control	
	n	(%)	*n*	(%)
Verbal/Physical/ Sexual	2	(08.0)	0	
Verbal/Physical/ Economic	0		1	(04.2)
Verbal/Economic	0		1	(04.2)
Verbal/Sexual/ Emotional	0		1	(04.2)
Verbal/Physical/ Emotional/Sexual/ Economic	0		1	(04.2)

Measures

Questionnaire on Violence in Intimate Relationships. The Questionnaire on Violence in Intimate Relationships (QVIR) was developed by Jaffe, Sudermann, Reitzel, anᵤ ᵛᶦllip (1992) to measure the knowledge or attitudes about wife assault, sex roles, and dating violence, and of behavioral intentions in violence-related situations. The QVIR consists of 48 self-report items that are scored on a 5-point Likert scale. The 5-point scale ranges from strongly agree, agree, undecided, disagree, to strongly disagree. Some of the items on the scale are reverse scored. Examples of the Likert scale include "Women are more likely to be assaulted by someone in their home than by a stranger on the street," "When a husband and wife share equal power in a marriage, it is bound to cause some violent fights," and "Violence is a private family matter." In addition to the Likert-scale items the QVIR includes a set of hypothetical situations in which respondent's rate how

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they would respond. For example, "If you had a friend whose boyfriend yells at and threatens her when she does not do what he wants, would you 1) offer her assistance, 2) talk to a teacher, 3) talk to another friend, 4) suggest to her that she see a guidance counselor, or 5) ignore it – it is a personal issue. The QVIR was originally constructed for an adolescent intervention program. However, the authors (Jaffe, et. al., 1992) have deemed the QVIR suitable for adults.

The QVIR is measuring how knowledgeable individuals are of intimate partner violence, therefore a higher score would indicate a good understanding while a low score would indicate a poor level of understanding of intimate partner violence. The original measure, as was previously stated, was developed to ascertain the level of knowledge and understand adolescent's opinions of intimate partner violence. Jaffe, et.al. (1992), unfortunately did not report the reliability or validity of their instrument. However, the study by this author attained a Coefficient alpha of .73. In consultation with the instrument developer, it was decided that only Likert-scaled items, items 5 to 7 and 9 to 19, would be scored due to several reported significant problems in the instrument (items 14 and 16 thru 19 were reverse scored). Therefore, test results from this instrument should be and have been analyzed with caution.

The Abusive Behavior Inventory. The Abusive Behavior Inventory (ABI) was developed by Shepard & Campbell (1992) to measure the physical and psychological abuse of survivors by their partners, and is used in the current study as the operational definition of domestic violence. Initially, the measure was developed to evaluate a domestic violence program, however the developers consulted with program staff and

survivors to measure physical and psychological abuse of survivors by their partners. The scale consists of 30 items that are scored on a 5-point Likert scale to measure the frequency of abusive behaviors during a six-month period (Shepard & Campbell, 1992). The 5-point scale ranges from (1) never, (2) rarely, (3) occasionally, (4) frequently, to (5) very frequently. The scale measures the frequency of abusive behaviors during a six-month period (Shepard & Campbell, 1992). Examples of items on the scale include "Called you a name and/or criticized you", "Used your children to threaten you (i.e., told you that you would lose custody, said he would leave town with the children)", "Slapped, hit, or punched you", and "Drove recklessly while you were in the car".

The instrument is a self-report pencil and paper questionnaire. The instrument has two subscales that include psychological abuse and physical abuse. The psychological abuse subscale has twenty questions that are taken from the following subcategories 1) "emotional abuse" (humiliation or degradation), 2) "isolation" (restriction of social contact), 3) "intimidation" (frighten with actions or gestures), 4) "threats" (of harm to self or others), 5) use of "gender privilege" (compliance demanded based on belief of gender entitlement), and 6) "economic abuse" (restriction of financial resources) (Shepard & Campbell, 1992). Scoring for the psychological abuse subscale range from (1) no psychological abuse to (5) very frequent psychological abuse. The physical abuse subscale has ten items that describe assaultive behaviors (including the force of sexual activities). Scoring for the physical abuse subscale range from (1) no physical abuse to (5) very frequent physical abuse. A score of 49 or below is estimated as a low score, whereas a score of 50 or above is estimated as a moderate to high score where abusive tactics exist

(Shepard & Campell, 1992). Importantly, these cutoffs are used in the present study define a participants status (experienced domestic violence or did not experience domestic violence), rather then their self-report of domestic violence on the demographics form, as the cutoffs are believed represent a more psychometrically sound then directly asking.

A sample population of 100 males and 78 females was used by Shepard and Campbell (1992) to test the reliability and validity of the ABI. The men were patients at a veteran's hospital for chemical dependency and the women were the partners of the men. Four groups were measured accordingly 1) men identified as having been physically abusive toward their partners, 2) partners of physically abusive men, 3) men assessed as not having been physically abusive toward their partners, and 4) partners of men not identified as physically abusive. The groups were equally divided into abusers/abused and nonabusers/nonabused. Analysis of variance was used to subsequent discrepancies in demographic information (i.e., age and education level).

Reliability for the ABI was tested through alpha coefficients and standard error of measurement (SEM). These measures were used to measure internal consistency (i.e., alpha coefficients) and the client's score as their "true" score (SEM). The alpha coefficients for the four groups ranged from .70 to .92. The SEM for the four groups ranged from .04 to .12. Both the alpha coefficients and the SEM suggest good reliability (Shepard & Campbell, 1992).

Three types of validity were measured for the ABI 1) criterion-related validity, 2) construct validity, and 3) factor validity. The criterion-related validity was used to test

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whether the scale could distinguish between groups of individuals that are known to have varying levels of psychological and physical abuse in their relationships (Shepard & Campbell, 1992). An analysis of variance was conducted between the independent and dependent variable. The independent variable consists of the group status (i.e., abusive relationship or nonabusive relationship) and the dependent variable consists of the physical and psychological abuse scores from the ABI. Interaction effects were performed before the analysis of variance between age, education, and the independent variables. Significant interaction effects were not found (Shepard & Campbell, 1992).

Abusive subscales (psychological and physical abuse) were found to be 25% higher for both men and women in an abusive relationship than those that were not in an abusive relationship. The means for the psychological subscale were found to be .55 for the men and .80 for the women. The means for the physical subscale were found to be .42 for the men and .55 for the women. These differences were found to be statistically significant at the .001 level. Additionally, 25% of the variance between the abuse and no abuse groups for both men and women were found to be statistically significant. Overall, the ABI subscales were found to have good criterion-related validity (Shepard & Campbell, 1992).

Shepard and Campbell (1992) used two types of construct validity: convergent validity (variables related to the abuse) and discriminant validity (variables not correlated with the abuse). The variables used for convergent validity were clinical assessment of abuse, client assessment of abuse, and previous arrest for domestic abuse. The variables for the discriminant validity that were thought to not correlate highly were age and

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household size. The convergent validity variables were found to have a stronger correlation with the ABI subscales than the discriminant validity variables for both the men and women. Therefore, the ABI subscales that were used for this sample were found to have good construct validity (Shepard & Campbell, 1992).

Factorial validity was used to determine if individual items correlated with the ABIs. Alpha coefficients ranged from .80 to .92 for the physical abuse subscale and .76 to .91 for the psychological abuse subscale (Shepard & Campbell, 1992). The alpha for the current study was .97.

Relationship Assessment Scale. The Relationship Assessment Scale was developed by S.S. Hendrick (RAS; 1981, revised 1988) to measure relationship satisfaction. The scale was originally developed to measure marital satisfaction. The scale was revised to include two new items and to change "mate" to "partner" and "marriage" to "relationship". The revised version can be used to measure both romantic relationships and intimate relationships that are not romantic. The Relationship Assessment Scale can assess general satisfaction, how well the partner meets one's needs, regrets about the relationship, how well one's own expectations have been met, love for partner and problems in the relationship (Hendrick, Dicke, & Hendrick, 1998).

The Relationship Assessment Scale is a brief relationship scale with 7-items. It is scored on a 5-point Likert scale that ranges from 1 (low satisfaction) to 5 (high satisfaction). For scoring items, 4 and 7 are reverse scored. Examples of questions on the RAS include, "How well does your partner meet your needs", "How often do you wish

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you hadn't gotten into this relationship", and "How many problems are there in your relationship".

The mean for the inter-item correlation for the Relationship Assessment Scale was .49 (Hendrick, 1988). The RAS was also shown to have good reliability with a coefficient alpha of .86 and a standardized alpha of .87 (Hendrick, 1988). The means of the RAS ranged from 3.51 to 4.28 while the standard deviations ranged from .52 to 1.12. This study found an alpha coefficient of .65.

The Relationship Awareness Scale. The Relationship Awareness Scale (TRAS) was developed by William E. Snell, Jr. in 1997 to measure relational-consciousness, relational monitoring, and relational anxiety. The Relationship Awareness Scale is a 5-point Likert-type scale that ranges from "Not at all characteristic of me" to "Somewhat characteristic of me," to "Very characteristic of me." The complete scale has a total of 30 items with 1 item that is reversed scored. The total score is 115, the higher the score the higher an individual endorses relational-consciousness, relational monitoring, and relational anxiety.

The relational-consciousness subscale refers to an individual's awareness of their intimate partner. Individual's who endorse these items are introspective about their close relationship, examine their relationship moods and motives, and in general are reflective about the nature and dynamic features of their intimate relationship. Examples of the relational-consciousness subscale include "I'm alert to changes in my intimate relationships," "I am very aware of what goes on in my close relationships," and "I reflect about my intimate relationships a lot."

The relational-monitoring items refer to an awareness of how other people's reactions affect one's intimate relationship. Individual's who endorse these items are concerned about the appearance of their close relationships to others, and in general about the impression which their intimate relationships make on others. Examples of the relational-monitoring items include "I'm usually aware others' reactions to my close relationships," "I am very aware of what others think about my close relationships," and "I'm concerned about how my intimate relationship appears to others."

The relational-anxiety items refer to feelings and behaviors that occur during intimate interactions. The items reflect inhibition and feelings of tension, discomfort, and awkwardness in intimate relationships. Examples of the relational-anxiety items include "I feel uncomfortable when I think about talking with an intimate partner," "I usually feel quite anxious about my intimate relationships," and "I would feel inhibited and shy in an intimate relationship." A high score endorses a relational consciousness, monitoring, and anxiety. In other words, individuals with a high score do not feel secure in their relationships and often are quite anxious in interpersonal and intimate relationships. The Cronbach alpha for the relational-consciousness scale was .81; for the relational-monitoring subscale, .88; and for the relational-anxiety scale, .85 (Snell, 2002). In addition, test-retest reliability was .71 for relational-consciousness, .73 for relational-monitoring, and .70 for relational-anxiety (Snell, 2002). This study found a coefficient alpha for the pre-test of .914 and similarly for the post-test .914.

Procedure

TANF clients and SAT clients were mandated to attend daily educational trainings, separate from this study, to complete the requirements for their particular programs. The author retained authorization from each program to provide educational trainings for the TANF program and SAT program as part of the standard curriculum of both programs. During the relationship training by the author, clients were invited to participate in the study. More specifically, whilte attendance of the relationship training experimental group or control group was a mandatory part of the overall services provided, participation in the research evaluating the effectiveness of the relationship training was voluntary. The TANF and SAT participants interested in participating in the study filled out pre-test and post-test measures. Likewise, TANF and SAT clients in the control group who did not attend the relationship training but volunteered to participate in the study filled out the pre-test and post-test questionnaires. The TANF participants were administered the questionnaires at Job Service, while the SAT participants were administered the questionnaires at the community mental health agency. The TANF and SAT participants were randomly selected for the experimental and control group.

The Experimental Group. The relationship training was provided for the experimental group consecutively Monday through Friday from 8:00am to 10:30am for one week. The pre-test measures for the experimental group were administered the first day (Monday) of the relationship training prior to the onset of the actual relationship training. At the end of five consecutive days (Friday) of the relationship training, the post-test measures were administered as the last portion of the relationship training for that

day. Only TANF and SAT participants who volunteered to continue in the study filled out the post-test questionnaires.

The Control Group. The control group did not receive the relationship training or any additional information regarding healthy, unhealthy or domestically violent relationships by the author. The pre-test measures for the control group were administered on a Monday during the time period when a required educational training was given (the questionnaires for this study supplemented the time period of the required training). Likewise, five days after the pre-test questionnaires were administered, on Friday, the post-test measures were also administered during the time period of a required educational training.

Only the same TANF and SAT participants who participated in the pre-test and post-test questionnaires were analyzed for this study. The data from the TANF (control and experimental) participants was collected over the course of a four month period, while the data from the SAT (control and experimental) participants were also gathered over the course of a separate four month period. Each specific group of TANF participants and SAT participants filled out the pre-test and post-test questionnaires within a period of five days. The surveys included the Questionnaire on Violence in Intimate Relationships, Relationship Assessment Scale, Abusive Behavior Inventory, and The Relationship Awareness Scale. A specified, private room was provided for both the TANF and SAT participants. The study was described to the participants by the author and a research assistant. The names of the participants were written down on a piece of paper and kept in a locked file cabinet until the post-tests were completed. When the post-

tests were completed the piece of paper with the participant's names were shredded. The participants were asked to place both the pre-tests and post-tests in a provided envelope to ensure confidentiality. Job Service employees and Treatment therapists did not see the raw data from the tests. The raw data from the TANF participants and SAT participants are stored in a locked file cabinet. At the end of three years, the raw data will be shredded and destroyed.

<div align="center">Data Analyses</div>

The Questionnaire on Violence in Intimate Relationships (QVIR; Jaffe, et al., 1992), the Relationship Assessment Scale (RAS; Chase, et al., 1998), the Abusive Behavior Inventory (ABI; Shepard & Campbell, 1992), and the Relationship Awareness Scale (TRAS; Snell, W.E., 1997) were used to measure dependent variables. The independent variable is the presence of absence of relationships training. The dependent variables were (1) relationship satisfaction of participants in healthy relationships, (2) relationship satisfaction of participants in domestically violent relationships, and (3) knowledge and awareness of domestic violence.

A series of analysis of variances (ANOVAs) were run to understand the impact of the independent variable on the dependent variables named above. The first analysis of variance was conducted to evaluate the differences in relationship satisfaction between the healthy relationships training (experimental) group and the control group for participants in a nonabusive, healthy relationships. The independent variables the absence of abuse in the experimental group and the absence of abuse in the control group. The dependent variable was relationship satisfaction

<div align="center">70</div>

The second analysis of variance was conducted to evaluate the differences in relationship satisfaction between the healthy relationships training (experimental) group and the control group for participants who endorse or report a range of domestically violent relationships. The independent variables were the presence of abuse in the experimental group and the presence of abuse in the control group. The dependent variable was relationship satisfaction.

The third analysis of variance was conducted to evaluate the differences in awareness of domestic violence (definitions and impact) between the relationships training (experimental) group and the control group. The independent variable was the presence or absence of training. The dependent variable was the group's post-test awareness level of domestic violence.

CHAPTER IV

RESULTS

The results of this study are presented in this chapter in two sections. The first

section reports the results of preliminary analyses. The second section reports the results

of the main analyses regarding the main hypotheses of the study.

Preliminary Analysis

A correlation matrix was completed to look for unexpected relationships that may

impact the main analysis. Likewise, a series of Chi-Square analyses were completed to

check for unintended differences between the experimental and control group. The two

groups (experimental and control) were also analyzed to check for pre-test equivalences.

The Pearson product-moment correlation coefficient (r) was used to assess the

relationship between all specific variables including pre-test and post-test levels of the

dependent variables. The correlation matrix consisted of correlation coefficients that were

computed across nine scales (Age, Pre-ABI, Post-ABI, Pre-RAS, Post-RAS, Pre-QVIR,

Post-QVIR, Pre-TRAS, and Post-TRAS). The results indicated that 7 out of the 9

correlation coefficients were statistically significant at either the $p = .01$ level or $p = .05$

level and were either negatively or positively equal to or above .20, a moderately strong

relationship. Several of the tests were expected to correlate, such as the pre-test and post-

test measures in the ABI, RAS, QVIR, and TRAS. The Pre-test ABI correlated with the

Pre-test RAS ($r = -.29$), the Post-test ABI correlated with the Pre-test RAS ($r = -.31$), the Post-ABI correlated with the Post-RAS ($r = -.55$), and the Post-ABI correlated with the Post-TRAS ($r = .33$). The ABI is a measure of psychological and physical abuse that measures the frequency of the abuse, whereas the RAS is a measure of relationship satisfaction according to the degree of satisfaction an individual feels in their relationship. The ABI and RAS most likely correlated as each instrument assesses a degree of negative or positive experiences within the individual's relationships. Likewise, the TRAS is a measure of awareness of the individual's interactions with their partner, awareness of other's reactions to the individual's relationship, and anxiety toward feelings and behaviors during intimate interactions with the individual's partner. Therefore, the ABI and TRAS likely correlated because each instrument is assessing the feelings and behaviors at some level of their partner's interactions. See Table 3.

A two-way contingency table analysis (Chi-Square) was conducted to obtain a better composition of the participants and to evaluate whether there was a gender (male and female) difference across self-reported ethnicity (Caucasian, Native American, Latino, White/Mexican, Native American/White, White/Hispanic, and No Report of Ethnicity). Significant differences were not found among gender and ethnicity as the likelihood ratio test was not significant (χ^2 [6, N = 49] = 10.09, p = .12). The majority of participants were female ($n = 27$) and the majority of self-reported ethnicity was Caucasian ($n = 28$; Males, $n = 13$; Females, $n = 18$). See Table 4.

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Table 3. Correlation Table of Age, Abusive Behavior Inventory (ABI), Relationship Assessment Scale (RAS), Questionnaire of Violence in Intimate Relationships (QVIR), and The Relationship Awareness Scale (TRAS).

	Age	Pre-ABI	Post-ABI	Pre-RAS	Post-RAS	Pre-QVIR	Post-QVIR	Pre-TRANS	Post-TRANS	M	SD
Age	1									32.51	10.88
Pre-ABI	-.070	1								52.92	20.20
Post-ABI	-.071	.446**	1							49.94	22.51
Pre-RAS	-.022	-.292*	-.314*	1						21.57	3.94
Post-RAS	.112	-.105	-.552**	.478**	1					21.02	5.91
Pre-QVIR	-.266	.254	.047	.123	.142	1				56.04	5.97
Post-QVIR	-.203	.137	.129	.094	.156	.538**	1			52.84	7.53
Pre-TRAS	-.136	-.022	.223	.084	-.143	.070	.098	1		86.00	23.13
Post-TRAS	-.100	-.084	.327*	-.061	-.264	-.043	.089	.579**	1	83.06	19.32

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Table 4. Self-report of Ethnicity by Gender.

Ethnicity	Male		Female	
	n	(%)	n	(%)
Caucasian	13	(59.1)	18	(66.7)
Native American	5	(22.7)	6	(22.2)
Latino	0		2	(07.4)
White/Mexican	1	(04.5)	0	
Native American/White	2	(09.1)	0	
White/Hispanic	0		1	(3.7)
No Report	1	(04.5)	0	

An additional two-way contingency table analysis was conducted to evaluate whether there is a difference between participant's relationship status and domestic violence status. The two variables were participant's relationship status (married, divorced, single, legally separate, engaged, and widowed) and domestic violence status (presence or absence of abuse). The presence or absence of domestic violence was determined by scores on the ABI, as the ABI was used to obtain a more accurate report then the self-report demographics item. An obtained score of 0 to 49 resulted in a categorization of 'no history of abuse', while a score of 50 to 150 resulted in a categorization of having a 'history of abuse' (see Shepard and Campbell, 1992). There were no statistically significant proportional differences in abuse status based on relationship status at pre-test as measured by pre-test ABI (χ^2 [5, N = 49] = 6.53, p = .25), or at post-test as measured by the post-test ABI (χ^2 [5, N = 49] = 6.82, p = .234). See Table 5.

Table 5. Relationship Status by Abuse as Measured by the Abusive Behavior Inventory (ABI).

Relationship Status	Abuse			
	No		Yes	
	n	(%)	*n*	(%)
Married	3	(100.0)	0	
Divorced	8	(53.3)	7	(46.7)
Single	13	(61.9)	8	(38.1)
Legally Separated	4	(50.0)	4	(50.0)
Engaged	0		1	(100.0)
Widowed	1	(100.0)	0	

The two groups (experimental and control) were also analyzed for pre-test differences using a one-way ANOVA. No significant differences were found on the ABI (p = .77), Experimental (M = 22.08, SD = 22.29), Control (M = 53.79, SD = 18.13); RAS (p = .46), Experimental (M = 22.52, SD = 3.12), Control (M = 20.58, SD = 4.49); TRAS (p = .80), Experimental (M = 85.20, SD = 20.30), Control (M = 86.83, SD = 26.21) or QVIR (p = .17), Experimental (M = 57.20, SD = 5.24), Control (M = 54.83, SD = 6.57). See Table 6 for an overview view of means and standards deviations by group. Because the pre-test showed equivalences in groups on all measures, no clear argument could be made for using ANCOVAs to control for pre-test differences (Green, Salkind, & Akey, 2000). As a result, all tests of the main hypotheses used an ANOVA.

The restriction of range was also tested for the presence or absence of abuse (as measured by the ABI) with the RAS. The means and standard deviations are as follows. The presence of abuse group (M = 19.05, SD = 5.69) and the absence of abuse group (M = 24.90, SD = 6.06) did not show a restriction of range.

Table 6. Pre-test Means (M) and Standard Deviations (SD) for the Abusive Behavior Inventory (ABI), Relationship Assessment Scale (RAS), The Relationship Awareness Scale (TRAS), and Questionnaire on Violence in Intimate Relationships (QVIR).

DV	Statistic	Experimental	Control
ABI	n	25	24
	M	52.08	53.79
	SD	22.29	18.13
RAS	n	25	24
	M	22.52	20.58
	SD	3.12	4.49
TRAS	n	25	24
	M	85.20	86.83
	SD	20.30	26.21
QVIR	n	25	24
	M	57.20	54.83
	SD	5.24	6.57

Main Analysis

Hypothesis I

The first hypotheses stated that participants who were in nonabusive relationships will have no change in relationship satisfaction. A two-way analysis of variance (ANOVA) was conducted to evaluate the relationship between the RAS, a measure of relationship satisfaction, participants in nonabusive relationships, and the two groups (experimental and control). See Table 7. The independent variable was the presence or absence of relationship training for those participants who did not endorse abuse on the ABI, while the dependent variable was the RAS (Relationship Assessment Scale). The omnibus test was not significant. However given they hypothesis was at the level of a

specific effect, and not the omnibus, a follow-up ANOVA was completed. The results were statistically significant, $F(1,31) = 14.31$, $p = .001$, partial $\eta^2 = .32$, suggesting that there are statistically significant differences between the groups regarding relationship satisfaction, with the no-abuse experimental group ($M = 25.41$, $SD = 5.56$) showing significantly higher levels of relationship satisfaction than the no-abuse control group ($M = 19.13$, $SD = 3.76$). Consequently, the first hypothesis was not supported.

Table 7. Raw Score Means and Standard Deviations of Abusive and Nonabusive Relationships according to Group, Measured by the Relationship Assessment Scale (RAS).

IV	Statistic	Experimental	Control
Nonabusive	n	17	16
Relationships	M	25.41	19.13
	SD	5.56	3.76
Abusive	n	8	8
Relationships	M	19.00	17.50
	SD	7.93	1.51

Hypothesis II

The second hypothesis stated that participants who have had a previous or current domestically violent relationship will have a significant decrease in relationship satisfaction after the relationship training. As noted above, a two-way analysis of variance (ANOVA) was conducted to evaluate the relationship between the RAS, a measure of relationship satisfaction, participants in abusive relationships, and the two groups (experimental and control). The independent variables were the group membership

(experimental and control) and the presence or absence of abuse as measured by the ABI, while the dependent variable was the RAS (Relationship Assessment Scale). The ANOVA was not statistically significant, $F(1,14) = .28$, $p = .61$, partial $\eta^2 = .02$, suggesting that there was not statistically significant differences between the groups regarding relationship satisfaction, with the abuse experimental group ($M = 19.00$, $SD = 17.93$) being roughly equivalent in relationship satisfaction as the abuse control group ($M = 17.50$, $SD = 1.51$). Consequently, the second hypothesis was not supported.

Hypothesis III

The third hypothesis stated that participants who receive the healthy relationships training will have significantly higher levels than the control group of awareness of domestic violence. A one-way analysis of variance (ANOVA) was conducted to evaluate differences on post-test QVIR levels (dependent variable) based on membership in the experimental or control group (independent variable). The ANOVA was statistically significant, $F(1,47) = 41.67$, $p < .001$, partial $\eta^2 = .47$, suggesting that there are statistically significant differences between the groups regarding knowledge of domestic violence, with the experimental group ($M = 57.84$, $SD = 5.88$) showing more knowledge than the control group ($M = 47.62$, $SD = 5.16$). The strength of the relationship between the QVIR and group membership was strong as the partial η^2 accounted for 47% of the variance on the dependent variable. See Table 8.

Post-Hoc Analysis

I also wondered whether the curriculum presented here (healthy relationships curriculum) increased individuals ability to identify, and consequently report, th

experience of abuse. Consequently, a one-way analysis of covariance (ANCOVA) was

used to evaluate whether post-test levels of the ABI (as the dependent variable) were

significantly different between the experimental group and the control group (independent

variable), while controlling for pre-test levels of the ABI (covariate). The results of the

ANCOVA indicated that the adjusted group means did not differ significantly from each

other, $F(1, 46)$, MSE = 423.03, p = .879. The strength of the relationship between group

membership factor and the ABI was not strong as assessed by partial η^2, with the group

membership factor only accounting for less than 1% of the variance on the dependent

variable, holding constant the ABI score. See Table 9.

Table 8. Raw Score Means and Standard Deviations of the Questionnaire on Violence in Intimate Relationships (QVIR).

DV	Statistic	Experimental	Control
QVIR	n	25	24
	M	57.84	47.62
	SD	5.88	5.16

Table 9. Raw Score Means, Standard Deviations, Estimated Marginal Means (EMM), and Standard Error of Estimates (SEE) of the Abusive Behavior Inventory (ABI) and by Group.

Group	Statistic	Experimental	Control
ABI	n	25	24
	M	49.08	50.83
	SD	25.20	19.83
	EMM	49.50	50.40
	SEE	4.12	4.20

CHAPTER V

DISCUSSION

Despite the abundance of research and advocacy for survivors, domestic violence continues to be a substantial issue. Research has specifically focused on reasons survivors stay in domestically violent relationships and the reasons perpetrators terrorize the survivor in the relationship (Herbert, Silver, & Ellard, 1991; Jacobson, et al., 1996; Rosenbaum & Leisring, 2003). However, there is a lack of information regarding prevention and intervention in the general public and with at-risk populations, such as welfare recipients and those struggling with substance abuse problems. Likewise, the research focus is often on understanding the dynamics and models of domestic violence, and although tha   ,ect is important, there is also a need for education on nonabusive,   .iy relationships (McKenry, Julian, & Gavazzi, 1995; Mihalic & Elliott, 1997; Williams, 1992).

The purpose of the current study was to focus on the prevention and intervention of domestic violence, while also concentrating on healthy, nonabusive relationships. A relationship training created by the author was tested in order to assess whether relationship satisfaction was affected by the relationship training, with the expectation that those who have experienced or are experiencing abusive relationships would become more aware of their relationship dissatisfaction. Furthermore, the relationship training

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was assessed according to the anticipated increase in the experimental group's knowledge of domestic violence. The following is a list and discussion of the present study's findings.

Preliminary Analyses

The preliminary analysis revealed that moderate negative correlations existed between the Abusive Behavior Inventory (ABI) and the Relationship Assessment Scale (RAS), and between the ABI and The Relationship Awareness Scale (TRAS). The relationship between these instruments makes sense. The ABI is a Likert-scaled instrument that focuses on both physical and psychological abuse (Shepard & Campbell, 1992), and the RAS is also a Likert-scaled instrument that focuses on how satisfied a participant is in his/her relationship. The strong negative correlation (.-55) is in line with Hendrick's (1988) assertion that the RAS would correlate with other instruments of relationship well-being, and adds credibility to claims of construct validity for both instruments. Similarly as described above, the ABI and TRAS also moderately correlate (.33). The TRAS was constructed to measure relational conscious, included in relational conscious is an awareness and concern for participants private experiences as well as his/her public experiences of their intimate relationship (Snell, 1998). These concerns include anxiety and uneasiness the participant may feel in his/her relationship. Given the anxiety producing interactions inherent to a domestically violent relationship, a correlation between the measures would be expected, and also lends some construct validity to the TRAS (as the lesser studies of the instruments).

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Finally, and most interesting to the purposes of the current study, is an apparent increase in the strength of relationship between the ABI (domestic violence) and RAS (relationship satisfaction) from pre-test measures ($r = -.29$) to post-test measures ($r = -.55$). A similar increase was noted between the ABI and the TRAS (relational anxiety) from pre-test measures ($r = -.02$) to post test measures ($r = .33$). Such a finding may suggest that relationship satisfaction decreased from the pre-test to post-test. In addition, participant's anxiety increased with individuals in abusive relationships from pre-test to post-test.

Main Hypotheses

The main hypotheses of the current study suggested there would be no change in relationship satisfaction with participants in nonabusive, healthy relationships who attended the relationship training. Likewise, there would be a decrease in relationship training with participants in abusive relationships who attended the relationship training. Additionally, the experimental group as a whole was expected to have more knowledge of domestic violence than those participants that did not attend the relationship training.

Hypothesis I

Hypotheses I stated that participants who were involved in a nonabusive, healthy relationship and also attended the relationship training would not have a change in relationship satisfaction. The overall omnibus follow-up test was not statistically significant, though the follow-up (and hypothesis specific) ANOVA did indicate a significant difference in relationship satisfaction between pre-test and post-test, with (nonabusive relationship) participants involved in the experimental group showing higher

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amounts of relationship satisfaction than those in the control group. A possible reason for the statistical significance is that participants who were already satisfied with their relationship felt more validated about their relationship after the training. One primary reason for this study was to research healthy, nonabusive and domestically violent relationships. Gottman (1994; 1999) found that individuals, who already communicate well and have knowledge of how to make a healthy relationship work, are more likely to feel satisfied and continue in a long, healthy relationship. This may provide a possible reason for the results, as individuals who are already satisfied continued to feel satisfied and quite possibly appreciated their relationship more after being validated on their healthy, nonabusive relationship and learning about unhealthy, abusive relationships. Interestingly, the relationships training in this study focused on communication skills and knowledge of healthy relationships, in addition to domestically violent relationships. Therefore, according to Gottman and colleagues, the results of the first hypothesis may have well been expected.

Hypothesis II

Hypotheses II stated that participants who were involved in an abusive relationship and also attended the relationship training would experience a decrease in relationship satisfaction. The overall omnibus and follow-up test were not statistically significant, indicating that the participant's relationship satisfaction was not affected by the relationship training. There may be several reasons for this finding. First, this result may indicate that participants who are categorized as being involved in abusive relationships have no change in relationship satisfaction when exposed to the current

'healthy relationships' curriculum. The current hypothesis was based on the notion that individuals involved in abusive relationships are often hesitant to identify it as such (Pearson, et al., 2001). McWhirter (2006) has explored this notion further under the guise of critical consciousness, a term used to refer to an awareness of oppression in one area of an individual's life. That the results contradicted this line of thinking may suggest that the current curriculum did not facilitate critical consciousness of being involved in a domestically violent relationship (and its oppressing consequences).

Second, it is also possible that participants in abusive relationships may have a self-defeating internal dialogue due to the abuser's tactics to control the survivor. For example, the abuser may threaten to take or kill the children, keep the survivor up all night so the survivor is too tired to work or go to school, isolates the survivor, or take the survivors paycheck (Pearson Griswold, & Thoennes, 2001; Tolman & Raphael, 2000). These tactics can lower the survivor's self-esteem, lower issues of trust, and increase the survivor's self-doubt (Pearson, Griswold, & Thoennes, 2001; Tolman & Raphael, 2000). Additional research has shown that when an individual is involved in a domestically violent relationship their sense of self and confidence decrease, while their hypervigilance increases (Pearson Griswold, & Thoennes, 2001; Tolman & Raphael, 2000; Wettersten, et al., 2004). Therefore, participants already involved in a domestically violent relationship may not have responded to the training due to already present feelings of hopelessness and lack of confidence in changing their relationship situation.

Jacobson et al. (1994) found that once violence is started in a relationship, there is little a survivor can do to stop the violence. A survivor may consistently try to change

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their behavior believing that the violence will stop, but instead the violence continues. This sense of self-defeat may explain how participants who are consciously in an abusive relationship would be dissatisfied regardless of the relationships training, thus there would not be a decrease in relationship satisfaction with participants in abusive relationships despite our hypothesis to the contrary.

Third, participants who were in abusive relationships may be afraid to disclose, sometimes due in part to a negative experience disclosing the abuse at one time. Fear of disclosure is an issue with survivors because they may be afraid that the abuser will find out and they will suffer more severe consequences of the abuse (Pearson et al., 2001; Raphael & Haennick, 1999). Likewise, Pearson et al. (2001) found that survivors were less likely to disclose the abuse because the violence occurred a long time ago, the issue had been resolved, or the survivor was not interested in discussing the abuse. Although participants were aware and told that the questionnaires were anonymous they still may have been hesitant to disclose or discuss their abuse for similar reasons.

Fourth, survivors may feel that despite the relationship training that there is no other choice than to stay in the abusive relationship due to issues of self-sufficiency. Hagen and Owens-Manley (2002) found that survivors often stay in an abusive relationship because they cannot afford to support themselves and their family (if children are a factor). Survivors may need years before they become truly self-sufficient which may imply that their relationship satisfaction would not decrease because of the financial burden they would incur if the survivor were to leave the relationship. In addition, survivors may have already attempted to become self-sufficient but failed and were

forced to return to the perpetrator. Therefore, the survivor's outcome expectation would have already been low regardless of the relationship training and as a result their relationship satisfaction would not have been affected (Chronister & McWhirter, 2003). Similarly, survivors who are in current abusive relationships may have experienced recent abuse (the morning of the training, the night before the training, or the week of the training) that may have left the survivor feeling hopeless during the training and interfered with openly receiving and applying the information from the training to the survivors own situation. These four factors may be possible reasons that data did not support the decrease in relationship satisfaction with individuals who were in abusive relationships.

Despite these possible explanations, the conclusion from the current data is that survivors experienced no change in their ratings of relationship satisfaction. Consequently, the main interpretation is that the current curriculum did not impact participants' (involved in nonabusive relationships) ratings of their relationship satisfaction. Such a conclusion demands a re-evaluation of the core curriculum, it's application, and the theory it's based on (Gottman, 1999).

Hypothesis III

Hypotheses III stated that participants who were involved in the relationships training would have more knowledge of domestic violence than the participants who had not been involved in the relationship training. The overall test was statistically significant, which indicates the participants in the relationship training were able to gather and learn information about domestic violence to increase their knowledge in comparison to the

participants that did not receive any information on domestic violence. This result indicates that individuals would better benefit from receiving information about domestic violence versus not receiving any information. Specifically, participants may have heard or thought they understood the term "domestic violence, " but many may not have understood that in the definition of domestic violence is emotional/psychological abuse (Kirkwood, 1993).

Research indicates that most individuals determine what is "acceptable" or "normal" in a relationship from their past experiences, familial and intimate relationships (Straus, 1990). Often individuals who have experienced abuse are more tolerable of the domestic violence because it is familiar to them. Many find it difficult to decipher between a healthy, nonabusive supportive relationship and a "good enough" relationship where aspects of abuse are present (Straus, 1990). Therefore, when individuals are educated about domestic violence, as they were in this study, it is likely that their knowledge not only increases about abusive behaviors but also what is "acceptable" in a healthy, nonabusive relationship.

Sell, D.M., Wettersten, K.B. Williams, K.L., Tillman. K., & Kerr-Welsh (August, 2006) found immediate gains with a college population on knowledge of domestic violence after a one-time two hour presentation. However, they also found after a two-week follow-up these gains returned to their pretest levels. Comparatively, this study's training was given over a longer period of time (five sessions) whereas Wettersten et al.'s (2006) program was provided over a shorter period of time (one session). Likewise, Neville & Heppner (2002) found that knowledge of sexual assault was maintained and

increased over the course of several training sessions. More specifically, Neville &

Heppner (2002) reported that extended sessions (two or more), enhanced and maintained

participants' knowledge and behaviors about sexual assault prevention, whereas one-time

sessions lead to a similar erosion of gains found by Sell et al. (2006) when post-testing

was not immediate.

Adding to the work of Sell et al. (2006) and Neville & Heppner (2002), the

current study affirmed that knowledge regarding violence and violence prevention, in this

case domestic violence, can be obtained by participants in high-risk populations. Unlike

Sell et al. (2006), the current intervention maintained extensive interactions with

participants over the course of a week, and used experiential activities (rather than relying

predominantly on didactic ones). However, because only one measurement was taken

immediately post-intervention, it is unknown as to whether these knowledge gains were

maintained, as was the case in the study reported by Neville & Heppner (2002).

It is also worthy of mention that the literature relating to domestic violence

prevention has some significant limitations, and that these limitations directly impact the

meaning of the findings of Hypothesis Three. The first of those limitations includes the

surprising lack of instrumentation regarding both domestic violence knowledge, beliefs or

attitudes. More specifically, there are no psychometrically sounds measures of

knowledge, beliefs or attitudes that are known to predict involvement in a domestically

violent relationships. Such a limitation is evident in the current study, in that the QVIR

was amended significantly in order to be appropriate for use here, but is still lacking in its

demonstration of valid and reliable usage. The second limitation, certainly related to the

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first, is that no studies have equated knowledge about domestic violence wit the facilitation of 'good outcome'. So, while writers speculate that knowledge of domestic violence is imperative for prevention (and intervention), the reality is that this has yet to be proven.

<center>Clinical Implications</center>

TANF and SAT clients have a high prevalence of domestically violent relationships. Tolman and Raphael (2000) found that 38% to 74% of welfare recipients were also survivors of domestic violence. While between 25% and 57% of women in SAT have experienced domestic violence by their partner (El-Bassel, Gilbert, Wu, Go, & Hill, 2005) and between 35% and 67% of men in SAT have experienced domestic violence by their partner (Chermack, Walton, Fuller, & Blow, 2001; Stuart, et al., 2003). Due to the high prevalence rate of domestic violence with these two high risk populations and the findings of this study, several facets can be clinically implied.

The first facet is to increase the awareness of healthy, unhealthy, and domestically violent relationships. Educational programs, like the one in this study, may increase the awareness of healthy, unhealthy, and domestically violent relationships. Prevention and intervention seems critical in teaching the skills of communication and educating individuals about the dynamics of domestic violence and nonabusive relationships. Assertive communication has been shown as one of the key factors in getting out of and staying away from domestically violent relationships (Jacobson et al., 1996). Therefore, devising programs that focus on assertive communication, like the curriculum in this

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study, would be beneficial to prevent and intervene in domestically violent relationships, as well as reinforce positive, healthy relationships.

The second facet is to use community involvement to help teach and model healthy relationships. There is a need within the community to educate professionals on domestic violence and healthy relationships. One study, Pearson, et al. (2001) found several implications for professionals who work with individuals who may be in domestically violent relationships. One group felt that additional training on how to interview individuals with domestic violence would be beneficial to handling topics that can be sensitive and emotional. Another group felt that regardless of the population, domestic violence issues were better handled by social workers who are trained to handle emotional topics. While the last group felt that a specialist trained on domestic violence should be the only professional who speaks with individuals about domestic violence. However, the majority of professionals were most comfortable with having a specialist available if a client disclosed domestic violence. The probability that a specialist will be on-site with most professionals is not likely therefore training professionals about domestic violence would be a less expensive and a more probable option.

The third facet is to decrease domestic violence and increase knowledge of relationships (healthy, unhealthy, and domestically violent) through school programs, work-related trainings, human service trainings, and professional seminars. The theories reviewed in the literature address domestic violence, but do not provide information that may be helpful in the prevention of domestic violence. Survivors and perpetrators often have experienced some form of abuse during childhood and do not receive knowledge

about healthy relationships. Therefore, survivors often feel that although they are being abused, the abuse is not as harsh (e.g. as a child the survivor witnessed and/or experienced physical abuse, as an adult the survivor is a victim of verbal abuse without physical abuse). The abuser may also convince or threaten the survivor into thinking that they do not have the work or life skills to become self-sufficient. The combination of lack of knowledge of healthy relationships with the emotional, verbal, and or physical violence from the abuser creates several barriers for the survivor in becoming self-sufficient. Without education on prevention of domestic violence, the survivor is likely to return to the abuser or get into another abusive relationship. Community services and professionals who treat survivors have good intentions in helping survivors to become self-sufficient. However, many services do not provide a combination of work resources, psychological and emotional support, and education on prevention of future domestic violence for the survivor or their children.

Through school programs, work-related trainings, human service trainings, and professional seminars, communities may be able to decrease domestic violence and increase knowledge of relationships (healthy, unhealthy, and domestically violent). Additionally, community involvement is important in supporting these programs as a diverse population may help in breaking down some of the stereotypes of domestic violence. Community support may also assist in teaching and modeling healthy relationships to young people. This study indicates that interventions do work and are likely to make a difference in individuals, groups, and communities.

The final facet is to intervene and prevent future domestically violent relationships. the implications of this study's focus on both domestic violence (prevention) and the dynamics of healthy, nonabusive relationships could help to not only intervene but prevent individuals from becoming involved in a domestically violent relationship. Individuals who have grown-up in a negative or violent environment may not realize or understand how a healthy relationship functions. Therefore by educating individuals, preferably before they become involved in a relationship, the hope is to both decrease the chance of experiencing domestic violence, and also increase the chance of having satisfying and stable relationships.

Limitations of the Current Study

There are several limitations of this study. The sample size was very small. A larger sample size with a more diverse population may have produced better results, especially when comparing participants subsets of the population, such as the impact of the intervention (compared to controls) on only those who are in abusive relationships. In this case (such as hypotheses 1 and 2), cell sizes were much smaller than they were for the overall pool. Additional factors such as the demographics must also be considered. The participants in both the experimental and control group were fairly homogenous, likely due to the mid-west location of the study. Additionally, no information on sexual orientation and economic status was gathered.

In regards to sexual orientation, it was assumed that participants represented both the straight and gay (and bisexual) communities, and all of the tests used gender neutral pronouns when asking specific questions about the individual's relational experiences.

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Despite this, a limitation of the current study is that difference in responsiveness to the training may exist based on one's sexual orientation, though no attempt was made to gather such information in the current study. Likewise, though participants' ethnicities were fairly homogenous, cultural differences could have been a factor when considering the definition of "healthy", "unhealthy", and "domestically violent" relationships. Importantly, in regard to issues of race/ethnicity, sexuality, and even gender (discussed below), the curriculum for the study was based on the work of Gottman (1993), who has consistently worked to study relational issues among persons of differing cultures, backgrounds, and sexual orientations (1993, 1994, 1995).

As noted above, gender issues may also be a factor in how the relationships training was interpreted and accepted. Many times when speaking about domestic violence, men are targeted as the perpetrators and although the author emphasized that the perpetrator can be male or female, the stereotype and most research continues to focus on males as the perpetrator. It is also important to consider the past and present relationships of the participants. Individuals who have experienced either in the past or are currently in an abusive relationship may be less likely to consider the relationship training as accurate if they are not ready to leave the relationship. Also, some participants may have experienced many negative relationships and may be unwilling to consider the prospect of a healthy, nonabusive relationship.

Gottman and Notarius (2000) caution against research studies and programs that do not include direct observation or long-term follow-up with participants. These are important factors to consider. Gottman's research has focused on direct observation of the

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interaction between couples and has been beneficial in his findings. Much research is based from self-report and therefore, it is impossible to distinguish between perception and reality. Therefore, working directly with participants and their partners can be beneficial. This study only focused on the participant's self-report. Information regarding the participant's partner (if available) would have given more insight into relationship satisfaction and dynamics according to both individual's perceptions. Additionally, much of Gottman's research has been longitudinally based. The benefit of longitudinal and follow-up studies are immeasurable. When most research is terminated it is unknown whether the intervention was effective for only the time period of the research or if it was long lasting. This is an important factor that lacked in this study. Although there was an increase in knowledge of domestic violence with the participants in the relationships training, it is unknown if the knowledge made a direct and long-lasting difference in the participant's relationships.

Similarly, the Relationship Assessment Scale was used and designed to assess relationship satisfaction. However, Hendrick (1988) intended the scale to be used as a "ballpark" estimate of relationship satisfaction for therapists or researchers (p. 97). The scale is extremely short with only seven items, which can be both positive and negative. On the positive side, participants are more willing to fill out a questionnaire that is shorter rather than longer, especially when other instruments are involved in the research. On the negative side, the RAS may not give an accurate assessment or enough information to obtain a realistic, objective picture of the participant's thoughts and feelings on their relationship satisfaction. The Relationship Awareness Scale (TRAS) was used to assess

participant's relational consciousness. In other words, it was used to assess a participant's anxiety level and uneasiness with both internal (private) and external (public) features of the participant's intimate relationship. However, Snell (1998) has not standardized the instrument with survivors of domestic violence. Research has shown that hypervigilance and anxiety are often present in domestic violence (McWhirter & Rasheed, 1998; Straus, 1990; Wettersten et al., 2004). Due to this presence, the instrument may not be accurate with survivors of domestic violence.

The instruments and curriculum used may have created confounds within the study. There is a significant lack of reliable and standardized instruments to test the effects of an abusive versus a nonabusive relationship. It was extremely difficult to find instruments that met part of the needs of this study. As noted above, the Questionnaire on Intimate Violence (QVIR) has not been validated or standardized and, after consultation with the instrument's author it was decided to only use the Likert-scaled items. However, those items have not been validated or standardized either. This may have created confounds within the study. The Abusive Behavior Instrument (ABI) was also used to give an objective measure of participants who have or are experiencing abuse versus those who are not or have not experienced abuse. However, the instrument was not designed for this purpose. Although Shepard and Campell (1992) constructed with the intent to help domestic violence programs assess the degree of abuse, both physical and psychological, it was not developed to divide individuals who have been abused versus those who have not been abused despite the fact that it has been used that way in several subsequent studies.

In addition to instrumentation issues, curriculum standardization may also be a concern. The author had not used the curriculum in the past, nor did she conduct a sample study to ascertain how well the curriculum fit the study and the research population. This may have added confounds in the study to decrease the significance of the results. In addition, experimenter bias may have been a limitation to this study. The author may also not have been consistent in the material presented or at least how it was presented, therefore, paying more attention to one group and less attention to another group. More specifically, there were several facets of the curriculum itself that could be changed. First, the sessions would be more beneficial in weekly intervals versus daily trainings. This would give time for the participants to practice what was learned and to ask further questions. Second, the participants would benefit from practicing the material learned in the training while in session. For example, role-plays could be conducted of the three ways to communicate emphasizing the kind of communication that maintains a nonabusive relationship. Third, videos would be shown of various scenarios on how to communicate both in abusive and nonabusive manners. This would further emphasize the material given and also visually display the concepts. Last, the concepts could be simplified and examples could be used that would suit the specific audience. Many times the participants either could not relate or did not envision themselves speaking or behaving in the manner suggested. Part of the curriculum that spoke directly to domestic violence (as opposed to healthy relationships) is the Power and Control Wheel (Pence & Paymar, 1993). The Power and Control Wheel has been a controversial tool used mostly from advocates of domestic violence to educate survivors, abusers, criminal justice

system, assistance programs, and the public about domestic violence. Pence and Paymar (1993) constructed the Power and Control Wheel through informal meetings with 11 survivors of domestic violence and although an additional 200 survivors were interviewed they lacked diversity in ethnicities and regions. Although recently there has been a movement towards expanding the Power and Control Wheel to adjust for diversity, research has not been used to validate or standardize the model.

A final limitation regards the recruitment of participants from two separate organizations, Temporary Needs for Families (TANF) and a Substance Abuse Treatment (SAT) program. Due to the diverse needs of the two separate populations, it is probable that there were several confounds. Most notably, TANF participants were receiving financial assistance for their family and concentrating on career goals. Participants at the treatment facility may or may not have had families, were not necessarily receiving financial assistance, and were focused on treatment for their addiction. While each group in the study had participants that were in both nonabusive and abusive relationships, it is likely that their viewpoint and readiness to change may have been quite different. The TANF participants had a low socio-economic status and are unemployed. Although, the participants were recruited from Job Service they had not established jobs at that time and due to financial restrictions to receive TANF could not have a high or moderate income. Conversely, the participants from the abuse treatment facility may have had a range of socioeconomic status and professions. However, the actual range is unknown as the demographics did not request that particular information. The TANF participants, due to their focus on family and goals to establish a career, may have been more focused on

issues of intimate relationships. The substance abuse participants, however may have been more focused on their sobriety and their goals in recovery instead of intimate relationships.

Additionally, the research literature is unclear as whether a connection exists between domestic violence and substance abuse. Bennett (1995) reports that most incidents of domestic violence are not related to substance abuse and that most individuals who abuse substances do not engage in domestic violence. While Moore and Stuart (2004) found that individuals who abuse substances have a significantly higher rate of "perpetration, victimization, psychological and physical abuse, sexual coercion, and injury from violence" when compared to individuals that did not abuse substances (p. 388).

Recommendations for Future Research

Further research needs to be explored, with additional TANF and SAT participants, to better test the results of this study. Long-term follow-up of both populations would benefit the long-term effects of the healthy relationships training. For example, once the initial relationship training has been given, it may be beneficial to meet once a month for six months to reinforce the concepts in the training. In addition, six months after the last monthly follow-up participants could be contacted to examine the effects or lack of effects from the relationship training. At each interval, the initial training, each month, and six months post-training questionnaires could be given to assess the long-term and follow-up effects. The research would further benefit from interviews within the group to gather information that questionnaires are not able to

capture, such as how a participant feels when he/she practices a concept and is not successful and how the participant believes the concept could be successful.

Professionals who either work directly or indirectly with survivors of domestic violence may also benefit from the relationship training. Hage & Ownens-Manley (2002) found that caseworkers who work directly with survivors feel that individuals may claim to have experienced domestic violence to receive benefits, felt that only 6 out of 140 cases were actual survivors of domestic violence, and also did not feel it was their job to assist with survivors of domestic violence. Therefore, it is apparent that some professionals have stereotypes and their own beliefs about domestic violence and the survivors involved in domestic violence. A relationship training may help professionals grasp the immense burden and barriers survivors often face. Additionally, not all professionals may understand or have knowledge of healthy relationships. As a result, professionals may advance their understanding and have a more complete picture of the situations that involve some of their clients and may be more aware of signs that one of their clients is in a domestically violent relationship. This may help the professional to ask the survivor directly about the survivor's personal relationships and assess what types of referrals are needed for a client in this particular situation. The relationships training may also assist the professional in relaying to the survivor an idea of what is involved and expected in a healthy, nonabusive relationship.

One of the greatest frustrations in this study was trying to find an adequate instrument to measure knowledge of domestic violence and nonabusive relationships. The current instruments available, such as the QVIR, do not suffice for the need in this study

and for the research field in studying domestic violence. A valid, reliable, standardized instrument is needed to address scenarios, definitions, knowledge, and personal experience of domestic violence and of nonabusive relationships. Unfortunately, the current literature does not address these issues regarding instruments. However, research does address the need for training of professionals, relationship interventions, and information for both survivors of domestic violence and nonabusive relationships (Gottman, 1993; Hage & Owens-Manley, 2002).

Self-sufficiency needs for survivors of domestic violence are in the very beginning stages of education and interventions. Crisis centers, agencies that offer assistance, and the public are starting to support and recognize how self-sufficiency is a significant issue for survivors of domestic violence. This support and recognition is very slow with individuals who do not understand that domestic violence is a societal issue, not an individual issue. Stereotypes of domestic violence remain strong, despite research that survivors encompass various economic status, ethnicities, ages, or gender. Through additional research studies that explore the connection between domestic violence and self-sufficiency, perhaps those stereotypes will be reduced with the effect that survivors will be believed, helped, and supported.

Conclusion

The results of this study indicated that educating individuals on both healthy relationships and domestically violent relationships can increase the knowledge of domestic violence, but, for the participants who were involved in abusive relationship, that knowledge did not necessarily translate into increased dissatisfaction with their

unhealthy relationship(s). Several suggestions for research practice follow from the results of the current study, including the need for (1) better instrumentation (measurement) of knowledge, beliefs, and attitudes about domestic violence, (2) research aimed at testing the hypothesized link between knowledge of domestic violence and survivors "critical consciousness" (McWhirter, 2003), and (3) further curriculum development and testing with more (a) diverse populations, (b) longer (post-test) follow-up periods, and (3) population specific revisions of the curriculum.

Despite the equivocal findings presented here, the results of this study do support the need for continued clinical (and scholarly) attention to this area. More specifically, building healthy relationship skills, especially among persons at risk of experiencing or re-experiencing domestic violence, is a promising though neglected area of study. It is my hope that the current project will bring focused clinical and academic attention to the possibilities in this area, that we all may take steps toward creating a future where relationships are not just violence-free, but also satisfying and rewarding.

APPENDICES

HEALTHY RELATIONSHIP TRAINING

Session 1

***Introduction of Instructor and the Training*
Give participants a folder to put their worksheets in and pencils – Give instructions to have each participant bring their folder every day for discussion

1. What are some words that describe a healthy relationship?
    a. Write on dry erase board answers from participants
        i. Ask participants
            1. What makes the particular word "healthy"
        ii. Ask participants
            1. What is an example of one of the "healthy" words from your own relationship

    b. Give out a checklist of words involved in a healthy relationship (p. 69) *See Handout
        i. Have the participants check off the words that they have had from their own relationship
            1. Ask participants
                a. Give an example of one of the words you checked off and tell me if it has been helpful or not in your relationship
                b. Explain why the word in your example either worked in your relationship or did not work in your relationship

        ii. Have the participants star the words that they want or need in a relationship
            1. Ask participants
                a. Pick out one of the words you starred
                b. Why is this particular word important for you to have in your relationship
                c. Give me an example of what the word would look like in a "healthy" relationship
                d. Explain to me why this word would be more successful than the previous word discussed

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2. Ask participants
   a. Do you think your starred words are realistic to find in a partner?
   b. Is this list something you can see in a present or future partner?
   c. What would hold you back from having these words describe a current or future relationship?

**Homework: Handout worksheets "What Makes a Relationship Work" and "What do You Not Want in a Relationship" – Make sure to have the participants apply their answers to their own personal experience

Worksheet for Session 1, letter b.

Words That Describe Your Past/Present Partner

☐ Loving	☐ Organized	☐ Warm
☐ Sensitive	☐ Understanding	☐ Kind
☐ Brave	☐ Athletic	☐ Gentle
☐ Intelligent	☐ Cheerful	☐ Practical
☐ Thoughtful	☐ Gracious	☐ Relaxed
☐ Generous	☐ Playful	☐ Beautiful
☐ Loyal	☐ Caring	☐ Handsome
☐ Truthful	☐ A great friend	☐ Rich
☐ Strong	☐ Vulnerable	☐ Calm
☐ Energetic	☐ Committed	☐ Lively
☐ Sexy	☐ Expressive	☐ Great partner
☐ Decisive	☐ Active	☐ Great parent
☐ Creative	☐ Careful	☐ Assertive
☐ Imaginative	☐ Reserved	☐ Protective
☐ Fun	☐ Affectionate	☐ Sweet
☐ Attractive	☐ Adventurous	☐ Tender
☐ Interesting	☐ Receptive	☐ Powerful
☐ Supportive	☐ Reliable	☐ Flexible
☐ Funny	☐ Dependable	☐ Totally Silly
☐ Considerate	☐ Nurturing	

What Makes a Relationship Work?

1.

2.

3.

What Are Things You Do Not Want in a Relationship?

1.

2.

3.

Session 2

*Have participants summarize what was learned in Session 1

*Have participants take out their worksheets on "What makes a relationship work" and "What are things you do not want in a relati_nship" (should have the sheets filled out already – if not, they can complete the sheets when they split up into groups)

1. Participants will break up into groups of 4-5 people
   a. Participants will discuss their answers within their groups
   b. Ask each group
      i. What did your group come up with for "What makes a relationship work" and "What do you not want in a relationship"
   c. 4 main reasons a relationship works (talk about these 4 areas) (pp. 19-24):
      i. Deep friendship (Intimate Knowledge)
         • Each person respects and enjoys each other's company
         • Each person knows the other intimately. For example, his or her likes, dislikes, annoying habits, hopes, and dreams

    ii. Each person can say something or do something that will keep a disagreement from becoming negative and out of control (Turning Toward v. Turning Away)
- For example. One of you makes a silly face to break the tension of the conversation or gives a certain touch/squeeze to let the other person know that you love them or one of you says a key phrase such as "Stop" or "Slow down" or "You lick your lips when we are disagreeing"
- This can help each person take a deep breath and focus on what is important in the disagreement.

    iii. You don't just 'get along' with your partner (Shared Meaning)
- You support each other's hopes and dreams (even if you don't get it or like it – for example, your partner is working in a bar even though you don't like that he/she gets hit on, but you know that your partner really likes his/her job and it is important to your partner)
- You build a sense of purpose in each other's lives (p. 23)
  - You each feel needed to the other person and like you belong in that person's life. You do not feel like you are holding your partner down, making your partner look bad in front of friends/family/co-workers.

    iv. Agree to disagree (Positive Sentiment Override)
- Understand how each other feel about a particular issue. Although each of you has a different opinion, you learn how to live with it by honoring and respecting each other.

**Homework: Practice one of the 4 areas that make a relationship work

Session 3

*Discuss what was learned from last session
**Ask for volunteers to give examples of how they practiced one of the four areas that make a relationship work

Turning Toward v. Turning Away: 8 Ways To Make Bad Situations Worse
After each situation, ask participants for an example.
*Give handout
1. Discounting
- Shame your partner into agreement or consent
- Basic message: My need is more important or legitimate than your needs

2. Withdrawal/abandonment
   - Do what I want or I'm leaving – threat of abandonment is so frightening that a partner may be willing to give up a great deal to avoid it (can be an emotional withdrawal, not just physical)
   - Basic message: If you don't do what I want, than something precious to you will be taken away – the feeling of connectedness either through physical distance and/or emotional distance or withdrawal
3. Threats
   - A partner actively hurts the other as a means of control
   - Basic message: Do what I want or I will… (bad-mouth you, hit you, cheat on you)
4. Blaming
   - It's the other person's fault (whether it is a need of your own or your partners)
   - Basic message: As long as a need can be blamed on your partner, he or she is expected to be in agreement by meeting it
5. Belittling
   - Make your partner feel foolish and inappropriate for having a need different from your own; fear or shame is used here to control
   - Basic message: If a partner does not want to be devalued, than he or she must give up an important need
6. Guilt tripping
   - The partner is a moral failure for not supporting what you want. He or she is unfair, inconsiderate, or just plain wrong for having a conflicting desire.
   - Basic message: Your desire to (rest, say not, etc.) is (unfair, wrong, makes you bad)
7. Derailing
   - You respond to your partner's need by switching the conversational focus.
   - Basic message: His or her desires aren't worth talking about. My problems are more important or what you (listen to, do, etc.) doesn't count.
8. Taking away
   - Withdraw some form of support, pleasure, or reinforcement from the other person. You take away something your partner finds nurturing.
   - Basic message: I'll punish you, if you refuse me.

Discuss what Turning Toward would look like with knowledge/examples of the past two sessions
   - Filling your partner's emotional bank account
     For Example:
     One partner asks his/her partner if they are out of bleach and instead of shrugging his or her shoulders or ignoring him or her, the partner says that he or she doesn't know but he or she will go check.

➢ The partner in this example is filling his or her partner's emotional bank account by listening and responding in a respectful manner to his or her partner

**Homework: Write down 3 ways a person who is close to you filled your bank account; Write down 3 ways a person close to you took from your emotional bank account (i.e., 8 ways to make a bad situation worse)

Handout, Session 3, Part 1

<u>8 Things That Could Harm Your Relationship</u>

1. Discounting
    - Shame your partner into agreement or consent
    - Basic message: My need is more important or legitimate than your needs

2. Withdrawal/abandonment
    - Do what I want or I'm leaving – threat of abandonment is so frightening that a partner may be willing to give up a great deal to avoid it (can be an emotional withdrawal, not just physical)
    - Basic message: If you don't do what I want, than something precious to you will be taken away – the feeling of connectedness either through physical distance and/or emotional distance or withdrawal

3. Threats
    - A partner actively hurts the other as a means of control
    - Basic message: Do what I want or I will… (bad-mouth you, hit you, cheat on you)

4. Blaming
    - It's the other person's fault (whether it is a need of your own or your partners)
    - Basic message: As long as a need can be blamed on your partner, he or she is expected to be in agreement by meeting it

5. Belittling
    - Make your partner feel foolish and inappropriate for having a need different from your own; fear or shame is used here to control
    - Basic message: If a partner does not want to be devalued, than he or she must give up an important need

6. Guilt tripping
    - The partner is a moral failure for not supporting what you want. He or she is unfair, inconsiderate, or just plain wrong for having a conflicting desire.
    - Basic message: Your desire to (rest, say not, etc.) is (unfair, wrong, makes you bad)

7. Derailing
   - You respond to your partner's need by switching the conversational focus.
   - Basic message: His or her desires aren't worth talking about. My problems are more important or what you (listen to, do, etc.) doesn't count.

8. Taking away
   - Withdraw some form of support, pleasure, or reinforcement from the other person. You take away something your partner finds nurturing.
   - Basic message: I'll punish you, if you refuse me.

Homework, Session 3

Personal Bank Account

3 Ways a Person has *filled* your "personal bank account":

1.

2.

3.

3 Ways a Person has *taken* from your "personal bank account":

1.

2.

3.

Session 4

*Review last session, ask how it went

*Last time we spoke about our emotional bank accounts. How did the homework go for yesterday? Was anyone surprised by persons in your life who fill or take from your emotional bank account?

2. Split into groups and discuss what are some things that happen in relationships that do not work?
   (Based on The Duluth Model, "Power and Control Wheel")
   a. Ask each group
      a. What did you come up with for "What are some things you do not want in a relationship"

   b. There are 8 main things that do not make a relationship work. You and your partner may use each of these 8 things because we are human and make mistakes. However, they can also be "unhealthy" or even dangerous if you or your partner use them to gain control over the other person. *(after each item, ask for examples from participants and then state some of the examples from below the item)*
      a. Using intimidation. What are some examples of using intimidation?
         i. making her afraid by using looks, actions, gestures; smashing things; destroying her property; abusing pets; displaying weapons
      b. Using emotional abuse. What are some examples of using emotional abuse?
         i. putting her down; making her feel bad about herself; calling her names; making her think she's crazy; playing mind games; humiliating her; making her feel guilty
      c. Using isolation. What are some examples of using isolation?
         i. controlling what she does, who she sees and talks to, what she reads, where she goes; limiting her outside involvement; using jealousy to justify actions
      d. Minimizing/denying/blaming. What are some examples of minimizing/denying/or blaming behaviors?
         i. making light of the abuse and not taking her concerns about it seriously; saying the abuse didn't happen; shifting responsibility for abusive behavior; saying she caused it
      e. Using children. What are some examples of using your children?
         i. making her feel guilty about the children; using the children to relay messages; using visitation to harass her; threatening to take the children away)
      f. Using privilege. What are some examples of using privilege.
         i. treating her like a servant; making all the big decisions; acting like the "master of the castle"; being the one to define men's and women's roles
      g. Using economic abuse. What are some examples of using economic abuse?

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i. preventing her from getting or keeping a job; making her
               ask for money; giving her an allowance; taking her money;
               not letting her know about or have access to family income
     h. Using coercion/threats. What are some examples of using
        coercion/threats?
            i. making and/or carrying out threats to do something to hurt
               her; threatening to leave her, to commit suicide, to report
               her to welfare; making her drop charges; making her do
               illegal things
            ii.
     **Hand out the "Power and Control Wheel"

Hand out the list of coping thoughts when you are angry (p. 147):
Ask for a participant to read:
   • No one is right, no one is wrong, we just have different needs
   • No matter what is said, I know I'm a good person
   • Just as long as I keep my cool, I'm in control
   • Stay away from blaming and judgments
   • Keep your voice calm and flat
   • No sarcasm, no attacks
   • Getting mad will cost me _____(something bad)
   • Getting upset won't help
   • It's not worth it to get so angry

Homework: keep a list of healthy and unhealthy comments; after each comment write
down your thoughts and feelings about the comment

Handout, Session 4

List of coping thoughts when you are angry:
   • No one is right, no one is wrong, we just have different needs
   • No matter what is said, I know I'm a good person
   • Just as long as I keep my cool, I'm in control
   • Stay away from blaming and judgments
   • Keep your voice calm and flat
   • No sarcasm, no attacks
   • Getting mad will cost me _____(something bad)
   • Getting upset won't help
   • It's not worth it to get so angry

List of coping thoughts when your partner is angry:

- My partner would probably like me to get real angry. Well I'm going to disappoint him or her
- I don't need to prove myself to my partner
- I'm not going to let my partner get to me
- There's no need to doubt myself
- I can't change it with anger. I'll just upset myself
- Blowing up only gives my partner what he or she wants

Session 5

**Talk about the homework and some examples that participants wrote down

The way you speak or how you speak to your partner can make a big difference in how your partner reacts to you and understands what you are saying.

We are going to talk about 4 Types of responses:
The Four Horseman (talk about what each one looks like; give examples)

1. Criticism: Negative words are used about the person's character or personality
    Ex: "Why are you so forgetful? I hate having to always sweep the kitchen floor when it's your turn. You just don't care."

    ➢ Complaint: addresses a specific action
    Ex: "I'm really angry that you didn't sweep the floor last night. We agreed that we'd take turns doing it."

2. Contempt: Conveys disgust; demean (sarcasm, name-calling, eye-rolling, sneering, mockery, hostile humor)
    Ex: "I think you do a pretty good job of lying around or disappearing into the bathroom. You're just lazy."

    ➢ Appreciation: Conveys positive messages (eye contact, listening without interruption)
    Ex: "I know you are tired when you come home. After you rest I would appreciate your help."

3. Defensiveness: Blaming; way to say it is you that is the problem not me
    Ex: "At least I work. I don't get the pleasure of sitting around all day like you."

> Openness: taking responsibility for your own actions and behaviors
> Ex: "You're right. I didn't keep up my part of our agreement. I'll sweep the floor right now."

4. Stonewalling: tuning out; avoiding (looking down/away, ignoring, walking away)
Ex: "Now I've become the problem again. I started off with the Complaint, but now I am the problem. That always happens."

Partner: looks down, avoids eye contact, says nothing

> Attentive: Cues that you are listening (yeah, uh-huh, nodding your head, eye contact)
> Ex: Maintains eye contact, nods head, Mmhmm

Discuss the three main types of communication
1. Assertive
2. Passive
3. Aggressive

Talk about the overall training – positives and negatives

Session 5, Handout

Four Criticisms and Alternatives

1. Criticism: Negative words are used about the person's character or personality
Ex: "Why are you so forgetful? I hate having to always sweep the kitchen floor when it's your turn. You just don't care."

> Complaint: addresses a specific action
> Ex: "I'm really angry that you didn't sweep the floor last night. We agreed that we'd take turns doing it."

2. Contempt: Conveys disgust; demean (sarcasm, name-calling, eye-rolling, sneering, mockery, hostile humor)
Ex: "I think you do a pretty good job of lying around or disappearing into the bathroom. You're just lazy."

> Appreciation: Conveys positive messages (eye contact, listening without interruption)
> Ex: "I know you are tired when you come home. After you rest I would appreciate your help."

3. Defensiveness: Blaming; way to say it is you that is the problem not me
   Ex: "At least I work. I don't get the pleasure of sitting around all day
       like you."

   ➤ Openness: taking responsibility for your own actions and behaviors
      Ex: "You're right. I didn't keep up my part of our agreement. I'll
          sweep the floor right now."

4. Stonewalling: tuning out; avoiding (looking down/away, ignoring, walking away)
   Ex: "Now I've become the problem again. I started off with the
       Complaint, but now I am the problem. That always happens."

   Partner: looks down, avoids eye contact, says nothing

   ➤ Attentive: Cues that you are listening (yeah, uh-huh, nodding your head,
      eye contact)
      Ex: Maintains eye contact, nods head, Mmhm

"If you don't take full responsibility for your part in maintaining the system, nothing will change. Waiting to
see if your partner is going to change before committing yourself to change won't work. Forget what your
partner does or should do. You have no control over that. All you can control is your own behavior; all you
can change is yourself." (Gottman)

Session 5, Handout

3 Main Ways to Communicate

<u>Aggressive</u>

- ❏ Your needs are always right and always more important than everyone
  else's needs
- ❏ You believe you have the right to do what you want and say what you
  want and don't care whose toes you step on in the process
- ❏ Voice is loud and harsh or low and ice-cold
- ❏ Always on your guard;
- ❏ Win most battles, but are also alone because aggressive behavior does not
  inspire closeness and vulnerability that are necessary for intimacy

<u>Passive</u>

- ❏ Your needs and wants are less important than those of everyone else
- ❏ You believe you don't deserve to ask for what you want and instead set
  aside your needs to help others
- ❏ Voice is soft and requesting, your words are hesitant and self-deprecating

Assertive

- You have the right to pursue your needs and that others also have the right to pursue theirs
- Your pursuit of your needs takes into account the rights and feelings of others
- Your voice is firm and understanding; you often maintain eye contact
- You make direct statements about your thoughts, feelings, and desires, and at the same time can listen attentively to the statements of others
- You are willing to negotiate and compromise, but not at the expense of your own rights; nor do you push others to give up theirs

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