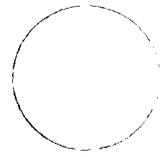


156610



Title of Resource: Evaluation Measures: Comparison of Group Treatment Models for Batterer's Treatment

Principal Investigator: Jeffrey L. Edleson, Ph.D.
Director of Research and Evaluation
Domestic Abuse Project

NCJRS

Distributor: Domestic Abuse Project
204 West Franklin Ave
Minneapolis, MN 55404-9773

OCT 11 1995

Contact: Training and Marketing Department
Phone: (612) 874-7063
Fax: (612) 874-8445

ACQUISITIONS

Brief Description: Packet of measures DAP used in our major research study comparing group treatment for men who batter

Keywords: Batterers' treatment effectiveness, evaluation

Copyright Information: May be copied by resource centers. Please credit DAP and Dr. Edleson as sources of material.

156610

**U.S. Department of Justice
National Institute of Justice**

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this copyrighted material has been granted by
Domestic Abuse Project

to the National Criminal Justice Reference Service (NCJRS).
Further reproduction outside of the NCJRS system requires permission of the copyright owner.

DAP
DOMESTIC
ABUSE
PROJECT

Dear Colleague:

Attached you will find the packet of measures we used in our major research study comparing group treatment for men who batter. There is a \$5.00 charge to cover copying, handling and mailing costs. Please submit a check to the Domestic Abuse Project to cover these costs.

The research findings resulting from our research have been published in the following articles:

Edleson, J.L. and Syers, M. (1990). The relative effectiveness of group treatments for men who batter. Social Work Research & Abstracts, 26, 10-17.

Edleson, J.L. and Syers, M. (1991). The effects of group treatment for men who batter: An 18-month follow up study. Research in Social Work Practice, 1, 227-243.

You may find more information on the measures in the sources cited below:

Hudson, W.W. (1982). The clinical measurement package. Homewood, IL: Dorsey Press

Mitchell, R.E. & Hodson, C.A. (1983). Coping with domestic violence: Social support and psychological health among battered women. American Journal of Community Psychology, 11, 629-654.

Saunders, D.G. (1991). Procedures for adjusting self-reports of violence for social desirability bias. Journal of Interpersonal Violence, 6, 336-344.

Saunders, D.G., Lynch, A.B., Grayson, M. & Linz, D. (1987). The inventory of beliefs about wife beating: The construction and initial validation of a measure of beliefs and attitudes. Violence & Victims, 2, 39-57.

Straus, M.A. & Gelles, R.J. (eds.) (1990). Physical violence in American families. New Brunswick, NJ: Transaction Publishers.

Tolman, R.M. (1989). The development of a measure of psychological maltreatment of women by their male partners. Violence & Victims, 4, 159-177.

Sincerely,

Jeffrey L. Edleson

Jeffrey L. Edleson, Ph.D.
Director of Research and Evaluation

Date _____

MEN'S INTAKE PART I

Name _____

Date of Birth & Age _____

Address _____

Home Phone _____

City _____ State _____ Zip _____

Work Phone _____

Billing Address if different from above _____

Spouse/Partner's Name _____

Home Phone _____

Work Phone _____

1. Is this the person to whom you have been violent? Yes No

2. Will she be attending this program? Yes No

Whether or not your partner attends the program, we expect that you will sign a release of information so that we can have contact with her.

3. What is your current marital status Enter #

- Single (never married)1
- Married2
- Living with partner3
- Divorced4
- Separated5
- Widowed6

4. How long have you been in the relationship with this person? _____

5. Are you living with this person? Yes No

6. If you are separated, was the separation due to violence? Yes No

7. Has your partner ever gone to a shelter for battered women? How many times? _____ Yes No

8. How did you find out about our program? Enter #

- Self1
- Spouse/partner...2
- Family member...3
- DAP Client.....4
- Hotline5
- Shelter.....6
- Media.....7
- Other Agency.....8

- Child Protection.....
- Courts.....
- Other (specify).....

Name of agency/person: _____

9. What is your ethnic background?

Afro-American (Black)1
American Indian.....2
Anglo-American (White).....3
Chicano/Hispanic/Latino.....4

Enter #
Oriental/Asian.....5
Mixed.....6
Other (specify).....7

10. What is your religious affiliation? _____

11. What is the highest level of education that you have finished?

Elementary School 1 2 3 4 5 6
Junior High School 7 8 9
Senior High School 10 11 12

Enter
College/Vocational School 13 14 15 1
Post-College 17 18 19 2

12. What is your current occupation? _____

Describe what you do: _____

13. What is your current level of employment?

Less than \$5,0001
\$5,000 to \$9,9992
\$10,000 to \$14,999.....3
\$15,000 to \$19,999.....4
\$20,000 to \$24,999.....5
\$25,000 to \$29,999.....6
\$30,000 or more7

Enter #

15. If you are married or living with a partner, what was that person's approximate income last year?

Enter #

16. Does your partner currently have an Order for Protection or a Restraining Order?

Yes No

17. Have charges ever been pressed against you for violation of an Order for Protection?

Yes No

Please explain what happened and the result.

18. Has your partner ever pressed charges against you for assault?

Yes No

Describe assault:

Result:

Have the police ever pressed charges against you for assault?

Yes No

I S E

NAME _____

DATE _____

This questionnaire is designed to measure how you see yourself. It is not a test, so there are no right or wrong answers. Please answer each item as carefully and accurately as you can by placing a number by each one as follows:

1-Rarely or none of the time 2-A little of the time 3-Some of the time
4-A good part of the time 5-Most or all of the time

1. I feel that people would not like me if they really knew me well. _____
2. I feel that others get along much better than I do. _____
3. I feel that I am a beautiful person. _____
4. When I am with other people I feel they are glad I am with them. _____
5. I feel that people really like to talk with me. _____
6. I feel that I am a very competent person. _____
7. I think I make a good impression on others. _____
8. I feel that I need more self-confidence. _____
9. When I am with strangers I am very nervous. _____
10. I think that I am a dull person. _____
11. I feel ugly. _____
12. I feel that others have more fun than I do. _____
13. I feel that I bore people. _____
14. I think my friends find me interesting. _____
15. I think I have a good sense of humor. _____
16. I feel very self-conscious when I am with strangers. _____
17. I feel that if I could be more like other people I would have it made. _____
18. I feel that people have a good time when they are with me. _____
19. I feel like a wallflower when I go out. _____
20. I feel I get pushed around more than others. _____
21. I think I am a rather nice person. _____
22. I feel that people really like me very much. _____
23. I feel that I am a likeable person. _____
24. I am afraid I will appear foolish to others. _____
25. My friends think very highly of me. _____

PERSONAL REACTION INVENTORY

Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide how much each statement describes you personally. Please circle your answer indicating how much you agree or disagree with each statement.

1-strongly agree 2-agree 3-slightly agree 4-neither agree nor disagree
5-slightly disagree 6-disagree 7-strongly disagree

- | | | | | | | | |
|-----|----------------------------------------------------------------------------------|---|---|---|---|---|---|
| 1. | No matter who I'm talking to, I'm always a good listener | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. | I have sometimes taken unfair advantage of another person | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. | I am always courteous, even to people who are disagreeable | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. | I can remember "playing sick" to get out of something. | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. | I am always willing to admit when I make a mistake. | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. | I would never think of letting someone else be punished for my wrongdoing. | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. | On occasion I have had doubts about my ability to succeed in life. | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. | Before voting I thoroughly investigate the qualifications of all the candidates. | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. | It is sometimes hard for me to go on with my work if I am not encouraged. | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. | I like to gossip at times. | 1 | 2 | 3 | 4 | 5 | 6 |

Name: _____ Date: _____

This questionnaire asks about actions you may have taken in your relations with your partner. It is not a test, so there are no right answers. Answer each as carefully and accurately as you can by placing a number beside each as follows:

1-Never 2-Rarely 3-Occasionally 4-Frequently 5-Very Frequently

IN THE PAST SIX MONTHS:

- ___ 1. I put down my partner's physical appearance.
- ___ 2. I insulted my partner or shamed her in front of others.
- ___ 3. I treated my partner like she was stupid.
- ___ 4. I was insensitive to my partner's feelings.
- ___ 5. I told my partner she couldn't manage or take care of herself with me.
- ___ 6. I put down my partner's care of the children.
- ___ 7. I criticized the way my partner took care of the house.
- ___ 8. I said something to spite my partner.
- ___ 9. I brought up something from the past to hurt my partner.
- ___ 10. I called my partner names.
- ___ 11. I swore at my partner.
- ___ 12. I yelled and screamed at my partner.
- ___ 13. I treated my partner like an inferior.
- ___ 14. I sulked or refused to talk about a problem.
- ___ 15. I stomped out of the house or yard during a disagreement with partner.
- ___ 16. I gave my partner the silent treatment or acted as if she wasn't there.
- ___ 17. I withheld affection from my partner.
- ___ 18. I did not let my partner talk about her feelings.
- ___ 19. I was insensitive to my partner's sexual needs and desires.
- ___ 20. I demanded that my partner cater to my whims.
- ___ 21. I became upset if dinner, housework, or laundry was not done when I thought it should be.
- ___ 22. I acted like my partner was my personal servant.
- ___ 23. I did not do a fair share of household tasks.
- ___ 24. I did not do a fair share of child care.
- ___ 25. I ordered my partner around.
- ___ 26. I monitored my partner's time and made her account for her whereabouts.
- ___ 27. I was stingy in giving my partner money to run our home.
- ___ 28. I acted irresponsibly with our financial resources.
- ___ 29. I did not contribute enough to support our family.
- ___ 30. I used our money or made important financial decisions without consulting my partner.

1-Never 2-Rarely 3-Occasionally 4-Frequently 5-Very Frequently

- ___ 31. I kept my partner from getting medical care that she needed.
- ___ 32. I was jealous or suspicious of my partner's friends.
- ___ 33. I was jealous of other men.
- ___ 34. I did not want my partner to go to school or other self-improvement activities.
- ___ 35. I did not want my partner to socialize with female friends.
- ___ 36. I accused my partner of having an affair with another man.
- ___ 37. I demanded my partner stay home and take care of the children.
- ___ 38. I tried to keep my partner from seeing or talking to her family.
- ___ 39. I interfered in my partner's relationships with other family members.
- ___ 40. I tried to keep my partner from doing things to help herself.
- ___ 41. I restricted my partner's use of the car.
- ___ 42. I restricted my partner's use of the telephone.
- ___ 43. I did not allow my partner to go out of the house when she wanted.
- ___ 44. I refused to let my partner work outside the home.
- ___ 45. I told my partner her feelings were irrational or crazy.
- ___ 46. I blamed my partner for my problems.
- ___ 47. I tried to turn our family, friends, or children against my partner.
- ___ 48. I blamed my partner for causing my violent behavior.
- ___ 49. I tried to make my partner feel crazy.
- ___ 50. My moods changed radically, from very calm to very angry, or versa.
- ___ 51. I blamed my partner when I was upset about something, even when it had nothing to do with my partner.
- ___ 52. I tried to convince my partner's friends, family or children that my partner was crazy.
- ___ 53. I threatened to hurt myself if my partner left me.
- ___ 54. I threatened to hurt myself if my partner didn't do what I wanted to do.
- ___ 55. I threatened to have an affair with someone else.
- ___ 56. I threatened to leave the relationship.
- ___ 57. I threatened to take the children away from my partner.
- ___ 58. I threatened to have my partner committed to a mental institution.

1057.f1

INVENTORY OF BELIEFS

Instructions

Below are a number of statements about violence toward women which some people agree with and others disagree with. Please circle your answer indicating how much you agree or disagree with each statement. There are no right or wrong answers..

1-strongly agree 2-agree 3-slightly agree 4-neither agree nor disagree
5-slightly disagree 6-disagree 7-strongly disagree

- | | | | | | | | |
|-----------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|
| 1. Social agencies should do more to help battered women | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. There is no excuse for a man hitting his partner | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Women try to get hit by their partners in order to get sympathy from others | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. A woman who constantly refuses to have sex with her partner is asking to be hit | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. Women could avoid being hit by their partners if they knew when to stop talking | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. Episodes of a man hitting his partner are the woman's fault | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. Even when women lie to their partners they do not deserve to get hit | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. Women should be protected by law if their partners hit them | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. Woman battering should be given a high priority as a social problem by government agencies | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. Sometimes it is OK for a man to hit his partner | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. Women feel pain and no pleasure when hit by their partner | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. A sexually unfaithful woman deserves to be hit | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 13. Cases of woman battering are the fault of the man | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 14. Battered women try to get their partners to hit them as a way to get attention from them | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

- | | | | | | | | | |
|-----|-----------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|
| 15. | Men who batter should be responsible for the abuse because they should have foreseen that it would happen | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 16. | If I heard a woman being attacked by her partner, it would be best that I do nothing | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 17. | Battered women are responsible for their abuse because they intended it to happen | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 18. | If a woman is hit by her partner, she should divorce him or leave him immediately | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 19. | Men who batter are responsible for the abuse because they intended to do it | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 20. | The best way to deal with woman battering is to arrest the man | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 21. | Even when a woman's behavior challenges her partner's manhood, he's not justified in hitting her | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 22. | How long should a man who has hit his wife spend in prison or jail? (circle one below) | | | | | | | |
| | 0 1 mo 6 mos 1 yr 3 yr 5 yr 10 yr Don't know | | | | | | | |
| 23. | When a woman is hit it is caused by her behavior in the weeks before the battering | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 24. | A woman should move out of the house if her partner hits her | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 25. | Women who are battered are responsible for the abuse because they should have foreseen it would happen | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 26. | A man has no right to hit his partner even if she breaks agreements she has made with him | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 27. | Occasional violence by a man toward his partner can help maintain the marriage | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 28. | A woman doesn't deserve to be hit even if she keeps reminding her husband of his weak points | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 29. | Most women secretly desire to be hit by their partners | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 30. | If I heard a woman being attacked by her partner, I would call the police | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 31. | It would do some women some good to be hit by their partners | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Name: _____

Date: _____

Social Contact Questions

- 1) How many times in the past month have you gotten together with close friends or relatives accompanied by your partner?
- 2) How many times in the past month have you gotten together with close friends or relatives unaccompanied by your partner?
- 3) In the past month, how many close friends or relatives could you talk to about personal problems and how you were feeling?

Think back on your attempts during the past month to talk to close friends or relatives about the battering going on in your relationship at present or in the past. Then indicate, using the numbers on the scale below, how often these friends or relatives reacted in the ways listed. Circle your answers for the way a friend or relative might have reacted.

	1-never	2-sometimes	3-about half the time	4-often	5-always	NA-not applic.
4) They were willing to listen and understood the problem	1	2	3	4	5	NA
5) They urged me to talk abot how I felt	1	2	3	4	5	NA
6) They wanted to meet with me more often	1	2	3	4	5	NA
7) They wanted me to call them if I was getting escalated	1	2	3	4	5	NA
8) They seemed uncomfortable talking about it	1	2	3	4	5	NA
9) They saw me less often	1	2	3	4	5	NA
10) They tried to change the topic	1	2	3	4	5	NA
11) They said they could understand why I hit her	1	2	3	4	5	NA
12) They pointed out the good parts of my relationship with my partner	1	2	3	4	5	NA
13) They said things weren't so bad	1	2	3	4	5	NA
14) They offered me a place to stay	1	2	3	4	5	NA
15) They urged me to see a counselor	1	2	3	4	5	NA
16) They talked to my partner and suggested she do something to protect herself	1	2	3	4	5	NA
17) They became annoyed when I didn't stop the battering	1	2	3	4	5	NA
18) They called the police to report new battering	1	2	3	4	5	NA

MEMO

TO: DAP Therapy Unit
FROM: Jeff Edleson
DATE: October 29, 1985
RE: New pre/post tests

Attached is an interpretation guide for the new pre/post tests we have adopted. Shortly, a summary sheet with pre/post test scores entered on them will be inserted in each client's files. The interpretation guide is to help you understand what the scores mean.

Included for each test is its (1) source, (2) purpose, (3) scoring method, and (4) interpretation. You will probably want to skip the scoring section and leave that to Dawn, Dee and the front desk to worry about. We hope to get all pre/post tests scored and up-to-date and then to funnel scores to you quickly after clients have completed the questionnaires.

DAP CLIENT TESTS & INTERPRETATION

The following pages should be used to help you understand and interpret the intake (pretest) and posttest questionnaires being used by the Domestic Abuse Project.

INDEX OF BELIEFS (ABOUT WIFE-BEATING) -----

Source: Saunders, Daniel G., Lynch, A.B. & Grayson, M. (1985). The Inventory of Beliefs About Wife-Beating: The construction and initial validation of a measure of beliefs and attitudes. Submitted for publication.

Purpose: To measure attitudes about domestic violence and their change from intake to closing.

Scoring: Scoring is begun by reversing the ratings given on ALL items EXCEPT numbers 2,7,11,16,21,22,26, and 28. Thus a rating of "7" becomes "1" and so on. After one has reversed the specified item ratings only use the "new" reversed score on those items. Subscale scores are obtained by adding original ratings on non-reversed items and new ratings on reversed items for those sets of items indicated in parentheses on the summary sheet in each client's file. Missing items are given a zero value. This scale subtotal is then divided by the number of questions answered in that subscale (essentially, coming up with an average for all answered items). The "Sympathy" scale is derived by reversing the scores on the "Justified" and "Gain" subscales and averaging them with the "Give Help" score.

Interpretation: The direction of scores on each subscale should be evident. The more a person agrees with the subscale theme (listed on summary sheet in file), the higher their score. Thus, on both the "Wife Hitting is Justified" and "Wives Gain from Abuse" subscales, a group of battered women's advocates had an average score of 1.00 while batterers scored on average around 3.00. On all the other scales our male clients are likely to score lower and if we had advocates complete them they would score higher. Due to social bias we can still expect batterers to score in a socially desirable direction, just not as strongly as you or I. In a short time we will have collected enough data to construct a "normative" chart for you to compare an individual client against the average ratings by DAP clients.

DAP CLIENT TEST INTERPRETATION

TEA (TEST OF EMOTIONAL ABUSE) -----

Source: In development by Richard Tolman of the University of Chicago and in cooperation with the Domestic Abuse Project.

Purpose: To both define and measure non-physical abuse by men. To gather information about emotional abuse from both the man and the woman.

Scoring: Scores of 0 to 100 are possible in this measure's current form. This test may be scored even if individual items are left blank. Scoring will require knowing how many items have been completed and the addition of all ratings given. The test scoring involves the following 5 step process: (1) Add together all ratings for those items that have been answered. If all 58 items have been answered the possible totals will range from 58 to 290. (2) Next, subtract the number of properly completed items from the number that resulted in the first step. If all 58 items were completed you would subtract 58 from the total in step one. (3) Multiply the remaining score by 100. (4) Multiply the number of properly completed items by 4. (5) Divide the product of step 3 by the product of step 4. This sounds complicated but it isn't and it does generate a score of from 0 to 100. As this scale develops specific subscale scores will also become available.

Interpretation: Possible scores range from 0 to 100. The higher the score the more severe the emotional abuse. Rich Tolman is collecting large numbers of these questionnaires both through DAP and in Chicago. Eventually there will be data from large groups of clients and non-clients with which to compare an individual's score.

There are several groupings of questions that ask about different types of environmental abuse (e.g. controlling resources, isolation) and psychological abuse (e.g. non-physical threats, undermining self-esteem). Future versions of this test will hopefully provide more detail about these various forms of emotional abuse. We will also soon have enough data to construct a "normative" chart for all DAP clients with which you can compare an individual's scores.

DAP CLIENT TEST INTERPRETATION

ISE (INDEX OF SELF-ESTEEM) -----

Source: Hudson, W.W. (1982). The clinical measurement package. Homewood, IL: Dorsey Press.

Purpose: To measure changes in client self-esteem.

Scoring: Only a total score is available. To figure the total score, invert the ratings given to the following items 3,4,5,6,7,14,15,18,21,22,23,and 25. That is, if item 5 was rated "4" change this to a "2" and so on. Cross out the old ratings on inverted items and only use these "new" scores in figuring the total score. Add all the ratings together (original ratings on non-inverted items and the "new" inverted ratings on those items listed above). Then subtract 25. This is the total score. There are no subscales on this test.

Interpretation: Possible scores are 0 to 100. A score above 30 usually indicates clinically significant problems in the area of self-esteem. A score below 30 usually indicates that the person does not have serious problems with self-esteem. A score of 30 is only a benchmark cutting score and should be combined with other data to make final decisions on client levels of self-esteem.

DAP CLIENT TEST INTERPRETATION

SOCIAL CONTACT QUESTIONS -----

Source: Adapted from Mitchell, R.E. & Hodson, C.A. (1983). Coping with domestic violence: Social support and psychological health among battered women. American Journal of Community Psychology, 11(6), 629-654.

Purpose: To measure changes in client social isolation and allow for the measurement of the quality of social contacts as well as their increase or decrease.

Scoring: There is no one score for this scale. The first score derived from this questionnaire a ratio of contacts by the man or woman without and with their partner. The number of contacts unaccompanied by the partner is divided by the number of contacts when accompanied by the partner. We also look at changes in the number of talks about personal problems. In addition, three categories of responding by the person's social support network will be examined; (1) supportive actions, (2) unsupportive actions, (3) advocacy/intervention actions. Average ratings for each of these three categories of responding is computed.

Interpretation: It is expected that ratio of contacts without/with partner will increase by program completion thus indicating decreased social isolation and dependence upon partner. Another indicator of decreased social isolation is an increase in talks about personal problems with people other than the person's partner. Also expected is that the average ratings for both supportive and advocacy/intervention actions by the social network will increase while a decrease in the average rating of the unsupportive social network is expected. A normative chart for DAP clients will be developed in the near future.

DAP CLIENT TEST INTERPRETATION

PERSONAL REACTION INVENTORY -----

Sources: Saunders, Daniel G. (1985) Procedures for removing social desirability response bias from self-report measures. (Submitted for publication.) Also based upon Greenwald, H.J. and Satow, Y. (1970) A short social desirability scale. Psychological Reports, 27, 131-135.

Purpose: To measure the degree to which clients are answering in a socially desirable way rather than in an honest way reflecting their own beliefs. The score on this is used to adjust other scale scores based on the degree to which they have or have not answered honestly.

Scoring: This questionnaire, like some of the others, is scored by first giving numbers to client responses. Numbers range from "Agree Strongly" = 6 to "Disagree Strongly" = 0. Once a number has been assigned to each rating, the ratings given on items 2, 4, 6, 7, and 9 are reversed. That is, if a person gave an "agree strongly" (6) response on item 2 the item rating would be reversed to "0." Item scores that were not reversed and those that were are then added together to give a final score. Total scores range from 0 to 60.

Interpretation: This scale is scored so that the higher the score the more the person is attempting to "look good" in the eyes of the staff (i.e. their answers are more socially biased). The lowest possible score is 0 and the highest possible score is 60. A score close to 60 would be one in which the client is attempting to cover up true feelings and answering in a way thought to "look good." There are no norms and we will have to learn how biased a person's answers are by comparing their scores with that of other clients (A normative chart will be developed). Hopefully we will come up with some normative data over time so that we can compare an individual client to a large number of clients who have previously come to DAP. (For the research project, we will be adjusting scores on other scales by the degree to which a client is being socially desirable in their answers.)

Client name: _____ Client #: _____

DAP CLIENT TESTING SUMMARIES

INDEX OF BELIEFS (ABOUT WIFE-BEATING) -----

	PRE	POST
Wife-beating is justified... (2, 4r, 5r, 6r, 7, 10r, 12r, 21, 26, 27r, 28, 31r)	_____	_____
Wives gain from abuse..... (3r, 11, 14r, 17r, 23r, 25r, 29r)	_____	_____
Help should be given..... (1r, 8r, 9r, 16, 30r)	_____	_____
Take immediate action..... (18r, 19r, 20r, 22, 24r)	_____	_____
Offender is responsible..... (13r, 15r, 19r, 20r)	_____	_____
Sympathy for battered woman. (Reverse top two scales and average with third)	_____	_____

TEA (TEST OF EMOTIONAL ABUSE) -----

Male's Total Score.....	_____	_____
Female's Total Score.....	_____	_____

ISE (INDEX OF SELF-ESTEEM) -----

Total Score.....	_____	_____
------------------	-------	-------

DAP Client Testing Summaries

SOCIAL CONTACT QUESTIONS -----

	PRE	POST
Ratio: Contacts wo/w partner.	_____	_____
Frequency: Personal talks....	_____	_____
Average ratings:		
Supportive network.....	_____	_____
Unsupportive network.....	_____	_____
Active intervention by net...	_____	_____

PERSONAL REACTION INVENTORY -----

Total Score.....	_____	_____
------------------	-------	-------

MEN'S INTAKE

NAME _____ CLIENT # _____ DATE _____

****INTAKE COUNSELOR**

Unanswered Questions - check to make sure all blanks are filled in on Part I while the client reads the DAP Consent Form. Ask questions that have been left blank.

Releases of Information - check questions #2 and #19 on Part I

#2 - explain that the release will allow us to have contact with his partner during the program

#19 and #22 - always get releases of information from PO's and former therapy providers

Check to see if client wants bill sent to his home address yes _____ No _____

1. Would you tell me why you decided to come to D.A.P.? Why did you choose this time for services? (Recording answer is optional)

2. When was the last incident of violence with your partner?

- Less than a week ago 1
- A week to a month ago 2
- One to three months ago .. 3
- Three to six months ago .. 4
- Six months to a year ago , 5
- More than a year ago 6

_____ Date

_____ Enter #

Describe:

3. I'm going to go through a list of behaviors that may have occurred when you and your spouse/partner had a dispute or at any other time. I would like you to try to remember how frequently each behavior occurred in the past six months. I'd like you to tell me if the behavior occurred:

- 1 - Never
- 2 - Rarely
- 3 - Occasionally
- 4 - Frequently
- 5 - Very Frequently

How frequently did you:

- 1) Discuss issues relatively calmly _____
- 2) Express feelings using words like:
"I feel sad" "I feel hurt" etc. _____
- 3) Gather more information instead of
jumping to conclusions _____
- 4) Try to find a compromise solution _____
- 5) Listen to your partner _____
- 6) Take your partner's opinion into account' _____
- 7) Leave the room to calm down when you felt yourself
getting really upset _____

Now I'd like you to tell me how frequently - that is, how many times a day, week or month - the following behavior has occurred during the last six months.

- | | | |
|-------------------------|------------------------|-----------------------|
| 0-Never | 4-Several X's a month | 8-Several times a day |
| 1-Once or twice | 5-Once or twice a week | NA-Not Applicable |
| 2-Several X's in 6 mos | 6-Several X's a week | |
| 3-Once or twice a month | 7-Once or twice a day | |

How frequently did you:

- 8) Stomp out in the middle of an argument
- 9) Scream at or insult your partner
- 10) Belittle your partner
- 11) Sulk or withdraw affection
- 12) Interrupt her eating/sleeping to bother her
- 13) Say she couldn't leave or spend time with certain people
- 14) Verbally pressure her to have sex
- 15) Physically harm pets
- 16) Physically discipline children
- 17) Make threats to leave her, withhold money, harm children or take them away, have an affair, etc.
- 18) Threaten to hit her or throw something at her
- 19) Throw, hit kick or smash objects
- 20) Drive recklessly to frighten her
- 21) Burn her
- 22) Push, grab or shove her
- 23) Slap or spank her with an open hand
- 24) Bite or scratch her
- 25) Hit her with something
- 26) Physically force her to do something she didn't want to do
- 27) Physically force her to have sex
- 28) Punch her with your fist
- 29) Kick her
- 30) Direct blows to her stomach when she was pregnant
- 31) Throw her bodily
- 32) Beat her unconscious
- 33) Choke or strangle her
- 34) Threaten her with a knife, gun or other weapon
- 35) Use a weapon against her
- 36) Anything that hasn't been mentioned

4. What do you remember as the most violent incident?

11

5. Has your partner ever needed medical treatment?

Yes

No

6. Have you been physically violent to partners in any other past relationships?

Yes

No

7. To what other people have you been physically violent as an adult?

____ Parents

____ In-Laws

____ Siblings

____ Friends

____ Strangers

____ Children

8. Has your partner ever been physically violent to you?

Yes

No

9. How many times was her violence:

The only violence that occurred

After you were violent to her

Before you were violent to her

10. Have you put physical or emotional pressure on partner to be sexual with you?

Physical:

Yes

No

Emotional:

Yes

No

11. What do you do when you want to be sexual and your partner doesn't?

12. What concerns do you have about your sexual relationship or your sexuality?

13. Have you ever been arrested for or convicted of physical or sexual assault?

Yes

No

FAMILY OF ORIGIN

14. Who was in your family when you were growing up? (Use family diagram)

15. What was it like for you growing up in your family? (Relationship of family members - significant losses - chemical abuse - etc.)

16. Did you observe physical violence in your family? Yes _____ No _____
Between whom?

17. Did you observe verbal or emotional abuse in your Family? Yes _____ No _____
Between whom?

18. Were you physically abused by anyone in your family? Yes _____ No _____
By whom? Please describe. (Objects or weapons used?)

19. Were you verbally or emotionally abused by anyone in your family? Yes _____ No _____
By whom? Please describe.

20. Were you touched by anyone in your family or others in ways that were sexual or made you feel uncomfortable? Yes _____ No _____
By whom? Please describe.

21. Did you tell anyone about this experience? Yes _____ No _____

22. As a child or as an adult, have you ever felt suicidal or contemplated suicide? Yes _____ No _____

CHILDREN

Do you have any children? Yes _____ No _____

Name	Age	Lives With
------	-----	------------

23. What is your relationship like with each of the children?

24. Have the children witnessed or heard the violence?

Describe:

Yes

No

25. How do you discipline?

_____ Talk and explain rules

_____ Scold

_____ Send to room/put in corner

_____ Restrict phone/friends

_____ Restrict to house

_____ Yell/scream

_____ Spank/slap

_____ Punish with objects

Other:

26. How frequently do you use physical punishment? (bruises or marks?)

27. Does your partner use physical punishment?

Please describe.

Yes

No

28. Has your behavior or your partner's behavior toward your children ever seemed inappropriate or sexual?

Yes

No

29. Is/has Child Protection ever been involved with your family?

Yes

No

CPS Worker

County

Phone #

CHEMICAL USE

30. Do you use alcohol or other drugs?

What kind?

Yes

No

How often?

COUNSELOR IMPRESSIONS

Affect:

Functioning:

Does this client recognize and acknowledge the violence?

_____ YES _____ NO

Commitment:

Enter number here: _____

1. No Commitment - believes he is forced to come here - expresses no desire to change violent behavior.
2. Minimal Commitment - coerced by court or fear of loss of relationship.
3. Moderate Commitment - may be afraid or worried about consequences, but wants to change behavior and stop the violence.
4. Strong Commitment - external coercion not important or non-existent, wants to change and accepts responsibility for his violence.

**INTAKE COUNSELOR: If you have any of the following concerns, check YES and bring to team meeting to determine acceptability

- | | | |
|------------------------------------------------------------|-----------|----------|
| 1. Multi-problems - too numerous or beyond staff expertise | _____ YES | _____ NO |
| 2. Child sexual abuse or incest | _____ YES | _____ NO |
| 3. Client terminated from another program | _____ YES | _____ NO |
| 4. Primary form of abuse has been sexual | _____ YES | _____ NO |
| 5. Referred by Child Protection | _____ YES | _____ NO |
| 6. Generalized violence | _____ YES | _____ NO |
| 7. No physical abuse reported | _____ YES | _____ NO |
| 8. Extreme resistance - may be disruptive to group | _____ YES | _____ NO |
| 9. Woman self-identified as perpetrator | _____ YES | _____ NO |
| 10. Other | _____ YES | _____ NO |

DISPOSITION

_____ Accepted into program

_____ Referred out To: _____

_____ Rejected Why?: _____

Conditions of participation: _____

Intake Counselor:

Date:

CLOSING SUMMARY FORM: MEN

Client Name _____ Client Number _____
 Partner's Name _____ Client Number _____
 Person Closing Case _____ (if involved in program)

1. Date of Intake _____
 Date of Completion 16 week of group _____
 Date of last in-person contact _____
 Date of Closing _____
 Primary Therapist _____

2. Where was client in the treatment sequence at time of last contact? Enter no. _____

- | | |
|----------------------------------------------------------|----------------|
| 1. Intake | 4. Individual |
| 2. Phase I Group | 5. Other _____ |
| 3. Couples, Family, Mixed, Completer, or Parenting group | |

3. Reason for Termination

- | | |
|---------------------------------------|------------------------------------------|
| 1. No Show | 4. Referred to more appropriate resource |
| 2. Drop Out | 5. Completed |
| 3. Clinician terminated Reason: _____ | 6. Other. Please specify: _____ |

4. What services did the client receive?

	yes	no	<u>Number of sessions</u>
Intake	yes _____	no _____	_____
Phase I	yes _____	no _____	_____
Completers Group	yes _____	no _____	_____
Couples Group	yes _____	no _____	_____
Parenting Group	yes _____	no _____	_____
Family Group	yes _____	no _____	_____
Individual Counseling	yes _____	no _____	_____
Couples/Family Sessions	yes _____	no _____	_____
Crisis Phone Counseling	yes _____	no _____	_____
Advocacy	yes _____	no _____	_____
Other, specify: _____			_____

5. How many follow-up attempts were made to encourage attendance? _____
 (write NA if client completed or there was no need to follow-up)

6. Partner involvement: Was partner contacted? Yes ___ No ___

Partner involved through:

- | | |
|---------------------------|----------------------------------------|
| 1. Intake | 5. Completion of 16 wks group |
| 2. Phase I | 6. Individual, Couple, Family sessions |
| 3. Couples Group | 7. Still involved |
| 4. Parenting/Family Group | 8. Other, Specify: _____ |
| | Enter Number _____ |

7. Was the client ever referred out for services other than DAP?

CD Assessment	Yes _____	No _____
Individual Treatment	Yes _____	No _____
Family Treatment	Yes _____	No _____
Group Treatment	Yes _____	No _____
Other, please specify: _____	Yes _____	No _____

8. Were the client and his partner separated?

At intake	Yes _____	No _____
At termination	Yes _____	No _____
Please estimate	Not at all _____	
% of time separated during program	1-25% _____	
	26-50% _____	
	51-75% _____	
	76-99% _____	
	100% _____	

9. Since the time of intake how many violent incidents have been reported at the following levels of severity? (Write in the number of incidents.)

	<u>PARTNER</u>	<u>TOWARD: CHILDREN</u>	<u>OTHER</u>
<u>INDIRECT THREATS OF VIOLENCE</u> (e.g. restricted physical movement, intentionally interrupted sleeping or eating, etc.)	_____	_____	_____
<u>DIRECT THREATS OF VIOLENCE</u> (e.g., threatened to hit, threw or hit something, drove recklessly, etc.)	_____	_____	_____
<u>DIRECT VIOLENCE</u> (e.g., threw something at other pushed, restrained or wrestled, slapped, etc.)	_____	_____	_____
<u>SEVERE VIOLENCE</u> (e.g., choked or strangled, physically forced sex, punched, bruised, beat unconscious, threatened with or used weapon, etc.)	_____	_____	_____

10. Clinician Estimate of Success in Program

Scale: 1 2 3 4 5 9
 poor fair average good excellent N/A

- A. ___ Ability to be non-violent at this time.
 B. ___ Improvement in ability to avoid use of violence at this time.
 C. ___ Ability to avoid use of threat of violence at this time.
 D. ___ Improvement in ability to avoid use of threat of violence at this time.
 E. ___ Improvement in attitudes that lead to violence (e.g. accept responsibility for violence, capacity to empathize, decrease in sexist attitudes and sex-role rigidity, etc.)
 F. ___ Ability to recognize and stop destructive self-talk at this time.
 G. ___ Ability to avoid and/or stop destructive self-talk in the future.
 H. ___ Level of group participation (e.g., extent of participation, providing and receiving feedback, taking risks, etc.)
 I. ___ Decrease in unhealthy dependency on partner.
 J. ___ Use of group members for support outside of group.
 K. ___ Degree to which client recognized and dealt with violence in family of origin and present day effects.
 L. ___ Prognosis of ability to empathize about victimization to avoid further violence.
 M. ___ Increase in ability to parent and to nurture since intake.

11. Social Isolation Scale

Clinician's estimate of social isolation Enter number _____

1. Lack of contact with people outside immediate family.
2. Minimal contact with people outside immediate family; minimal emotional support.
3. Some contact with people outside family; some emotional support.
4. Quite a bit of contact outside family for emotional support.
5. Good support system of people outside family for emotional support.

12. The following issues often emerge after intake. Use information obtained during client's participation in program, as well as intake information.

Was client:
 -physically abused as a child? 1. yes ___ 2. no ___
 -sexually abused as a child? 1. yes ___ 2. no ___
 -court-ordered to DAP? 1. yes ___ 2. no ___
 -diagnosed as chemically dependent at any time? 1. yes ___ 2. no ___

Has client, to your knowledge, ever:
 -physically abused children? 1. yes ___ 2. no ___
 -sexually abused children? 1. yes ___ 2. no ___
 -physically forced sex on partner? 1. yes ___ 2. no ___

7/87

Check One: Education _____
Process _____
DAP _____

DOMESTIC ABUSE PROJECT
MEN'S FOLLOW-UP INTERVIEW SCHEDULE

CLIENT NAME _____ CLIENT NUMBER _____

ADDRESS _____

PARTNER'S NAME _____ ID# _____

TELEPHONE # _____ PARTNER'S PHONE # _____

INTERVIEWER CONTACT NOTES:

Date Time Remarks

If interview was not completed, what was the reason? Male: _____

Female: _____

Interviewer Signature

Date

Date completed 16 weeks of group _____

(For Completers)

Date last seen at D.A.P. _____

Number of group sessions completed _____

Number of individual, couple and family sessions _____

Hello, my name is _____, representing the Research Department of Domestic Abuse Project. The Domestic Abuse Project is attempting to evaluate the services of its programs. I would like to ask you a few questions about your experiences with the program, and how you are doing now. The information you give me will be confidential, and you will not be identified by name in any written reports. First, I would like to ask you a few questions about you.

1. What is your current marital status?

- 1. Single (never married)
- 2. Married
- 3. Living with partner (not married)
- 4. Divorced
- 5. Separated
- 6. Widowed

1a. Has your marital/relationship status changed since you began coming to DAP? (If not, skip to item #2; if yes, describe).

Yes _____ No _____

1b. How long have you been (current marital status)?

_____ Years _____ Months

1c. (If divorced or separated since coming to DAP), Was your divorce/separation the result of violent behavior? Yes _____ No _____

2. Are you currently employed? _____

- 1. Not employed
- 2. Employed part-time
- 3. Employed full-time

3. Since coming to DAP, has your income _____

- 1. Increased
- 2. Remained the same
- 3. Decreased

INTERVIEWER: Remember - for asterisked questions, if you are talking to a male, ask about him and record in male column. If you are talking to a female, ask about her partner & record in female column.

Now I would like to ask you a few questions about your current relationships.

* 4. Have you had any contact with with your partner since leaving DAP? Male Female Yes _____ No _____ Yes _____ No _____

If yes, what kind and how often _____

* 5. Since leaving DAP, have you (your partner) been physically violent against:

	<u>Male</u>		<u>Female</u>	
Current Partner	Yes _____	No _____	Yes _____	No _____
Past Partners	Yes _____	No _____	Yes _____	No _____
Children	Yes _____	No _____	Yes _____	No _____
Parents	Yes _____	No _____	Yes _____	No _____
In-Laws	Yes _____	No _____	Yes _____	No _____
Siblings	Yes _____	No _____	Yes _____	No _____
Friends	Yes _____	No _____	Yes _____	No _____
Other (specify): _____	Yes _____	No _____	Yes _____	No _____

* 6. I'm going to go through a list of behaviors that may have occurred with you and your partner. I would like you to try to remember how frequently each behavior occurred in about the past six months, since you (he) left DAP, I'd like you to tell me if the behavior occurred:

- 1 - Never 2 - Rarely 3 - occasionally 4 - frequently
- 5 - Very Frequently

How frequently did you (he):	Male	Female
1) Discuss issues relative calmly.....	_____	_____
2) Express feelings using words like: "I feel sad" "I feel hurt" etc.....	_____	_____
3) Gather more information instead of Jumping to conclusions.....	_____	_____
4) Try to find a compromise solution.....	_____	_____
5) Listen to your partner (you).....	_____	_____
6) Take your partner's (your) opinion into account	_____	_____
7) Leave the room to calm down when you (he) felt yourself (himself) getting really upset.....	_____	_____

For the next list of behaviors, I would like you to tell me if they ever occurred and then about how many times since you (he) left DAP.

- 0 - Never
- 1 - Once or twice
- 2 - Several X's in 6 months
- 3 - Once or twice a month
- 4 - Several X's a month
- 5 - Once or twice a week
- 6 - Several X's a week
- 7 - Once or twice a day
- 8 - Several times a day
- NA - Not applicable

How frequently did you (your partner):	Male		Female	
	Ever	Since DAP	Ever	Since DAP
(Yes=1 No=2)				
8) Stomp out in the middle of an argument	_____	_____	_____	_____
9) Scream at or insult your partner (you)	_____	_____	_____	_____
10) Belittle your partner (you)	_____	_____	_____	_____
11) Sulk or withdraw affection	_____	_____	_____	_____
12) Interrupt your partner's (your) eating/sleeping to bother your partner (you)	_____	_____	_____	_____
13) Say your partner (you) couldn't leave or spend time with certain people	_____	_____	_____	_____
14) Verbally pressure your partner (you) to have sex	_____	_____	_____	_____
15) Physically harm pets	_____	_____	_____	_____
16) Physically discipline children	_____	_____	_____	_____

	Ever	Male Since DAP	Female Ever	Since DAP
17) <u>Make threats</u> to leave your partner (you), withhold money, harm children or take them away, or have an affair	_____	_____	_____	_____
18) Threaten to hit or throw something at your partner (you)	_____	_____	_____	_____
19) Throw, hit, kick or smash objects	_____	_____	_____	_____
20) Drive recklessly to frighten your partner (you)	_____	_____	_____	_____
21) Burn your partner (you)	_____	_____	_____	_____
22) Push, grab, or shove your partner (you)	_____	_____	_____	_____
23) Slap or spank your partner (you) with an open hand	_____	_____	_____	_____
24) Bite or scratch your partner (you)	_____	_____	_____	_____
25) Hit your partner (you) with something	_____	_____	_____	_____
26) Physically force your partner (you) to do something she (you) didn't want to do	_____	_____	_____	_____
27) Physically force your partner (you) to have sex	_____	_____	_____	_____
28) Punch your partner (you) with your (his) fist	_____	_____	_____	_____
29) Kick your partner (you)	_____	_____	_____	_____
30) Direct blows to your partner's (your) stomach when she (you) was (were) pregnant	_____	_____	_____	_____
31) Throw your partner (you) bodily	_____	_____	_____	_____
32) Beat your partner (you) unconscious	_____	_____	_____	_____
33) Choke or strangle your partner (you)	_____	_____	_____	_____
34) Threaten your partner (you) with a knife, gun, or other weapon	_____	_____	_____	_____
35) Use a weapon against your partner (you)	_____	_____	_____	_____
36) Anything that hasn't been mentioned?	_____	_____	_____	_____

INTERVIEWER PLEASE RATE:

Is there any discrepancy between the answers for #5 and #6 above ?

Yes _____ No _____ Yes _____ No _____

* 7. (DO NOT ASK IF THERE HAS BEEN NO VIOLENCE REPORTED).

Since leaving DAP, has your partner (have you) needed medical treatment because of your (his) physical violence? Male Yes ___ No ___ Female Yes ___ No ___

If there has been any physical violence reported by the woman, go to injury questionnaire, if no physical violence was reported by woman go to Question 8.

8. Have you used your control plan since leaving DAP? Yes ___ No ___ No Need ___

9. At present, how likely is it that you can identify the cues leading to a violent incident?

1 2 3 4 5
Not Slightly Moderately Strongly Extremely
Likely Likely Likely Likely Likely

10. If cues occurred, how likely is it that you would use your control plan?

1 2 3 4 5
Not Slightly Moderately Strongly Extremely
Likely Likely Likely Likely Likely

11. How would you compare the amount of emotional support you get from people outside your immediate family now as compared to when you started coming to DAP?

- 1. Significantly less emotional support from people outside my immediate family now compared to then.
2. Somewhat less (emotional support now compared to then)
3. About the same (emotional support now compared to then)
4. Somewhat more (emotional support now compared to then)
5. Significantly more (emotional support now compared to then)

The following questions are about you and your children, or any children who live with you.

INTERVIEWER: IF NO CHILDREN, CHECK HERE ____, AND GO TO QUESTION 15.

* 12. When your children do something wrong, would you say that you do each of the following more often, less often, or about as often as before you attended DAP?

1. More often 2. About the same 3. Less often 4. Never Used
Male Female
a. Talk and explain the rules
b. Scold
c. Send to room/put in corner
d. Restrict phone/friends
e. Restrict to house
f. Yell/Scream
g. Spank/Slap
h. Hit with objects
i. Other:

* 13. Have you or your partner been newly involved with child protective services since leaving DAP? (Describe who & Why)

Male Female
Yes No Yes No

14. Do you think that your child's age change has influenced your discipline? Yes _____ No _____
If so, How? _____

INTERVIEWER, IF VIOLENCE WAS REPORTED IN QUESTIONS #5 AND #6, ASK QUESTIONS #15 AND #16 . IF NOT, GO TO #17

* 15. When there has been physical violence since leaving DAP, was there chemical use involved? Male Female
Yes No Yes No

* 16. Has there been physical violence when no chemicals were used? Yes No Yes No

17. Are you receiving, or have you received, counseling services or chemical dependency treatment since attending DAP? Yes No

IF YES, please describe:

- a. What is the name of the agency?
- b. For what purpose? (why did the client seek services?)
- c. Was this a referral from DAP? Yes No
- d. How satisfied was the client with these services? _____
 - 1. Very satisfied
 - 2. Satisfied
 - 3. Neutral
 - 4. Dissatisfied
 - 5. Very Dissatisfied

AGENCY	PURPOSE	HOW OFTEN, HOW LONG,	WHAT KIND
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

18. Since leaving DAP, have you had trouble with the law for any reason? Yes No

If YES, what kind of trouble? _____

would like to ask you some specific questions about the Domestic Abuse Project.

- 9. Compared to other counseling services you may have received, how would you rate DAP in its effectiveness?
 - a. In helping you deal with your violent behavior? _____
 - b. In helping families who are experiencing violence? _____

1 = Much better 2 = Better 3 = About the same 4 = Worse 5 = Much worse 6 = Not applicable

- 10. Do you feel that you have changed since you came to DAP? Yes ___ No ___
 - a. How would you say that you have changed since you started the program?

- 1. What would you identify as the MOST HELPFUL experience or experiences during the program in helping you to control your violence?

- 2. What would you identify as the MOST HELPFUL experience or experiences in helping you to accept responsibility for your violent behavior?

- 3. What would you identify as the LEAST HELPFUL experience or experiences during the program in helping you to control your violence?

- 4. Do you have any suggestions as to how the program could be improved?

- 5. All things considered, how would you rate the Domestic Abuse Project?

1. Excellent 2. Good 3. Fair 4. Poor 5. No opinion _____

- 6. In general, how are you doing now? _____

- 7. (IF NOT CURRENTLY AN ACTIVE CASE)

Do you feel in need of support or counseling now? Yes ___ No ___

If YES, provide information on outreach/self-help groups.

- 8. Do you have any other comments you would like to make to those in charge of the Domestic Abuse Project?

Generally, we give your counselor the information on these last questions to help him know what has been helpful or not helpful in order to provide better services in the future. We can give this information to your counselor anonymously / / or with your name, if you wish / /. If yes, client name _____ or if you do not want your counselor to see this at all, we will honor that request as well / /. (Counselors do not see the answers to any of the other questions - those are kept confidential for research only). Name of group counselor at DAP _____

Thank you very much for your time and cooperation

Injury Questionnaire

Next, I am going to ask you about any injuries you might have received from the violence you mentioned above. When I say "injuries," I mean any red marks, swelling, burns, bruises, abrasions, cuts, broken bones or teeth, disability, ongoing pain or other such effects of the violence you suffered from your partner.

I 1. How many separate episodes of violence during that time resulted in injuries? _____

I 2. For the past 6 months, please describe all of the injuries you received starting with those you received during the first episode of violence.

[Interviewer: use separate injury tables as a guide to the level of specificity needed and for follow-up questions. Ask about areas of the body and types of injuries that the woman does not mention spontaneously. For bruises, use a "quarter" as a measure of size (larger or smaller). For cuts and scrapes, use number of inches.]

[Two areas require special follow-up, if not mentioned spontaneously]:

Were you injured in the head? Yes ___ No ___ If yes, did you have any of the following symptoms?

Headache, lasting _____ Double vision _____

Dizziness, lasting _____ Amnesia _____

Unconscious, lasting _____

Were you pregnant during the episode? Yes ___ No ___

To your knowledge, was the fetus injured? Yes ___ No ___

If yes, please explain _____

I 3. Are your activities now limited in any way because of the injuries? Yes ___ No ___ If yes, please explain _____

Interviewer: Go on to Question 8.

Check One: Education ___
Process ___
DAP ___

DOMESTIC ABUSE PROJECT
MEN'S EIGHTEEN MONTH FOLLOW-UP INTERVIEW SCHEDULE

CLIENT NAME _____ CLIENT NUMBER _____

ADDRESS _____

PARTNER'S NAME _____ ID# _____

TELEPHONE # _____ PARTNER'S PHONE # _____

INTERVIEWER CONTACT NOTES:

Date Time Remarks

If interview was not completed, what was the reason? Male: _____

Female: _____

Interviewer Signature

Date

Hello, my name is _____, representing the Research Department of Domestic Abuse Project. The Domestic Abuse Project is attempting to evaluate the services of its programs. I would like to ask you a few questions about your experiences with the program, and how you are doing now. The information you give me will be confidential, and you will not be identified by name in any written reports. First, I would like to ask you a few questions about you.

1. What is your current marital status? _____

- 1. Single (never married)
- 2. Married
- 3. Living with partner (not married)
- 4. Divorced
- 5. Separated
- 6. Widowed

1a. Has your marital/relationship status changed since the last time we contacted you a year ago? (If not, skip to item #2; if yes, describe).

Yes _____ No _____

1b. If yes, how long have you been (current marital status)?

_____ Years _____ Months

1c. (If divorced or separated since the last time contacted), Was your divorce/separation the result of violent behavior? Yes _____ No _____

2. Are you currently employed? _____

- 1. Not employed
- 2. Employed part-time
- 3. Employed full-time

3. Since contacted a year ago, has your income _____

- 1. Increased
- 2. Remained the same
- 3. Decreased

INTERVIEWER: Remember - for asterisked questions, if you are talking to a male, ask about him and record in male column. If you are talking to a female, ask about her partner & record in female column.

Now I would like to ask you a few questions about your current relationships.

* 4. Have you had any contact with with your partner since our last contact a year ago? Male Female Yes ___ No ___ Yes ___ No ___

If yes, what kind and how often _____

* 5. Since our last contact, have you (your partner) been physically violent against:

Male

Female

Current Partner	Yes ___	No ___	Yes ___	No ___
Past Partners	Yes ___	No ___	Yes ___	No ___
Children	Yes ___	No ___	Yes ___	No ___
Parents	Yes ___	No ___	Yes ___	No ___
In-Laws	Yes ___	No ___	Yes ___	No ___
Siblings	Yes ___	No ___	Yes ___	No ___
Friends	Yes ___	No ___	Yes ___	No ___
Other (specify):	Yes ___	No ___	Yes ___	No ___

Male
Since
Last
Contact

Female
Since
Last
Contact

- | | | |
|-------------------------------------------------------------------------------------------------------------------------|-------|-------|
| 17) <u>Make threats</u> to leave your partner (you), withhold money, harm children or take them away, or have an affair | _____ | _____ |
| 18) Threaten to hit or throw something at your partner (you) | _____ | _____ |
| 19) Throw, hit, kick or smash objects | _____ | _____ |
| 20) Drive recklessly to frighten your partner (you) | _____ | _____ |
| 21) Burn your partner (you) | _____ | _____ |
| 22) Push, grab, or shove your partner (you) | _____ | _____ |
| 23) Slap or spank your partner (you) with an open hand | _____ | _____ |
| 24) Bite or scratch your partner (you) | _____ | _____ |
| 25) Hit your partner (you) with something | _____ | _____ |
| 26) Physically force your partner (you) to do something she (you) didn't want to do | _____ | _____ |
| 27) Physically force your partner (you) to have sex | _____ | _____ |
| 28) Punch your partner (you) with your (his) fist | _____ | _____ |
| 29) Kick your partner (you) | _____ | _____ |
| 30) Direct blows to your partner's (your) stomach when she (you) was (were) pregnant | _____ | _____ |
| 31) Throw your partner (you) bodily | _____ | _____ |
| 32) Beat your partner (you) unconscious | _____ | _____ |
| 33) Choke or strangle your partner (you) | _____ | _____ |
| 34) Threaten your partner (you) with a knife, gun, or other weapon | _____ | _____ |
| 35) Use a weapon against your partner (you) | _____ | _____ |
| 36) Anything that hasn't been mentioned? | _____ | _____ |

INTERVIEWER PLEASE RATE:

Is there any discrepancy between the answers for #5 and #6 above ?

Yes _____ No _____ Yes _____ No _____

* 7. (DO NOT ASK IF THERE HAS BEEN NO VIOLENCE REPORTED).

Since our last contact, has your partner (have you) needed medical treatment because of your (his) physical violence? Male
Yes _____ No _____ Female
Yes _____ No _____

IF THERE HAS BEEN ANY PHYSICAL VIOLENCE REPORTED BY THE WOMEN, GO TO INJURY QUESTIONNAIRE; IF NO PHYSICAL VIOLENCE WAS REPORTED BY WOMEN GO TO QUESTION 8.

8. Have you used your control plan since our last contact? Yes _____ No _____
No Need _____

9. At present, how likely is it that you can identify the cues leading to a violent incident?

1 2 3 4 5
Not Slightly Moderately Strongly Extremely
Likely , Likely Likely. Likely Likely

10. If cues occurred, how likely is it that you would use your control plan?

1 2 3 4 5
Not Slightly Moderately Strongly Extremely
Likely Likely Likely Likely Likely

11. How would you compare the amount of emotional support you get from people outside your immediate family now as compared to when we last contacted you a year ago?

- 1. Significantly less emotional support from people outside my immediate family now compared to then.
- 2. Somewhat less (emotional support now compared to then)
- 3. About the same (emotional support now compared to then)
- 4. Somewhat more (emotional support now compared to then)
- 5. Significantly more (emotional support now compared to then)

The following questions are about you and your children, or any children who live with you

INTERVIEWER: IF NO CHILDREN, CHECK HERE _____, AND GO TO QUESTION 15.

* 12. When your children do something wrong, would you say that you do each of the following more often, less often, or about as often as when we last contacted you?

- | | | | |
|-------------------------------|-------------------|---------------|---------------------------|
| 1. More often | 2. About the same | 3. Less often | 4. Never Used |
| | | | <u>Male</u> <u>Female</u> |
| a. Talk and explain the rules | | | _____ |
| b. Scold | | | _____ |
| c. Send to room/put in corner | | | _____ |
| d. Restrict phone/friends | | | _____ |
| e. Restrict to house | | | _____ |
| f. Yell/Scream | | | _____ |
| g. Spank/Slap | | | _____ |
| h. Hit with objects | | | _____ |
| i. Other: | | | _____ |

* 13. Have you or your partner been newly involved with child protective services since our last contact a year ago? (Describe who & Why)

	<u>Male</u>	<u>Female</u>
Yes	No	Yes
_____	_____	_____

14. Do you think that you child's age change has influenced your discipline? Yes _____ No _____
If so, How? _____

INTERVIEWER, IF VIOLENCE WAS REPORTED IN QUESTIONS #5 AND #6, ASK QUESTIONS #15 AND #16 . IF NOT, GO TO #17

* 15. When there has been physical violence since our last contact a year ago was there chemical use involved? Male Yes _____ No _____ Female Yes _____ No _____

* 16. Has there been physical violence when no chemicals were used? Yes _____ No _____ Yes _____ No _____

17. Are you receiving, or have you received, counseling services or chemical dependency treatment since our last contact a year ago? Yes _____ No _____

IF YES, please describe:

- What is the name of the agency?
- For what purpose? (why did the client seek services?)
- Was this a referral from DAP? Yes _____ No _____
- How satisfied was the client with these services?

1. Very satisfied	4. Dissatisfied
2. Satisfied	5. Very Dissatisfied
3. Neutral	

AGENCY	PURPOSE	HOW OFTEN, HOW LONG,	WHAT KIND
--------	---------	----------------------	-----------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

18. Since our last contact a year ago have you had trouble with the law for any reason? Yes ___ No ___

If YES, what kind of trouble? _____

Now I would like to ask you some specific questions about the Domestic Abuse Project.

19. Compared to other counseling services you may have received, how would you rate DAP in its effectiveness?
a. In helping you deal with your violent behavior? _____ (9)
b. In helping families who are experiencing violence? _____ (10)
1 = Much better 2 = Better 3 = About the same 4 = Worse 5 = Much worse
6 = Not applicable

20. Do you feel that you have changed in the last year since we contacted you?
Yes ___ No ___
a. How would you say that you have in the last year?

21. What would you identify as the MOST HELPFUL experience or experiences during the program in helping you to control your violence?

22. What would you identify as the MOST HELPFUL experience or experiences in helping you to accept responsibility for your violent behavior?

23. What would you identify as the LEAST HELPFUL experience or experiences during the program in helping you to control your violence?

24. Do you have any suggestions as to how the program could be improved?

25. All things considered, how would you rate the Domestic Abuse Project? (12)
1. Excellent 2. Good 3. Fair 4. Poor 5. No opinion _____

26. In general, how are you doing now? _____

27. (IF NOT CURRENTLY AN ACTIVE CASE)
Do you feel in need of support or counseling now? Yes ___ No ___ (13)
If YES, provide information on outreach/self-help groups.

28. Do you have any other comments you would like to make to those in charge of the Domestic Abuse Project?

29. Generally, we give your counselor the information on these last questions to help him know what has been helpful not helpful in order to provide better services in the future. We can give this information to your counselor anonymously / / or with your name, if you wish / /. If yes, client name _____ or if you do not want your counselor to see this at all, we will honor that request as well / /. (Counselors do not see the answers to any of the other questions - those are kept confidential for research only). Name of group counselor at DAP _____.

Thank you very much for your time and cooperation

1163.f3

Injury Questionnaire

Client Number _____

Next, I am going to ask you about any injuries you might have received from the violence you mentioned above. When I say "injuries," I mean any red marks, swelling, burns, bruises, abrasions, cuts, broken bones or teeth, disability, ongoing pain or other such effects of the violence you suffered from your partner.

I 1. How many separate episodes of violence during that-time resulted in injuries? _____

I 2. For the past year, please describe all of the injuries you received starting with those you received during the first episode of violence.

[Interviewer: use separate injury tables as a guide to the level of specificity needed and for follow-up questions. Ask about areas of the body and types of injuries that the woman does not mention spontaneously. For bruises, use a "quarter" as a measure of size (larger or smaller). For cuts and scrapes, use number of inches.]

[Two areas require special follow-up, if not mentioned spontaneously]:

Were you injured in the head? Yes ___ No ___ If yes, did you have any of the following symptoms?

Headache, lasting _____ Double vision _____

Dizziness, lasting _____ Amnesia _____

Unconscious, lasting _____

Were you pregnant during the episode? Yes ___ No ___

To your knowledge, was the fetus injured? Yes ___ No ___

If yes, please explain _____

I 3. Are your activities now limited in any way because of the injuries? Yes ___ No ___ If yes, please explain _____

Interviewer: Go on to Question 8.

