INCREASING MOTHER AND CHILD SAFETY: SOCIAL FACTORS INFLUENCING

HELP SEEKING BEHAVIORS AMONGST CHILD WELFARE-INVOLVED

WOMEN EXPERIENCING FAMILY VIOLENCE

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The purpose of this study is to determine social factors that influence help seeking behaviors by mothers who are concurrently involved in two social service systems: Child Protective Services (CPS) and family violence advocacy programs. Through the application of the behavioral model (of service use) for vulnerable populations, this study seeks to determine predisposing, enabling and need characteristics that impact help seeking behaviors at a family violence agency after participation in an ADVANCE (Acknowledging Domestic Violence and Navigating Child Protection Effectively) course, a group intervention class developed specifically for women involved with CPS. The research design is a mixed-method approach with an ADVANCE course evaluation embedded within the overall analysis of help seeking behaviors. The analytic strategies include pre-test/post-test means comparisons through paired *t*-tests, qualitative thematic analysis through arts-based methodology, and ordinary least squares and logistic regression analysis. This study considers six outcome variables related to protective help seeking behaviors: seeking services, seeking protective actions related to children, seeking a safety plan, seeking a protective order, seeking safe housing, and seeking financial independence. Several social factors identified influenced help seeking behaviors amongst child welfare involved women experiencing violence, namely, number of children, age of children, level of interest in services, previous participation in services, level of social support, perceived victim status, perceived need for a safety plan, and perceived need for

change in family. This study should serve to enhance intervention practices utilized by both family violence advocates and child welfare professionals.

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CHAPTER 1

INTRODUCTION

1.1   Significance and Purpose of Dissertation

While the primary concern of social systems associated with child welfare and family violence is the safety and well-being of mothers and their children, the path to safety is often unclear and complex. Families along with social service professionals often express frustration with systematic responses to circumstances of family violence. In her explanation of these intersecting systems, Hester (2011) references Bourdieu's (1989) concept of '*habitus'* in groups "where the particular structures, orientations and approaches in the work of a professional group may create divides between their own every day and common place professional assumptions and practices and those of other professional groups" (p. 837). These specialized assumptions often lead to professional groups "less able to see practice from a different professional perspective" (Hester, 2011, p. 839). Oftentimes, in the middle of these intersecting systems, mothers whose partners choose to exert power and control in their relationship find challenges to accessing supportive services and other help needed to increase the safety of both themselves and their children when they are the subject of a Child Protective Services (CPS) case.

Connection to appropriate services provides benefits for both battered mothers and their children who are involved with CPS. Not only can family violence related services help to mitigate symptoms related to depression and post-traumatic stress disorder (PTSD) (Goodman et al., 2016, p. 287), some studies indicate "effective help from formal providers can significantly reduce …the likelihood of revictimization among

IPV [interpersonal violence] survivors" (Kennedy et al., 2012, p. 218). Advocacy, a critical service provided by family violence agencies, offer numerous benefits to participants. Some researchers have found that mothers who connected with advocates had "higher quality of life, were more effective at accessing needed community resources, had greater social support, and were experiencing less violence" as compared to those who did not have the benefit of an advocate (Allen et al., 2004, p. 1018). Additionally, domestic violence advocacy combined with safe housing provided by shelter services "can result in improvement in functioning and resilience and a decrease in abuse" (Evans & Feder, 2014, p. 63). Children's wellbeing is also increased when their mothers are connected to helpful resources. This improvement results from direct participation in child-focused interventions as well as indirect benefits derived from mother's enhanced safety. Studies evaluating intervention programs designed for children who have witnessed domestic violence have demonstrated promising results, from "positive change in…children's behavioral adjustment" to "improved…self-concepts" (Sullivan et al., 2002, p. 917).

There is an inherent fear associated with interacting with CPS which is compounded for women who are victims of family violence. In fact, studies have shown that this anxiousness is actually "well founded" (Douglas & Walsh, 2010, p. 499). Lack of trust for any service provider referred by CPS can create barriers to participation in family violence services. This dynamic can lead to substantial consequences for both mothers and their children. Moe (2007) cites the concept of social entrapment which asserts "failures of social institutions… in appropriately responding to women also contribute to their entrapment" (p. 676). Evans and Feder (2014) support this assertion,

mentioning, "barriers to disclosure include …poor previous experiences of help seeking" which "at times inhibit the process of breaking free of abuse" (p. 63).

1.2   Research Goals

The purpose of this study is to determine social characteristics that may influence help seeking behaviors by mothers who are concurrently involved in two social service systems: child protective services and family violence advocacy programs. Through the application of the behavioral model (of service use) for Vulnerable Populations (Aday, 1994; Anderson, 1995), this study seeks to determine predisposing, enabling and need characteristics that influence help seeking behaviors and subsequent social service utilization at a family violence agency after participation in an ADVANCE (Acknowledging Domestic Violence and Navigating Child Protection Effectively) course. This course is a group intervention class developed by Denton County Friends of the Family (DCFOF) specifically for women involved with Child Protective Services (CPS). This course consists of seven weeks of curriculum modules designed to enhance mothers' knowledge of domestic violence and the impact on themselves and their children while assisting in increasing self-confidence and social support through group interaction. In addition to the strictly psycho-educational components of the ADVANCE course, the agency aims to engage group members to, if needed, increase their participation in additional services such as legal advocacy, case management, individual therapy for themselves or their children and shelter services.

Additionally, the course intends to assist mothers to engage in protective help seeking behaviors that will in turn improve the safety of both themselves and their children and increase the likelihood of a successful conclusion to their CPS case. In

fact, literature indicates "if a mother is perceived to be acting protectively, presumably the child protection worker may be more willing to provide assistance and support" (Douglas & Walsh, 2010, p. 492).

It is imperative that CPS-involved battered women and their children receive the support and advocacy necessary to help meet their complex and multi-faceted needs. Participation in the ADVANCE course provides an opportunity for mothers to learn about and in turn engage in help seeking actions that that can help improve their own and their children's safety and well-being.

1.3   Research Framework

For purposes of this study, the behavioral model (of service use) for vulnerable populations (Aday 1994; Gelberg et al. 2000) is applied as a theoretical framework to better understand potential predictors for protective behaviors including social service utilization. This study considers six outcome variables related to protective help seeking behaviors: seeking DCFOF services, seeking protective actions related to children, seeking a safety plan, seeking a protective order, seeking safe housing, and seeking financial independence. Each of these behaviors is measured after completion of the ADVANCE course on a post-test survey instrument.

Explanatory variables are selected in accordance with the behavioral model framework and categorized as predisposing, enabling or need variables. Predisposing variables considered are: number of children, average age of child(ren), and level of interest in DCFOF services. Enabling factors identified include: previous participation in DCFOF services, level of awareness of parental strengths, level of confidence/self-esteem, and social support (peer, CPS, DCFOF). Measures categorized on the need

domain in the current study include: level of understanding of ADVANCE referral in addition to perceived victim status, perceived need for safety, and perceived need for change in the family.

As supported in previous literature (Mitchell & Krout, 1998; Owusu et al., 2005), I hypothesize that identified need variables will most strongly predict help seeking behaviors amongst child welfare involved women experiencing family violence. However, I hypothesize that both enabling factors and predisposing variables will also have an influence on subsequent help-seeking behaviors.

The findings will be directly applicable to knowledge regarding social factors that influence help seeking behaviors in families interacting with both the child welfare system and family violence programs. Conclusions will also help influence how family violence advocates and child welfare workers can best assist mothers to ensure the safety of their children through utilization of advocacy, support services, and other protective measures. Findings may also be applied to inform decisions by those employed in various system settings that interact with the child welfare system. Secondary data analysis will be based on pre-test/post-test evaluations completed by ADVANCE course participants.

1.4 Dissertation Organization

Chapter 2 provides background information and highlights theoretical perspectives utilized to guide the work accomplished through the dissertation. Sociological theory related to both systems theory and the feminist perspective that is foundational to the family violence movement are described. Additionally, literature related to the intersection of child welfare and family violence is examined to provide a

lens through which to assess the variables presented. The theoretical conceptual

model is introduced and variable selection based on this model is described. According

to the behavioral model of social service use for vulnerable populations, the influencing

variables are categorized as predisposing, enabling and need variables.

Chapter 3 explains the overarching methodologies used in the various segments

of the dissertation. Utilizing a mixed-method approach employing both quantitative and

qualitative data analysis, this chapter introduces the pre and post-test survey instrument

completed by ADVANCE participants that incorporates both open-ended questions

along with Likert-type responses. Two nested components make up the overall

dissertation using multiple methodological approaches. First, ADVANCE course effects

are examined, comparing change in response means from the pre to post-test along

with arts-based thematic analysis of open-ended qualitative responses. This analysis of

the ADVANCE course effects in part functions to prepare the variables for the next

component.   Second, engagement in help seeking behaviors including service use,

taking into account the change through the completion of the course, is evaluated

through both logistic regression and ordinary least squares regression analysis.

Chapter 4 considers the ADVANCE course and provides description of structure

and curriculum content. This chapter details the results multi-part analysis of

ADVANCE course effects. First, specific change in means on certain variables within

the domains of the behavioral model are described. This chapter also explains multiple

sensitivity analyses that were conducted to demonstrate consistency across survey

administration modalities. Finally, a qualitative thematic analysis of open-ended

question responses utilizing arts-based methodology is presented.

Chapter 5 presents the results of regression analyses of six outcome variables on predictor variables categorized on the domains of the behavioral model of service use for vulnerable populations. The outcome variables are intended to measure help seeking behaviors including social service use by participants of the ADVANCE course. First, descriptive analysis of included variables is described in addition to explanation of variable preparation and selection. An index of responses was created on one of the outcome variables and one of the predictor variables. This process is described along with justification for the creation of the indices. Three separate models are run on each of the six outcome variables guided by the theoretical framework.

Chapter 6 delineates conclusions related to the various analyses included in the overarching dissertation project. Implications related to the findings exploring social factors that influence help seeking behaviors for CPS-involved women experiencing violence are discussed. Additionally, limitations of this study are examined and contribution to existing literature is described

CHAPTER 2

BACKGROUND AND SIGNIFICANCE

From both a practice perspective and a theoretical perspective, the approach to

the concepts of family violence and child welfare, while overlapping, tend to diverge in

ways that often lead to complications for research and intervention.   In fact, Hester

(2011) asserts that these conflicting approaches "may result in outcomes that are likely

to be contradictory for those individuals on the receiving end" (p. 839). This chapter

provides background information and theoretical underpinnings related to child welfare,

family violence and the intersection between the two. Also introduced is the

development of the ADVANCE course. Finally, the theoretical framework employed to

structure the analysis and explore the research questions is introduced and described.

2.1   Definition of Terms

2.1.1 Family Violence

According to the National Coalition Against Domestic Violence (2020), more than

"10 million adults experience domestic violence annually" in the United States (para. 2).

Even more concerning is that these incidents of violence often occur in homes where

children reside. Evans et al. (2008) state that "researchers estimate that between three

and 17.8 million children are exposed to at least one incident of domestic violence each

year" (p. 132).

Throughout the literature and practice in this area, numerous terms are used

interchangeably, though "various terms for describing the problem reflect…underlying

theoretical perspectives" (Lawson, 2012, p. 573). The term domestic violence (or DV) is

used regularly but has been "criticized…for its gender-neutrality, and its primary

emphasis on physical assaults and exclusion of other abuse" (Holt et al., 2008, p. 798).

Family violence (or FV) is often interchangeably used with the term domestic violence

(Gelles & Maynard, 1987). Some use the term "gender-based violence" (Heise, 1998,

p. 263), or "violence against women…[to] reflect the fundamental assumption that

gender is at the center of the problem" (Lawson, 2012, p. 573). More recently, scholars

have employed the term intimate partner violence (or IPV) to "maintain objectivity and

avoid implicit agreement with any particular theoretic framework" (Lawson, 2012, p.

574). For purposes of this dissertation, all of these various terms are used.

2.1.2 Child Welfare Systems

There are distinct child welfare systems that exist in each state in the United

States. Additionally, child welfare systems in various forms are present in countries

across the globe. Generally, child protective service (CPS) agencies "have staff and

procedures in place to respond to reports of suspected child abuse and neglect"

(Waldfogel, 2009, p. 196). Additionally, child welfare agencies may provide family

interventions and foster care services directly or indirectly through purchased contracts

(Waldfogel, 2009).

In Texas, the child welfare/child protection system is housed under an umbrella

agency, the Texas Department of Family and Protective Services (TDFPS). Families

first encounter a child protection worker after a report is filed with the statewide hotline.

There are generally three stages of service offered at CPS to families who have been

reported due to a concern related to abuse or neglect. These stages of service in

Texas are termed: Investigations, Family-Based Safety Services, and Conservatorship.

An investigative worker is assigned to the family to determine whether the allegations in

the report are true and/or if there are any social services or community supports that could be provided to the family to mitigate any abuse or neglect concerns (Texas Department of Family and Protective Services [TDFPS], 2020).

If an investigative caseworker believes that the circumstances present in the home require more intensive services than can be provide by community and social supports, the family may be referred to Family-Based Safety Services. During this stage of service, the assigned caseworker makes referrals to community and social services in addition to providing guidance and support to the family with the children remaining in the home. If risk of abuse or neglect is so significant that the child or children cannot safely remain in the home, CPS will petition the court to order legal removal of the children and place them in state custody. If children are legally removed, the family is assigned a Conservatorship caseworker to assist with court-ordered services designed to assist the family in making changes required for children to safely be returned. If the children are unable to be returned to their parents within a specified time period, alternative permanent placements for the children must be arranged (TDFPS, 2020).

2.2   Theoretical Connections to Sociology

The study of family violence by sociologists is a relatively recent phenomenon and did not gain momentum in the field until the 1970s (Gelles, 1985). Initially, intimate partner violence and child abuse were seen through the same lens with a focus on the individual approach (Gelles, 1987). Where sociologists differ in their perspective is that they view "violence as a function of social structures as opposed to individual pathology" (Lawson, 2012, p. 573). In fact, Gelles and Straus (1979) claim that family violence is a

"normal part of family life in most societies and in America" (p. 549). However, even within sociology there is diversity in how theorists interpret the impact of social structures on families and individuals. When seeking to understand the dynamics of family violence and child abuse, scholars tend to diverge based on their "respective views regarding the role of gender" (Lawson, 2012, p. 572). Feminist perspectives assert family violence is "rooted in gender and power and represents men's active attempts to maintain dominance and control over women" (Anderson, 1997, p. 655). Family violence perspectives emphasize an alternative approach, incorporating the study of other social factors and attributing child abuse and violence within the family as an "expression of conflict…that can best be understood through examination of social structures" (Lawson, 2012, p. 572).

2.2.1   Family Violence Theories

A systems theory approach has been utilized by several social scientists to provide an explanation and frame the discussion around violence within the family. Sociologists Richard Gelles, Murray Straus, Jean Giles-Sims, amongst others, employ systems theory to the study of family violence. Many have cited Straus as the first to theoretically apply systems theory to family violence. According to Gelles and Straus (1979), violence is seen as a product of the family system and other social structures, as opposed to inherent characteristics that reside within the individual. From this viewpoint, the family unit is understood as a "goal seeking adaptive system" (Gelles & Maynard, 1987, p. 271).

In her explanation of family violence from a systems perspective, Jean Giles-Sims (1983) builds on Straus' work focusing on "describing the nature of systems in

terms of structural arrangements and patterns of interaction" (p. 7). Giles-Sims (1983) emphasizes that family systems reside and function within the context of the "large sociocultural system" and therefore violence within the family cannot be addressed adequately unless there is a recognition that this social problem must be remedied through modification of the "social structure" (p. 12). Additionally, she points out that patterns of social interaction are difficult to change especially in rigid and well-established systems (Giles-Sims, 1983).

Richard Gelles (1985) echoes Giles-Sims' and Straus' ideas stating that when family violence is interpreted utilizing a sociological perspective it is viewed as a social problem. He indicates that most sociologists who study family violence agree that the "causes of violence are multi-dimensional" (Gelles & Maynard, 1987, p. 270). These multi-dimensional causes can be attributed to societal structure, family structure and the interaction between the two (Gelles & Maynard, 1987). Gelles (1987) mentioned five areas related to family violence that are commonly referenced by researchers: (1) the cycle of violence—the intergenerational transmission of violence; (2) low socioeconomic status; (3) social and structural stress; (4) social isolation; (5) personality problems and psychopathology (p. 270). These factors reinforce the rationality behind interpreting family violence from a systems theory perspective in that this theoretical framework "accounts for the complex causality of the problem" (Lawson, 2012, p. 576).

According to Gelles (1985), the "study of family violence has always had an implicit applied mandate" (p. 363). In other words, in developing research questions around family violence, there is often an underlying goal to seek ways in which to remedy the problem. While the systems perspective of family violence views the issue

as a social problem as opposed to an individual problem, Gelles and Maynard (1987) state the "treatment of family violence…tends to lag behind research and theoretical development" (p. 271).

2.2.2   The Intersection of Child Welfare and Family Violence

The literature is scarce regarding parenting abilities of mothers who are also involved in the child welfare system (Casanueva et al., 2008). Additionally, specific interventions designed to help families when there is a co-occurrence of child maltreatment and family violence are rarely found and are just recently growing in development. Oftentimes, mothers who come in contact with a child protection agency due to concern regarding family violence are referred to parenting classes and general family violence services. While parent-training classes are needed in some cases, being a victim of family violence does not "necessarily impair maternal parenting" (Casanueva, et al. 2008, p 413). In fact, some studies have indicated interventions targeted at reducing parent stress as opposed to solely parenting skills tended to have positive outcomes for both the mother and child (Huth-Bocks & Hughes, 2008). Casanueva et al. (2008) mention findings by other researchers that indicate women in abusive environments "may try to compensate for the violence experienced in their home by offering increased nurturing and protection for their children" (p 419). Casanueva et al. (2008) stated that the results of their study should be utilized to "challenge the negative perception" associated with victims of family violence who are parenting children and acknowledge that this perception by child welfare professionals and other community members is associated with elevated risk of removal of these mothers' children from their home (p. 420). Oftentimes, there is an assumption that

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parenting skills are lacking with women involved in a violent relationship. This belief

could lead to inappropriate service referrals for parenting classes. The study by

Casanueva et al. (2008) pointed out the many parenting strengths possessed by

women who have been impacted by intimate partner violence. Therefore, Casanueva

et al. (2008) stressed the need for services that "help women cope with violence and its

effects on their maternal health and that protect women and children from further

violence" (p. 420).

Valuable insight on the intersection of child welfare and family violence can be

found in various qualitative studies focused on child welfare professionals, community

members and mothers. Douglas and Walsh (2010) presented a study exploring

perceptions of the child welfare system's response to domestic violence. The authors

utilized five focus groups of community workers and attorneys in Australia who primarily

assist mothers and families experiencing domestic violence and who are involved in the

child protection system. Overall, the responses indicated that "the dynamics of

domestic violence are often misunderstood and inappropriately responded to" by those

individuals working within the child welfare system (Douglas & Walsh, 2010, p. 489).

Several overarching themes were identified and discussed in the article. These

included the view of domestic violence dynamics, blame attributed to mothers, the

"leave" ultimatum, and perceptions of child welfare professionals (Douglas & Walsh,

2010, p. 495). According to those interviewed, child welfare professionals' attitudes

reflect society as a whole in attaching blame to victims of family violence. Oftentimes,

the mothers have "experienced a much higher degree of scrutiny that their male

batterers" (Douglas & Walsh, 2010, p. 493). Many even reported circumstances where

children were removed from their mothers for failing to protect their children from violence only to be placed with the father who perpetrated that violence.

Bourassa et al. (2008) also presented a qualitative study, but they focused on the practice of child welfare workers in Canada in cases involving intimate partner violence. Instead of interviewing community workers, these researchers gathered information directly from child protection staff. Echoing the concerns of the respondents in the Douglas and Walsh study, child welfare workers most often cited the reason for removal of children from their home was because the mother "remained in a violent marital dynamic" (Bourassa et al., 2008 p. 180). The majority of the workers held the belief that leaving "was considered the best way to protect the children" (Bourassa et al., 2008, p. 180). The "leave" ultimatum mentioned previously in the Douglas and Walsh (2010) study was a recurring theme in the child welfare workers' responses (Bourassa et al., 2008).

More recently, Howell et al. (2015) completed a research evaluation on an evidence-based intervention entitled the "Moms' Empowerment Program" which focused on "empowering, educating, and supporting female survivors of IPV [intimate partner violence]" (p. 234). This group emphasized that the entire family system, not just the direct victim, are impacted by violence in the home. Despite the impact on the family system as a whole, "few empirically sound and evidence-based interventions exist to assist these families" (Howell et. al., 2015, p. 234). Howell et al. (2015) cautiously indicated that their findings offered "promising insight" into specialized interventions for mothers experiencing intimate partner violence (p. 243). Of note is the success of the group intervention in demonstrating positive parenting changes in a short

period of time (five weeks). In addition to emphasis on parenting techniques, the Moms'

Empowerment Program "attempts to enhance coping and relaxation skills" (Howell et

al., 2015, p. 244). The authors attributed this unique curriculum component to at least

part of the increase in positive parenting. This supports other studies (Huth-Bocks &

Hughes, 2008) that emphasize the importance of reducing parenting stress to

encourage beneficial parenting outcomes.

In addition to stress-reducing components, Howell et al. (2015) proposed that

interventions of this type focus on "addressing adaptive behaviors and skills" as

opposed to an emphasis on "pathology" (p. 245). Through this strengths-based

philosophy, community-based group intervention can better instill a feeling of

empowerment in this vulnerable population.

2.3   ADVANCE Course Development

In 2011, the 82nd Texas Legislature introduced S.B. 434 which instructed the

Texas Health and Human Services Commission to institute the Task Force to Address

the Relationship Between Domestic Violence and Child Abuse and Neglect. Through

the work on this task force, a report was developed with recommendations to both

family violence agencies and the Texas child welfare system regarding this issue. The

group adhered to several guiding principles in developing their recommendations to the

legislature, most notably was that "in homes where domestic violence is present, the

safety of the parent who is a victim of domestic violence is intertwined with the safety

and well-being of the child" (Texas Health and Human Services Commission, 2012).

This statement is supported by literature that indicates children can be better protected

when support and protection are provided to their mothers (Douglas & Walsh, 2010).

Traditionally, the child welfare system lacked training and clear guidelines regarding the interconnection of mother and child safety in cases of domestic violence (Bourassa et al., 2008).

At approximately the same time the Texas Legislature requested the compilation of the task force to address the systematic response to the co-occurrence of domestic violence and child abuse/neglect, Denton County Friends of the Family (DCFOF), a family violence advocacy agency, developed and began offering a Choosing Healthy Relationships (CHR) course, a closed group class intended to provide support and education to mothers who are involved with the Child Protective Services (CPS) system. CPS workers could make a referral to the agency if they had a concern about the presence of family violence. The CHR class was in existence for approximately eight years and DCFOF modified the course, by utilizing differing referral forms and outcome evaluations in an effort to best meet their clients' needs. The class consisted of a four-week curriculum, with each week emphasizing a different topic.

During FY 2015-2016, the Texas Council on Family Violence (TCFV) received funding from the Office of the Governor to assist in the implementation of projects in four pilot sites across the state of Texas. One of the pilot sites chosen was DCFOF. According to the TCFV Project S.A.F.E application (2015), the main function of the award was "to enhance competency among the CPS staff in the region and among the domestic violence programs and to build stronger networks between the two" (Johnson-Simpson & Bloom, p. 1). A component of this project included an evaluation of DCFOF's CHR course designed to help CPS-involved battered women.

A colleague and I previously completed a report for the agency in August 2016

analyzing secondary data provided by group participants during a two-year timeframe: January 2014 to December 2015. The report included information from the CHR exit questionnaire, a client outcome measure as well as intake completion data. From this baseline data, a report was compiled which provided feedback to the agency regarding modification of the curriculum and class structure. Subsequent to the feedback, the program was renamed ADVANCE: Acknowledging Domestic Violence and Navigating Child Protection Effectively and several improvements were made to the course.

Denton County Friends of the Family began holding the ADVANCE class in October 2016. The purpose of this course, as described by the agency, is "to provide education and awareness about sexual and domestic violence, what abusive behaviors, red flags, and warning signs look like, tools to move forward in regards to the safety and well-being of group members and their children, and to demonstrate protective behaviors of those involved" (DCFOF, 2016, para. 2). The course consists of a seven-week curriculum in addition to a pre-class orientation. Topics include impact of violence on children, positive parenting, and civil/legal remedies. This course is an updated and modified version of the Choosing Healthy Relationships course previously evaluated using the Client Outcome Measure and CHR Exit Questionnaire. Utilizing baseline data from that research project, DCFOF was able to modify the structure and curriculum to better meet their clients' needs.

2.4   Theoretical Framework

One of the purposes of the ADVANCE course is to influence help seeking behaviors to facilitate increased safety and support of women and their families who have been impacted by domestic violence and are involved with the child welfare

system. In order to analyze responses on the pre-test and post-test survey instruments

administered by the agency, the behavioral model (of service use) for vulnerable

populations will be applied in an effort to identify characteristics and social factors

associated with subsequent social service utilization and other help seeking behaviors.

2.4.1 The Behavioral Model of Service Use

Anderson (1995) created the behavioral model of health service use in the "late

1960s to assist in the understanding of why families use health services" (p. 1). Since

that time, subsequent versions of the model have been applied not only to health care

utilization (Gelberg et al., 2000; Oser & Stevens-Watkins, 2016; Owusu et al., 2005;

Shamburger-Rousseau et al., 2016, Stein et el., 2007; Varga & Surratt 2014), but also

to mental health treatment utilization (Rhoades et al., 2014) and other social service use

(Calsyn & Winter, 2000; Calsyn & Winter, 2001; Harris et al., 2018; Mitchell & Krout,

1998; Scott et al., 2015; Theriot et al., 2003). Additionally, several studies have

employed the behavioral model with populations who have experienced intimate partner

violence (Cheng & Lo, 2015; Cho & Huang, 2017; Vijayaraghavan et al., 2011).

While many studies consider formal service utilization, the behavioral model has

also been applied to more broadly examine help seeking behaviors. Advocating for the

use of the behavioral model in their study, Cho and Huang (2017) state, "identifying

factors associated with help-seeking among DV [domestic violence] victims can be

strengthened by the application of the appropriate framework" (p. 409). Cheng and Lo

(2015) defined "seeking help" in their study related to intimate partner violence victims

as reaching out to mental health professionals (p. 3283). However, other studies (Cho

& Huang, 2017; Scott et al., 2015) extended the definition of help seeking to both formal

and informal help seeking behaviors. Additionally, Calsyn and Winter (2000) distinguished between "discretionary services" which are services that "consumers can choose not to use…without facing dire consequences" and "nondiscretionary services…(e.g. hospitalizations) that the consumer has little choice to accept or face serious consequences" (p. 285).

Since the formation of the behavioral model over 50 years ago, it has been modified and reconceptualized to more fully consider numerous variables that could influence social service and health care utilization in addition to other help seeking behaviors. A seminal revision to the model was developed by Aday (1994) to consider the model's applicability specifically to vulnerable populations. Aday (1994) defines vulnerable populations as those who are "*at risk* of poor physical, psychological, and/or social health" (p. 487). Examples include "minorities; undocumented immigrants; children and adolescents; mentally ill; chronically ill and disabled persons; the elderly; and impoverished and homeless persons" (Aday 1994; Gelberg et al. 2000, p. 1274). Additionally, Aday (1994) and others highlight the distinct vulnerability of children and mothers that are involved in abusive families or relationships (Cho & Huang, 2017; Vijayaraghavan et al., 2012).

Anderson (1995) points out that some critics of early versions of the behavioral model indicated concerns that the model has a "built-in bias that increased [service] use is always better and to be sought" (p. 4). However, his perception of the model in its current state is "essentially nonnormative regarding utilization" and its purpose is to discover conditions that either facilitate or impede utilization" (Anderson 1995, p. 4). Furthermore, Mitchell and Krout (1998) assert that the "efficacy of the behavioral model

is tied to the nature of the services under examination" and whether the nature of those services is discretionary (p. 159). In their study of service use in an older individual population, Mitchell and Krout (1998) "explore whether some of the criticism of the behavioral model might be due to its misapplication rather than shortcomings of the model itself" (p. 165).

2.4.2 Predisposing, Enabling, and Need Domains

Utilizing the behavioral model as a theoretical frame helps to organize factors into predisposing, enabling and need variables in order to predict "service utilization" and other help seeking behaviors (Calsyn & Winter, 2001, p. 157). Generally, predisposing factors include "demographic and social structural factors such as age, gender, race and ethnicity, level of education, marital status, family composition and health beliefs" (Owusu et al., 2005, p. 287). Enabling factors as defined by the model "describe the resources at an individual's disposal that allow or encourage" help-seeking, social service and health care utilization patterns (Shamburger-Rousseau et al. 2016, p. 28). The third component of the behavioral model consists of need characteristics. These characteristics specify not only need for services as recommended by providers in health and social service systems but also perceived need for services as recognized by the individual (Scott et al., 2015, p. 266).

The pre and post-test survey instruments were developed by the agency to ascertain specific information relevant to their service needs and done so independently of the theoretical frame of the behavioral model. However, one identified purpose of the ADVANCE group intervention is to increase help seeking behaviors and knowledge of additional social services. Based on the structure and content of the pre-test and post-

test questionnaire, analysis of responses utilizing the behavioral model is appropriate to decipher if there are predisposing, enabling and need variables that predict or explain subsequent help seeking behaviors engaged in by ADVANCE participants.

Because of the expansive breadth of the model and limited data, not all variables posited by Anderson (1995), Aday (1994), or Gelberg et al. (2000) were available to be considered in this analysis. The framework was employed to assist in evaluating the existing secondary data and selecting variables that align with the model in a way that is theoretically grounded. Figure 2.1 depicts the conceptual model containing the predictor variables and outcome variables in this study organized through the behavioral model theoretical framework.

Figure 2.1

Conceptual Diagram: The Behavioral Model for Vulnerable Populations Applied to Help Seeking Behaviors amongst Child Welfare Involved Women Experiencing Violence
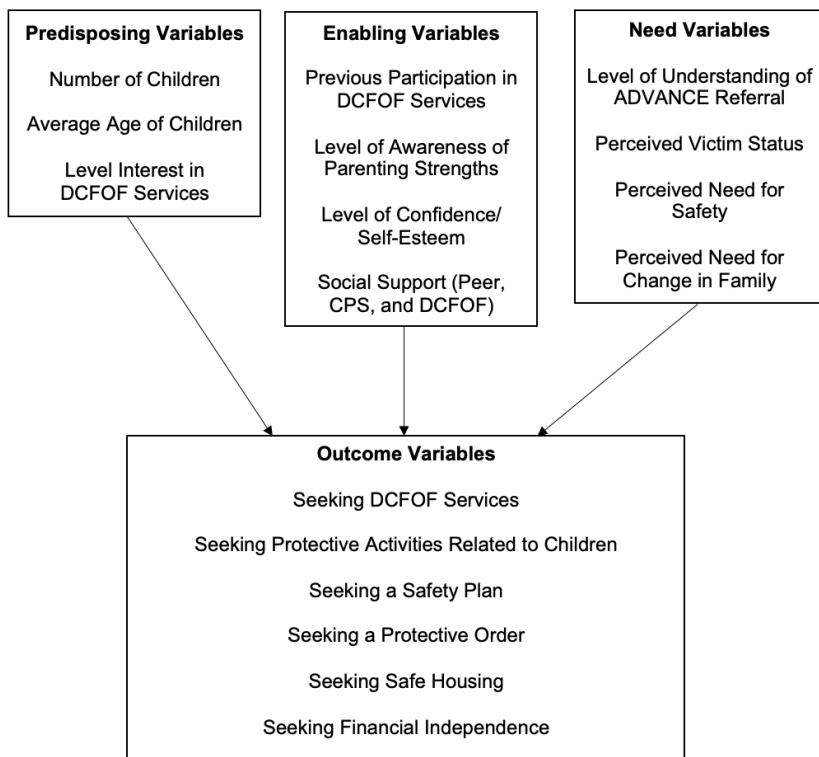
2.4.3 Predisposing Factors

The pre- and post-test instruments administered during the examination period delineated very few demographic characteristics of the respondents. Despite this limitation, three predisposing variables were identified: number of children, average age of children, and level of interest in DCFOF services. A study by Shamburger-Rousseau et al. (2016) provided guidance in the selection of the predisposing characteristics in this study. The authors explored "rehabilitation service utilization among African American women living with HIV/AIDS" (Shamburger-Rousseau et al., 2016, p. 27) and identified both "number of children" and "attitudes towards seeking services" as predisposing variables hypothesized to influence subsequent service utilization (Shamburger-Rousseau et al. 2016, p. 28). Regarding average age of children, the Texas Department of Family and Protective Services (2020) provides guidelines related to safety assessments for children and families and specifically indicates that a child's age is an element that impacts child vulnerability. More precisely, children under the age of five are considered to have increased vulnerability.

2.4.4 Enabling Factors

Enabling variables are those factors that are "personal, family and community resources" (Cho & Huang, 2017, p. 410). These individual and structural factors "enable or impede use of healthcare" and other services (Owusu et al., 2005, p. 287). Variables included on the ADVANCE survey instrument that elicit responses regarding these types of factors are considered in the analysis. Personal enabling characteristics include level of awareness of parenting strengths and level of confidence/self-esteem. Considering level of confidence as an enabling characteristic in important in that

literature indicates "the damage to self-confidence and self-esteem incurred after years of abuse also make dealing with various support agencies more difficult" (Douglas & Walsh, 2010, p. 497). The ADVANCE course curriculum directly addresses both parenting strengths and confidence/self-esteem.

Social and structural enabling characteristics are also considered. Rhoades et al. (2014) indicate that "it has been hypothesized that utilization of other services might provide opportunities for referrals to other needed care services" therefore previous participation with agency services could be an indicator for subsequent social service utilization (p. 944). For purposes of this study, previous participation in agency services was considered an enabling variable. Social network features were also considered enabling characteristics by Rhoades et al. (2014). The authors cited studies where "the existence of 'prosocial' influences…may enable access to care through encouragement" and increased substance use treatment in homeless women who "had intimates in their social network who provided them with advice and information" (Rhoades et al., 2014, p. 944). These social network enabling variables in the current study are measured through three questions asking participants about the level of comfort associated with sharing about their family with peers, CPS and the family violence agency staff. Furthermore, ADVANCE course participation strives to increase social support in participants through connection to the program. In sum, enabling factors identified for purposes of this study include: previous participation in DCFOF services, level of awareness of parental strengths, level of confidence/self-esteem, and social support (peer, CPS, agency).

2.4.5 Need Factors

The third prong of variables categorized by the behavioral model are need characteristics. These are "indicators of the need for service and are typically the strongest predictors of use" (Mitchell & Krout, 1998, p. 162). Measures of need for services in the current study include level of understanding of ADVANCE referral in addition to perceived family violence victim status, perceived need for safety, and perceived need for change. Cho and Huang (2017) cited various studies to support the claim that "perceptions of DV [domestic violence] can also affect help-seeking…victims of DV who do not perceive it as DV…are less likely to seek help than those who define a behavior as DV and try and stop it" (p. 410). In other words, recognition of an experience as domestic violence is a significant indicator of whether a person will seek support or intervention.

2.4.6 Outcome Variables

Of interest in the current study are social factors that affect family violence social service utilization and help seeking behaviors after participation in the ADVANCE course. Help seeking is measured through six dependent variables related to statements endorsed on the post-test questionnaire: seeking DCFOF services, seeking protective activities related to children, seeking a protective order, seeking a safety plan, seeking safe housing, and seeking financial independence.

The first dichotomous dependent variable related to seeking DCFOF services is indicated by reaching out any one of the following services: advocacy/legal/case management, group counseling, individual counseling for themselves, individual counseling for their children, or shelter services. The second dependent variable

measuring help seeking is an index constructed from five statements to gauge

protective activities related to children. These statements include items related to

proving comfort to children, following the CPS safety/service plan, accessing services

for self and children from a domestic violence agency. The four additional dichotomous

variables reflect whether or not participants sought a safety plan, a protective order,

safe housing, and financial independence at the completion of the ADVANCE course.

2.5   Research Questions

To examine help seeking behaviors amongst child welfare involved women

experiencing violence, the research aims are two-fold:

1. What are the effects of the completion of a course developed to influence specified variables within the domains of the behavioral model framework (Aday 1994; Anderson 1995)?

2. How do social factors within the domains of the behavioral model (of service use) for Vulnerable Populations (Aday 1994; Anderson 1995) influence social service utilization and help seeking behaviors amongst CPS-involved women experiencing violence?

CHAPTER 3

METHODS

Employing the behavioral model as the theoretical foundation, I examine social

factors that influence help seeking amongst mothers experiencing violence who are

involved in a CPS case. The research design is a mixed-method approach with an

ADVANCE course examination embedded within the overall analysis of social service

use and help seeking behaviors. The influence of participation in the ADVANCE course

is considered because the class is designed to impact specified variables within the

domains of the framework. The project will consider both quantitative data analysis

while integrating qualitative methods to reflect upon responses to open-ended questions

provided by the participants on the pre-test and post-test survey instruments. In order

to analyze help seeking behaviors in addition to the effect of the DCFOF's ADVANCE

course on the participants, the study will utilize a one-group pre-test/post-test design.

Incorporated in this chapter is the description of the methodology and research design

used in the two nested components of this study which includes ethical considerations,

the sample, the survey instrument, variable descriptions and data analytic strategies.

The analytic strategies include pre-test/post-test means comparisons through paired *t*-

tests, qualitative thematic analysis through arts-based methodology, and ordinary least

squares and logistic regression analysis.

3.1   Ethical Considerations

Inherent to ethical research in the area of domestic violence is balancing the

risks and benefits associated with participation. As Ellsberg and Heise (2002) point out,

"poorly designed research could put women in violent relationships at substantial risk"

(p. 1599). These risks could stem from distress caused during the interview process and breaches of confidentiality that could lead to substantial harm (Ellsberg & Heise, 2002). An additional risk for participants in this current study is related to their involvement with Child Protective Services. Not only are the women in the study facing possible family violence but they are also working to maintain custody and relationship with their children while navigating various social systems. Due to these considerations, the responses to the ADVANCE pre-test/post-test survey instruments are considered a sensitive data set.

Much care was taken to mitigate risks to participants in this study. The University of North Texas Institutional Review Board approved this study and determined that it qualified for an exemption from further review and was subsequently assigned IRB number 17-343 (See Appendix A).   Both the de-identified original data received from DCFOF and a copy was stored on a password-protected hardware-based encrypted flash drive. Only the supervising investigator and myself know the passwords for these encrypted flash drives. The flash drive of the original data is placed in a 2.0 cubic feet SentrySafe fire-safe electronic combination lock safe located within the supervising investigator's locked office. Only the supervising investigator holds the combination for the safe. The second flash drive with the copy of the data was placed in a locked lateral file cabinet within the student investigator's locked office. Only the student investigator has a key to the lateral file within her office. The research team will not have access to any personal identifiers. The data set was redacted by the agency. The research team will follow the Federal IRB guidelines to maintain research records for a minimum of three years following the end of the study. The original data will be stored with the

supervising investigator for a minimum of three years past the end of the study for auditing purposes.

Confidential identifiers were assigned to each participant in order to match the pre-test and post-test responses. The responses were then recorded in a database by agency staff. The databases provided for the current study's purposes contained no identifying information about the group participants. This secondary data analysis provided mitigation of risks to participants as no personal information left the agency setting. Furthermore, DCFOF staff administered the surveys themselves which allowed for timely "referrals for care and support" if a participant became distressed at any point (Ellsberg & Heise, 2002, p. 1600).

Through minimization of risk to participants, the benefits of this study are enhanced. The results of the data analysis can be utilized for program improvement for the benefit of future participants of ADVANCE. It could also provide information that will help inform CPS and family violence practitioners alike about social factors that may enhance or inhibit help seeking behaviors among mothers involved in these intersecting systems.

3.2   Sample

The sample is comprised of mothers who have been referred to participate in the ADVANCE course between April 2017 – February 2020 by their Child Protective Services worker in Denton County, Texas. This means the participants have an active child protection case as well as a concern noted by CPS regarding current or previous domestic violence involvement. Because of the specialized nature of the ADVANCE program, the sample is not random. Only women who finished all modules of the

course and completed both a pre-test and post-test survey instrument that could be matched were included in the sample. Due to these requirements, the total number of participants who were included in the analysis was 142. Only individuals who completed the ADVANCE group are being considered in the analysis, therefore there is no comparison group.

3.3   Survey Instruments

A pre-test/post-test evaluation tool was developed by the agency, combining quantitative Likert-scale type questions and open-ended questions providing qualitative data. Though similar studies have incorporated standardized scales, agency stakeholders preferred a more customized tool designed to examine their specific objectives. While the ADVANCE was first offered in October 2016, the first pre-test was not administered until April 2017 after a period of development.

When participants attend orientation prior to commencement of the course, they fill out the pre-test survey instrument as part of the orientation process. At the conclusion of all seven weekly curriculum topics, the group participants who finish the course complete the post-test survey. The pre-test/post-test instruments are administered to the group participants by trained DCFOF agency staff.

Over the course of the study, the agency modified the pre-test/post-test instrument. From April 2017 – April 2019, the surveys were administered to participants in a paper format (see Appendix B). Starting in April 2019, the surveys transitioned to an electronic online format where participants selected their survey responses on an iPad (see Appendix C). The wording of some of the questions was changed as were the response scales that were utilized. Almost every variable considered in the analysis

required recoding or reordering of the responses to ensure that they could be examined across both versions of the survey.

This modification to the instruments poses a limitation to the current study. A sensitivity analysis utilizing paired sample *t*-tests will be conducted to identify any differences in responses in survey administration modality as compared to the overall trends. Tables 3.1, 3.2, 3.3, and 3.4 list the questions as written in both the paper and electronic version of the survey instrument and explain how responses were recoded as needed on the identified variables.

The confidential identifiers, particularly in the early administration of the paper version of the instrument, proved to be a challenge to comprehensively match the pre-test and post-test responses. The agency staff asked the respondents to enter the first letter of their favorite color and the first 4 digits of their date of birth to maintain confidentiality – (Ex. Favorite color: yellow, date of birth: Jan 02, 1980 = Y0102). However, in practice, the mothers had a difficult time recalling the favorite color they chose on their pre-test instrument and this resulted in the inability to match many of the pre-tests with the post-tests. In May 2018, the agency implemented a new system for confidential identifiers that improved the matched response rate. The ability to match pre-test and post-test responses improved again in April 2019 when the surveys were changed to the electronic format. In the electronic version, the surveys are completed directly by the participant with an agency assigned confidential identifier.

Between April 2017 and May 2019, 286 participant mothers completed pre-tests on the paper survey modality while an additional 146 participants completed pre-tests on the electronic format between April 2019 and February 2020. In total, the dataset

provided by the agency included 432 completed pre-tests. Regarding post-test

completion, respondents filled out 146 post-tests in the paper format between May 2017

and April 2019. An additional 87 post-tests were administered between April 2019 and

January 2020 via the electronic format for a total of 233 completed post-tests. Utilizing

the confidential identifiers, I was able to match 97 paper pre-test/post-test responses

and 45 electronic pre-test/post-test responses.   During the transition of survey

administration modalities, some respondents completed a paper pre-test followed by an

electronic post-test. These participants were not included in the analysis. The 142

participants with both pre-test and post-test responses that were completed on the

same modality will serve as the sample.

Because the agency wanted to encourage candid feedback from participants

who are in a vulnerable position due to the nature of their circumstances (CPS

involvement and family violence relationship), they requested very limited demographic

information from the participants. The paper instrument does include information about

the number and age of children in the family; however, no information regarding age of

the mother, race, ethnicity, socioeconomic status, or education level is requested. In

the updated electronic instrument, participants are asked information regarding age,

race, ethnicity and education. Because this demographic information is not available for

all participants, these variables are not considered in the analysis.

Both the pre-test and post-test survey instruments include open-ended questions

in addition to the questions measuring the outcome and explanatory variables. These

qualitative questions provide insight into participant expectations of the ADVANCE

course in addition to perceived personal gain. Mothers provide feedback about what

they are hoping to learn and what they liked most about their participation in ADVANCE. A listing of these questions as written on the survey instruments can be located on Table 3.5.

3.4   Measures

Tables 3.1 to 3.4 in this section present operationalization and coding of the variables for analysis. As mentioned previously, the pre-test and post-test survey instruments were modified by DCFOF in April 2019. Prior to this date, the surveys were completed by participants on a paper survey compiled into an Excel database by agency staff. After April 2019, participants completed the questionnaires on an iPad and the responses were downloaded into a spreadsheet by the survey software utilized by the agency. While the questions are generally similar in both versions, there are some differences. Any changes to the wording or measurement scale from the paper version to the electronic version are noted in the following descriptions of the variables used in the analyses.

3.4.1 Measuring Help Seeking Behaviors

This study measures help seeking behaviors through six dependent outcome variables related to statements endorsed on the post-test questionnaire: seeking DCFOF services, seeking protective activities related to children, seeking a protective order, seeking a safety plan, seeking safe housing, and seeking financial independence. A listing of the survey items as presented in the post-test survey can be located in Table 3.1. All of these variables, aside from seeking protective activities related to children, are dichotomous variables coded 1 for "yes" and otherwise coded 0 for "no." The variable pertaining to seeking protective activities related to children is an index created

through combining the responses to 5 statements on the post-test survey. Justification and statistical support for this index creation is described in detail in Chapter 5.

As Table 3.1 shows, there was essentially little difference in the items for these variables across the paper and electronic versions of the post-test survey instrument. On seeking DCFOF services, the paper survey listed one of the services as counseling for children, while the electronic version of the survey updated the language to child and adolescent counseling.

3.4.2 Measuring Predisposing Variables

Three predisposing variables are measured from pre-test responses and included in the analysis (number of children, average age of children, and level of interest in DCFOF services). The specific survey items are listed in Table 3.2. While the questions related to number of children and age of children essentially stayed the same from the paper version of the survey to the electronic version, the variable measure for level of interest in DCFOF services was slightly modified. On the paper version, level of interest in DCFOF services was measured through Likert-scale responses ranging from (1) *not interested* to (5) *very interested*. However, the electronic version of this question asked if participants were interested in other DCFOF services and contained a 3-point scale: (1) *yes*, (2) *no*, and (3) *maybe*. Therefore, the responses on the paper version were recoded to a 3-point scale and the responses in the electronic version to this question were reverse recoded to match the direction in the paper version.

3.4.3 Measuring Enabling Variables

Previous participation in DCFOF services, level of awareness of parental

strengths, level of confidence/self-esteem, and social support (peer, CPS, agency) serve as the enabling variables. Assessed on the pre-test, previous participation in DCFOF services is coded as a "yes" or 1 if respondents indicated that they had participated in one or more service prior to attending the ADVANCE course. The other three variables in the enabling domain are considered to be influenced by participation in the ADVANCE course itself, therefore post-test/pre-test difference variables are utilized in the regression analyses. These three enabling variables (level of awareness of parenting strengths, level of confidence/self-esteem, and social support) required additional steps to ensure consistency across the paper and electronic versions of the survey. In the paper version, level of awareness of parenting strengths was measured through Likert-scale responses ranging from (1) *not sure* to (5) *very sure*. In the electronic version, level of awareness of parenting strengths was assessed on a 4-point scale that where responses were in the opposite direction. For example, the scale ranged from (1) *very aware* to (4) *not at all aware*. The responses on the electronic survey for this variable were reverse recoded to a 5-point scale.

The level of confidence/self-esteem question did change considerably from the paper version to the electronic version of the survey. While the paper version asked about level of confidence on a 5-point Likert-scale from (1) *very low* to (5) *very high*, the electronic version requested participants rate their current level of self-esteem, defining self-esteem as "confidence in your own self-worth or abilities." The electronic version responses were reverse recoded from a 4-point scale to a 5-point scale to match the paper version. The sensitivity analysis presented in Chapter 4 addresses consistency across survey administration modalities related to this variable and other items.

Participants were asked about level of social support as it relates to three different groups: peer, CPS, and DCFOF. Again, in the electronic version of the survey, responses were measured on a 4-point scale as opposed to the 5-point scale in the paper version of the survey. However, the response scales were arranged in the same direction so the responses were recoded in the electronic version to a 5-point scale to match the paper response scale. For purposes of the regression analyses, these three social support items were combined into a social support index. Methodology utilized to support creating this index is explained in Chapter 5.

3.4.4 Measuring Need Variables

Variables in the need domain were measured on the pre-test instrument and include level of understanding of ADVANCE referral, perceived family violence victim status, perceived need for safety, and perceived need for change. As in variables included on the other domains, differences in questions and response scales required variable preparation in order to measure responses similarly across both the paper and electronic versions of the survey.

Regarding two variables on the need domain (level of understanding of ADVANCE referral and perceived need for change in family) responses on the electronic version were recoded from a 4-point scale to a 5-point scale and then reverse recoded to match the direction of responses on the paper version.

The perceived victim status variable also changed between the two survey modalities. For example, in the paper version of the instrument, the question reads "Do you consider yourself to be a victim of intimate partner violence?" with the response choices (1) *not at all* to (5) *very much*. The electronic version of this question has only

three response choices: y*es*, *somewhat*, or *not at all*. Not only did the scale vary from

the paper version of the survey to the electronic version of the survey but the direction

of the responses differed. In order for the responses on this variable to be consistent

across the two surveys, a multistep recoding process was completed. On the paper

version, the responses were recoded 1-2 to (1) *not a victim*, 3 to (2) *maybe a victim*, and

4-5 to (3) *yes a victim*. This ensured that the responses matched the three response

possibilities in the electronic version of the survey. Next, because the direction of the

responses in the two versions of the survey differed, the responses on the electronic

version of the survey on this question were reverse recoded from (1) *yes*, (2) *somewhat*,

and (3) *not at all* to (1) *not a victim*, (2) *maybe a victim*, and (3) *yes a victim*.

While the paper version of the survey asked about perceived need for a safety

plan for self and children, the electronic version separated this question into two,

inquiring independently about safety planning for self and safety planning with children.

Once responses to these two questions on the electronic survey were recoded from a 4-

point scale to a 5-point scale to match the paper version of the survey, they were

averaged to measure need for safety plan for both self and children.

Table 3.1

ADVANCE Survey Instrument Items Measuring Help Seeking Outcome Variables

Outcome Variables	Variable Measure Paper Post-Test Item	Variable Measure Electronic Post-Test Item
Seeking DCFOF services	"Since participating in ADVANCE, have you reached out to any of the following support services offered by Denton County Friends of the Family?" • Advocacy/Legal/Case management • Group Counseling (aside from ADVANCE) • Individual counseling • Counseling for Children • Shelter *Endorsement of one or more of the listed services coded as a "yes," specifically (1) yes and (0) no.*	"Since participating in ADVANCE, which of the following support services have you reached out to? (Select all that apply)" • Advocacy/Legal/Case management • Group Counseling (not including ADVANCE) • Individual counseling • Child and Adolescent Counseling • Shelter • None of the above *Endorsement of one or more of the listed services coded as a "yes," specifically (1) yes and (0) no.*
Seeking protective activities related to children *Constructed as an index ranging from 0-5.*	"Please check any of the following statements that apply to you:" • I've provided comfort and support to my children during this stressful time • I've made efforts to follow my CPS safety or service plan once I signed it • I've accessed services for myself or my children from a domestic violence program • I've learned more about how domestic violence may impact my children • I have a strong bond with my children *Endorsement of a statement is coded as a "yes," specifically (1) yes and (0) no.*	"Which of the following statements apply to you?" (Select all that apply) • I've provided comfort and support to my children during this stressful time • I've made efforts to follow my CPS safety or service plan once I signed it • I've accessed services for myself or my children from a domestic violence program • I've learned more about how domestic violence may impact my children • I have a strong bond with my children *Endorsement of a statement is coded as a "yes," specifically (1) yes and (0) no.*
Seeking a safety plan	"Please check any of the following statements that apply to you:" • I've made a plan about my own safety *Endorsement of this statement is coded as a "yes," specifically (1) yes and (0) no.*	"Which of the following statements apply to you?" (Select all that apply) • I've made a plan about my own safety *Endorsement of this statement is coded as a "yes," specifically (1) yes and (0) no.*

(table continues)

Outcome Variables	Variable Measure Paper Post-Test Item	Variable Measure Electronic Post-Test Item
Seeking a protective order	"Please check any of the following statements that apply to you:" • I've worked to get a Protective Order (only if I felt that was a safe option) *Endorsement of this statement is coded as a "yes," specifically (1) yes and (0) no.*	"Which of the following statements apply to you?" (Select all that apply) • I've worked to get a Protective Order (if I felt that was a safe option) *Endorsement of this statement is coded as a "yes," specifically (1) yes and (0) no.*
Seeking safe housing	"Please check any of the following statements that apply to you:" • I've found or worked to find safe housing *Endorsement of this statement is coded as a "yes," specifically (1) yes and (0) no.*	"Which of the following statements apply to you?" (Select all that apply) • I've found or worked to find safe housing *Endorsement of this statement is coded as a "yes," specifically (1) yes and (0) no.*
Seeking financial independence	"Please check any of the following statements that apply to you:" • I've worked to increase my financial independence *Endorsement of this statement is coded as a "yes," specifically (1) yes and (0) no.*	"Which of the following statements apply to you?" (Select all that apply) • I've worked to increase my financial independence *Endorsement of this statement is coded as a "yes," specifically (1) yes and (0) no.*

Table 3.2

ADVANCE Survey Instrument Items Measuring Variables in the Predisposing Domain

Predisposing Variables	Variable Measure Paper Pre-Test Item	Variable Measure Electronic Pre-Test Item
# of children	*Constructed by counting number of ages listed in the "age of children" item.*	*Constructed by counting number of ages listed in the "age of children" item.*
Average age of children	"Ages of Children (?) _____ " *Constructed by taking the mean age of children.*	"Please list the ages of your children." *Constructed by taking the mean age of children.*
Level of interest in DCFOF services	"How interested are you in participating in other services with Denton County Friends of the Family in addition to the ADVANCE class?" Measured by a 5-point Likert-type scale ranging from (1) *not interested* to (5) *very interested.* *Recoded 1-2 to (1) not interested, 3 to (2) maybe interested, and 4-5 to (3) yes interested.*	"Are you interested in participating in other Denton County Friends of the Family Services?" Measured by responses of (1) *yes*, (2) *no*, or (3) *maybe*. *Recoded to (1) not interested, (2) maybe interested, and (3) yes interested.*

Table 3.3

ADVANCE Survey Instrument Items Measuring Variables in the Enabling Domain

Enabling Variables	Variable Measure Paper Item	Variable Measure Electronic Item
Previous participation in DCFOF services	Pre-test Only "Have you, at any time, participated in the following support services offered by Denton County Friends of the Family?" • Advocacy/Legal/Case management • Group Counseling (aside from ADVANCE) • Individual counseling • Counseling for Children • Shelter *Endorsement of one or more of the listed services coded as a "yes," specifically (1) yes and (0) no.*	Pre-Test Only "At any time in the past, have you participated in the following support services offered at Denton County Friends of the Family?" (Select all that apply) • Advocacy/Legal/Case management • Group Counseling (not including ADVANCE) • Individual counseling • Child and Adolescent Counseling • Shelter • None of the above *Endorsement of one or more of the listed services coded as a "yes," specifically (1) yes and (0) no.*
Level of awareness of parenting strengths	"Are you aware of your strengths as a parent?" Measured by a 5-point Likert-type scale ranging from (1) *not sure* to (5) *very sure*.	"How would you rate your awareness of your strengths as a parent?" Measured by responses of (1) *very aware*, (2) *mostly aware*, (3) *somewhat aware*, and (4) *not at all aware*. *Recoded to (1) not at all aware, (2) somewhat aware, (4) mostly aware, and (5) very aware.*
Level of confidence/self-esteem	"How would you rate your current level of confidence?" Measured by a 5-point Likert-type scale ranging from (1) *very low* to (5) *very high*.	"How would you rate your current level of self-esteem (e.g. confidence in your own self-worth or abilities)?" Measured by a 5-point Likert-type scale ranging from (1) *very high* to (5) *very low*. *Reverse recoded to (1) very low to (5) very high.*
Social support – Peer	"How comfortable do you feel sharing about your family with other members of this group?" Measured by a 5-point Likert-type scale ranging from (1) *not comfortable at all* to (5) *very comfortable*.	"Please share with us how comfortable you are with the following activities. • Sharing information and/or experiences about my family with other members of this group." Measured by responses of (1) *not at all comfortable*, (2) *somewhat comfortable*, (3) *mostly comfortable*, and (4) *completely comfortable*. *Recoded to (1) not at all comfortable, (2) somewhat comfortable, (4) mostly comfortable, and (5) completely comfortable.*

(table continues)

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Enabling Variables	Variable Measure Paper Item	Variable Measure Electronic Item
Social support – CPS	"How comfortable do you feel sharing about your family with CPS?" Measured by a 5-point Likert-type scale ranging from (1) *not comfortable at all* to (5) *very comfortable*.	"Please share with us how comfortable you are with the following activities. Sharing information and/or experiences about my family with the staff at Denton County Friends of the Family." Measured by responses of (1) *not at all comfortable*, (2) *somewhat comfortable*, (3) *mostly comfortable*, and (4) *completely comfortable*. *Recoded to (1) not at all comfortable, (2) somewhat comfortable, (4) mostly comfortable, and (5) completely comfortable.*
Social support – DCFOF	"How comfortable do you feel sharing about your family with the staff at Denton County Friends of the Family?" Measured by a 5-point Likert-type scale ranging from (1) *not comfortable at all* and (5) *very comfortable*	"Please share with us how comfortable you are with the following activities. • Sharing information and/or experiences about my family with CPS staff." Measured by responses of (1) *not at all comfortable*, (2) *somewhat comfortable*, (3) *mostly comfortable*, and (4) *completely comfortable*. *Recoded to (1) not at all comfortable, (2) somewhat comfortable, (4) mostly comfortable, and (5) completely comfortable.*

Table 3.4

ADVANCE Survey Instrument Items Measuring Variables in the Need Domain

Need Variables	Variable Measure Paper Item	Variable Measure Electronic Item
Level of understanding of ADVANCE referral	"I understand why I was referred to attend this class." Measured by a 5-point Likert-type scale ranging from (1) *not at all* to (5) *very much*.	"Do you understand why you were referred to attend this class?" Measured by responses of (1) *I completely understand why I was referred*, (2) *I mostly understand why I was referred*, (3) *I somewhat understand why I was referred*, and (4) *I do not understand why I was referred*. *Recoded to (1) I do not understand why I was referred, (2) I somewhat understand why I was referred, (4) I mostly understand why I was referred, and (5) I completely understand why I was referred.*
Perceived victim status	"Do you consider yourself to be a victim of intimate partner violence?" Measured by a 5-point Likert-type scale ranging from (1) *not at all* and (5) *very much*. *Recode 1-2 to (1) not a victim, 3 to (2) maybe a victim, and 4-5 to (3) yes a victim*	"Do you consider yourself to be the victim of intimate partner violence?" Measured by responses of (1) *yes*, (2) *somewhat*, and (3) *not at all*. *Recoded to (1) not a victim, (2) maybe a victim, and (3) yes a victim.*
Perceived need for a safety plan	"Is there a need for a plan for your personal safety and your child(ren)'s safety?" Measured by a 5-point Likert-type scale ranging from (1) *no need* and (5) *high need*. *Recoded to (1) disagree, (2) somewhat disagree, (4) somewhat agree, and (5) agree.*	"Please indicate the extent to which you agree or disagree with the following statements. • "I need a plan for my personal safety." • "I need a plan for my children's safety." Measured by responses of (1) *agree*, (2) *somewhat agree*, (3) *somewhat disagree*, and (4) *disagree*. *Recoded to (1) disagree, (2) somewhat disagree, (4) somewhat agree, and (5) agree. These responses for the two items from the electronic survey are averaged to create one variable.*
Perceived need for change in family	"Do you believe that there needs to be some type of change in your family?" Measured by a 5-point Likert-type scale ranging from (1) *no need* and (5) *high need*.	"Please indicate the extent to which you agree or disagree with the following statements. • I believe there is a need for some type of change in my family." Measured by responses of (1) *agree*, (2) *somewhat agree*, (3) *somewhat disagree*, and (4) *disagree*. *Recoded to (1) disagree, (2) somewhat disagree, (4) somewhat agree, and (5) agree.*

3.5   Analytical Approaches

3.5.1 ADVANCE Course Effects

In order to better understand the effects of the ADVANCE course on participants, responses to both close-ended questions and open-ended questions are included in a two-part analysis. First, I will consider change in means on certain variables organized within the behavioral model framework using paired *t*-tests. Next, in order to supplement the quantitative analysis and consider alternate meanings, an arts-based approach is employed to conduct thematic analysis of qualitative responses (Chilton & Scotti, 2014; Leavy, 2015; Patten & Newhart, 2018). For the qualitative analysis, a grounded theory "methodological package" is utilized as the framework to assist in the coding of response themes (Tuckett 2005, p 77). This method of qualitative inquiry allows for themes to emerge that may be outside of the domains of the behavioral model theoretical framework. This two-part analysis is intended to address the first research question: What are the effects of the completion of a course developed to influence factors within specified domains of the behavioral model framework?

3.5.1.1   Change in Variable Means

Several of the identified variables used in this analysis are not influenced by participation in the ADVANCE course. Examples of these variables include number of children, average age of children and previous participation in DCFOF services. However, the ADVANCE curriculum and group experience are designed to increase confidence and self-esteem of participants while enhancing social support, all of which are categorized on the enabling domain of the Behavioral model. While changes in participant responses on the need domain are considered in the ADVANCE evaluation,

only the difference variables on the enabling domain will be considered for purposes of the subsequent regression analysis. There are several variables within the enabling domain of the framework where change in means after completion of the ADVANCE course is examined in addition to consideration of change in means on variables categorized on need domain. On the identified variables, paired t-tests are conducted to ascertain statistically significant change in the response means.

Due to the modification of the instrument from the paper survey to the electronic survey, sensitivity analyses are completed to ascertain any difference in response patterns between the two instruments that could be attributed to question wording changes or the recoding process. Paired t-tests considering the results of the paper and electronic instrument separately are conducted. Additionally, paired t-tests on each of the administration modalities are completed on the data as entered by the participants prior to the recoding and rescaling of the responses. This is done to ensure consistency of results between the two survey instruments and ensure that the rescaling and recoding process did not have implications for the final results of the analysis. This process will serve to prepare the variables for the regression analyses.

3.5.1.2   Qualitative Thematic Analysis and Arts-Based Representation

As part of the pre-test and post-test survey instruments, participants were asked to complete a few open-ended questions. Prior to participation, the women were asked what they were hoping to learn through the ADVANCE course. At the conclusion of the course, mothers were asked to describe what they liked most about the course and what could be improved. Specific wording of the questions on both the paper and electronic versions of the survey instrument can be found on Table 3.5.

Table 3.5

Open-ended Qualitative Questions on Pre-Test and Post-Test ADVANCE Course Survey Instruments

	Paper Instrument	**Electronic Instrument**
Pre-Test	Please share with us what you are hoping to learn from this class.	Please tell us at least one thing you are hoping to learn from this class.
Post-Test	What did you like most about your class experience?	What is at least one thing that you liked most about your class experience?
Post-Test	Please share with us anything you would like to have been different about this class.	What is at least one way that the class could have been improved?

The analysis of the qualitative responses to the ADVANCE course survey instruments is a multi-step reciprocal process guided by previous qualitative thematic studies (Gallagher et al., 2014; Zosky, 2011) combined with arts-based methodology (Leavy, 2015; Simmons & Daley, 2013; Wang et al., 2017). This qualitative inquiry is guided by "grounded theory," which Patton and Newhart (2018) describe as "method for making qualitative research more systematic" (p. 167). Grounded theory methods generally include the technique of constant comparison to assist in the coding and organization of qualitative data into themes and subthemes (Tuckett, 2005). Scholarly aims are equivalent to creative processes that include "making connections, considering relationships, and constructing new ideas" (Simmons & Daley, 2013, p. 1). Therefore, arts-based methodology can "help researchers pay closer attention to how the complex process of meaning-making and idea percolation shapes research" (Leavy, 2015, p. 18). Furthermore, Gullion (2018) asserts "arts-based researchers work against the primacy of language through alternative forms of representation, accepting the limits of language, and playing with a multitude of forms" (p. 84).

To assist in both thematic analysis and final representation of the data, I employ collage creation as method. Chilton and Scotti (2014) reference Leavy who "recommended collage as a medium for arts-based research because it involves gathering and selecting imagery—which can serve as data—as well as analyzing, synthesizing, and presenting the results of these processes" (p. 164). Collage is "a layering of thoughts and ideas as well as of paper, fabric, glue, and paint" (Brommer, 1994, p. 9). Collages are also described as "visual artworks that are created by selecting magazine images, textured papers, or ephemera; cutting or altering these elements; and arranging and attaching them to a support such as paper or cardboard" (Chilton & Scotti 2014, p. 163). Utilizing collage creation coupled with grounded theory as the methodological foundation helps to engage in a "process of double imaging that includes the creation of art and words that are not separate or illustrative of each other but instead, are interconnected and woven through each other to create additional meanings" (Springgay et al, 2005, p. 899). Through an artistic process, ADVANCE participants' words in response to open-ended questions are explored "by systematically identifying recurrent themes and, in the process, gives form to ideas, intuitions, feelings and insights that may escape rational thought processes" (Chilton & Scotti, 2014, p. 164).

3.5.2 Social Factors Influencing Help Seeking Behaviors

Numerous studies utilizing the behavioral model for Vulnerable Populations as a theoretical framework employ logistic regression to examine the associations between their binary outcome variable and explanatory variables representing the domains of the behavioral model (Cho & Huang, 2017; Harris et al., 2018; Owusu et al., 2005; Rhoades

et al., 2014; Shamburger-Rousseau et al., 2016; Varga & Surratt 2014; Vijayaraghavan et al., 2012). In total, there are five dichotomous outcome variables utilized in this study to measure service use and help seeking behaviors. These include seeking DCFOF services, seeking a safety plan, seeking a protective order, seeking safe housing, and seeking financial independence. One continuous outcome variable is assessed measuring protective actions related to children on a range from 0-5.

Ordinary least squares regression analysis will be used to examine the variable seeking protective actions related to children. I will estimate three OLS regression models. In the first model, I will regress seeking protective actions related to children on pre-test variables from the predisposing domain. In the second model, I will regress seeking protective actions related to children on variables from both the predisposing and enabling domain. In the third model, I will regress this outcome variable on variables in all three domains: predisposing, enabling and need.

For the remaining outcome variables (seeking DCFOF services, safety a safety plan, seeking a protective order, seeking safe housing, and seeking financial independence), I will utilize logistic regression analysis. Similar to the OLS regressions, I will estimate three models for each variable. The first model will include regression of the help seeking outcome variable on the variables categorized on the predisposing domain. Model 2 will add in enabling variables along with predisposing variables. For the third model, I will regress the outcome variable on predisposing, enabling, and need variables.

The regression analyses will help answer the research question: How do social factors within the domains of the behavioral model (of service use) for Vulnerable

Populations (Aday 1994; Anderson 1995) influence social service utilization and help

seeking behaviors amongst CPS-involved women experiencing violence.

CHAPTER 4

ADVANCE COURSE EFFECTS

This chapter focuses on the ADVANCE course to explore the influence of the

class experience on the women who participate and complete all of the modules. While

there is an evaluative component to this analysis, there is also an exploratory

examination of the expectations of the women prior to the start of the course coupled

with feedback after completion of the course. This analysis will help to answer the

research question: How does completion of the ADVANCE course influence factors

within the domains of the behavioral model framework (Aday 1994; Anderson 1995)?

The assessment and evaluation of the ADVANCE course is presented in three

parts. The first portion of this chapter thoroughly describes the curriculum modules

experienced by the women who participate in this program. Next, responses on the

pre-test and post-test instruments are used to analyze the change in the mean

response scores on variables within the domains of the behavioral model. These data

are explored and presented through the application of paired sample t-tests. Testing

indicates statistically significant change in mean scores on all nine the identified

variables. Finally, qualitative responses are organized through thematic analysis and

arts-based methodology. In order to understand and make meaning from the

responses, two collages are created to present the participants' statements related to

what they hoped to learn through the ADVANCE course and what they liked most about

the class experience.

4.1   ADVANCE Curriculum

Family violence advocacy professionals working at the agency (DCFOF) utilized

their expertise to develop a curriculum for the ADVANCE course specifically designed to improve outcomes for women involved with the child protection system. Literature indicates:

> The most effective intervention for ensuring safe and positive outcomes for children living with domestic violence is usually to plan a package of support that incorporates risk assessment, trained domestic violence support, advocacy and safety planning for the non-abusing parent who is experiencing domestic violence in conjunction with protection and support for the child (Local Government Association, 2005, as cited in Hester 2011, p 845).

The ADVANCE course incorporates several of these intervention items throughout the curriculum in order to enhance results for mothers and their children; however, some of these services are offered by the agency in addition to the ADVANCE course. In other words, participation in the ADVANCE course is part of a larger "package of support" available to children and mothers at the agency.

Referral to the ADVANCE course is initiated by a Child Protective Services worker through an online form. If a mother is the subject of a CPS case and family violence is part of the concern regarding the safety of her children, her caseworker can request that she participate in the ADVANCE course. The course consists of seven weeks of curriculum modules introduced through an orientation session prior to the first group that a participant engages in. Each week, the group meets for two hours to learn about a specified topic through group discussion and participation in activities. The professional who facilitates the group is a trained employee of the DCFOF. In order to maintain curriculum consistency, DCFOF developed an ADVANCE Facilitator Guide (Denton County Friends of the Family [DCFOF], 2019) that is utilized by staff members leading this group course. Participants may enter the group on a rolling basis. In other words, group members must complete all seven weekly modules, but they are not

required to begin with the week one topic. This allows mothers to begin the group soon after a referral is made. In January 2018, the curriculum was somewhat reorganized. Prior to this date, the seven weekly modules consisted of (1) Intimate Partner Violence Overview, (2) Impact of Violence on Children, (3) Positive Parenting, (4) Self-Care and Self-Esteem, (5) Communication, (6) Boundaries and Trust, and (7) Civil Legal Remedies. Though concepts of gender socialization were interwoven throughout the curriculum modules, the agency experts believed a dedicated module emphasizing how "societal expectations contribute to power imbalance between men and women" was imperative to incorporate (DCFOF, 2019, p. 92). After January 2018, the module pertaining to communication was combined with the boundaries and trust module to form one weekly component and a module entitled Gender Socialization was integrated into the curriculum.

4.1.1 Orientation

Mothers who are enrolled in this program are asked to attend their first group meeting one hour early in order to complete an orientation session. During the orientation session, ADVANCE group facilitators provide an overview of agency services and help participants set individual goals within the context of the goals of their CPS case. During the orientation process, the ADVANCE pre-test survey instrument is completed. Ground rules for confidentiality and group participation are discussed and agreed upon. A survivor advocate on staff with the agency assists participants through the orientation and ADVANCE modules. This advocate is a mother who was previously involved with CPS due to the presence of domestic violence in her relationship. She is able to convey hope to the mothers who are taking the course and she provides

guidance throughout the process. The orientation sets the foundation for the learning

by engaging the mothers in an activity to determine why abuse occurs. The facilitator

concludes this activity by stating "abuse is a choice made by an abuser to have power

and control over another person" (DCFOF, 2019, p. 11). Additionally, participants

discuss safety planning strategies to mitigate risk in dangerous situations. The

orientation session closes by defining the CPS concept of protective factors and

assisting mothers in identifying protective actions that they may have already engaged

in. Following the orientation, mothers begin one of the weekly modules.

4.1.2   Intimate Partner Violence Overview

The curriculum topics for the Intimate Partner Violence Overview include defining

domestic violence, explaining the power and control wheel, developing research-

informed safety plans as well as recognizing abusive warning signs. According to the

ADVANCE Facilitator Guide (2019), domestic violence is an "intentional pattern of

behavior one uses to gain and maintain power and control over another person with

whom they are in a relationship or were previously in a relationship" (p. 16). This

definition differs slightly from the legal definition in Texas which defines family violence

as an act that is "intended to result in physical harm, bodily injury or assault" (Texas

Family Code, 2017). The act of discussing these definitions through the course of the

module serves to assist participants in considering domestic violence more broadly than

it is defined by legal systems.

Expounding upon the definitions of family violence, this module introduces the

concept of the Power and Control Wheel. This is a "conceptual tool to illustrate patterns

of abusive behavior" that in turn assists victims of family violence to "visualize and name

abusive tactics used" (Scott, 2018, p. 445). The use of this conceptual model for ADVANCE group participants enables the mothers to possibly develop an understanding of red flags and warning signs that may exist in their relationships.

Additional models associated with the power and control wheel are introduced during this module including the Post-Separation Power and Control Wheel and a model identifying examples of equality and non-violence (DCFOF, 2019). This module helps participants identify myths associated with family violence and sexual assault, abusive tactics, and healthy relationship behaviors.

4.1.3   Impact of Abuse on Children

The ADVANCE course curriculum recognizes that children in homes with intimate partner violence (IPV) may "suffer the double burden of being the subject of maltreatment and bearing the consequences of abuse to their mothers" (Casanueva et al., 2008, p. 413). And even if children are not directly abused, some studies have found "parenting stress was associated with children's internalizing and externalizing problems beyond the direct effects of IPV" (Huth-Bocks & Hughes, 2007, p. 244).

During this curriculum module, multiple objectives are emphasized. Several objectives focus on the children and understanding the impact of witnessing violence while learning strategies to support and encourage children to increase healing. Other objectives seek to help group participants understand why there are safety concerns identified by CPS. Finally, several learning objectives help mothers identify any abuse they may have experienced themselves as a child while providing strategies for creating safety plans that include both themselves and their children (DCFOF, 2019).

4.1.4 Positive Parenting

This module provides tools and techniques that can be used to strengthen and improve parenting practices. While group participants may not have been referred to this group due to deficiencies in their parenting, the curriculum and activities serve to reinforce positive parenting methods and emphasize parenting strengths. Additionally, literature involving interventions with populations of mothers experiencing violence indicates the importance of parent education. Howell et al. (2015) state, "particularly in a group setting, psychoeducation and open discussion about typical and atypical child behaviors may help ease parenting tension." (p. 238). Identified goals for the positive parenting module include developing an understanding of CPS's safety concerns and recognizing normal and abnormal developmental behaviors (DCFOF, 2019).

Examples of positive parenting techniques discussed during this module include reflective listening, limit setting, and discipline vs. punishment. Additionally, guidance is provided related to co-parenting and parallel parenting. Women involved in the group present with a variety of parenting and living situations. While some mothers may still be living with their partner and parent of their child, others may be living separately and navigating parenting with a partner who may have perpetrated violence in their relationship.

4.1.5 Self-Care

The curriculum module focusing on self-care emphasizes the interconnection between the participants' own well-being and their children's well-being. In fact, "research on IPV suggests that women's ability to utilize effective coping mechanisms and conflict resolution strategies…affects not only her functioning but also the

functioning of her children" (Howell et al. 2015, p. 238). Self-care strategies are particularly important for the mothers who participate in this course because, as Levendosky and Graham-Bermann (2001) point out, "battered women experience increased levels of depression, lower self-esteem, and higher levels of psychological distress when compared with nonbattered women" (pp. 171-172). Some self-care approaches highlighted in this module include emphasizing activities that help participants to feel "refreshed" while appreciating that "small successes" should be recognized when times are stressful and particularly challenging (DCFOF, 2019, p. 66).

Through the activities and discussions presented in this module, mothers are "encouraged to think of practical and positive ways to support their well-being" (DCFOF, 2019, p. 59). Encompassed in self-care is the emphasis on social support, increased self-esteem, and "celebration of accomplishments" (DCFOF, 2019, p. 60). Howell et al. (2015) assert that group interventions of this nature "highlight strengths of women exposed to IPV, [and] may help empower women and enhance support structures for a relatively vulnerable population" (p. 245).

4.1.6 Boundaries and Communication

As previously mentioned, the Boundaries and Communication module was at one time two distinct modules. The content was combined into the same week in order to make space for the addition of the gender socialization module. However, content related to both boundaries and communication is intertwined and therefore a module focused on the discussion of both is not problematic. Learning objectives identified by the agency in this module include defining personal boundaries and understand how "different boundary types are protective" (DCFOF, 2019, p. 78). Additional learning

objectives focus on modeling "healthy boundaries and communication to children who have witnessed abuse and an unhealthy disrespect of others' boundaries" (DCFOF, 2019, p. 78). The participants engage in group activities to illustrate and highlight varied communication styles while learning effective communication techniques.

4.1.7 Gender Socialization

The curriculum module related to gender socialization sets the foundation for the discussion through a definition of terms since the content focuses on societal structural factors that influence individual circumstances. Gender is described for participants through the utilization of the World Health Organization which defines gender as "a set of socially constructed characteristics of men and women" (DCFOF, 2019, p. 91). The agency explains that socialization is a "continuing process whereby an individual acquires a personal identity and learns the norms, values, behavior, and social skills appropriate to his or her position" (DCFOF, 2019, p. 91). Miller and Meloy (2006) state,

> while both men and women can be violent, research from a range of methodologies highlight gender differences in the extent, severity and impact of domestic violence, with men most likely to use the ongoing pattern of coercive controlling tactics. (p. 90)

The gender socialization module focuses on several learning objectives including identifying "how societal expectations contribute to a power imbalance between men and women" while encouraging "men to use violence and normalizes abuse" (DCFOF, 2020, p. 91). The curriculum on this topic also presents opportunities to learn about modeling "healthy views of gender in children" along with healthy communication techniques.

4.1.8 Civil Legal Remedies

Depending on the level of intervention by the child protection agency, there are varying degrees of court involvement that the mothers participating in ADVANCE may be subject to. Even if CPS has not taken custody of her children, she may be in the midst of a divorce, contemplating a protective order, or considering seeking child support. While any of these legal actions could be considered protective steps, initiation of court intervention is "often a major flashpoint for post-separation violence and provides a context where (mainly male) domestic violence perpetrators may continue to harass both woman and/or children" (Hester, 2011, p. 847). This module provides guidance and assistance related to various court-related issues, including CPS legal interventions. Additionally, referrals for concrete legal services are provided in order to assist in the tangible application of these civil legal remedies.

4.2 ADVANCE Course Effects: Change in Means

4.2.1 Paired *t*-Tests

Paired sample *t*-tests were utilized to determine the difference between mean scores on the pre-test as compared to the post-test on variables within the domains of the behavioral model. Because the mode of delivery of the survey instruments changed during the course of the study and some modifications to the questions were incorporated in the newer electronic version, four separate sensitivity analyses were conducted. Though only difference variables on the enabling domain will be utilized in the later regression analyses to account for influence of the ADVANCE course on help seeking behaviors, need variables were included in the paired *t*-test analysis and subsequent sensitivity analyses to ensure consistency of variables across the paper

and electronic version of the survey. Tables containing the results of sensitivity

analyses presenting separate paired *t*-tests for the paper survey instrument and the

electronic survey instrument can be located in Appendix D. A comparison of means on

variables from the surveys completed before and after participation in the ADVANCE

course are located on Table 4.1.

Table 4.1

Paired t-*test on Variables in the Enabling and Need Domains Influenced by Participation in the ADVANCE Course (*N = 142)

Variables	Pre-Test Mean	Post-Test Mean	*t*	*df*	*p*
Enabling Domain					
Awareness of Parenting Strengths (1-5)	4.35	4.73	-4.57	141	.000*
Level of Self-Confidence/Self-Esteem (1-5)	3.57	4.28	-7.28	141	.000*
Social Support – Peer (1-5)	3.23	4.40	-10.74	139	.000*
Social Support – DCFOF (1-5)	3.65	4.53	-8.28	139	.000*
Social Support – CPS (1-5)	3.21	3.86	-5.31	139	.000*
Need Domain					
Understanding of Referral (1-5)	4.39	4.83	-5.17	141	.000*
Perceived Victim Status (1-3)	2.18	2.52	-4.98	141	.000*
Perceived Need for Safety Plan (1-5)	2.50	2.95	-3.23	138	.002*
Perceived Need for Change in Family (1-5)	3.84	4.06	-2.06	138	.042*

When considering the entire sample (*N* = 142) on the combined paper and

electronic instrument, there was a statistically significant change in means on all nine

variables in the analysis. Not only were the changes in means statistically significant,

but all of the means increased in the same direction. On the enabling domain, there

were highly statistically significant changes in means on all of the variables. After

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completing the curriculum modules embedded in the ADVANCE course, participants indicated an increased level of awareness of parenting strengths (t = -4.57, df = 141, p < .001) and improved self-confidence (t = -7.28, df = 141, p < .001). Participants also reported increased social support from their peers in the group (t = -10.74, df = 139, p < .001) as well as increased social support from both DCFOF (t = -8.28, df = 139, p < .001) and CPS (t = -5.31, df = 139, p < .001).

The most notable changes in means on the enabling domain are found on the social support variables related to peer and DCFOF support as well as increased level of confidence and self-esteem. Prior to taking the course, when participants were asked "How comfortable do you feel sharing about your family with other members of the group?", the average response was 3.23 out of 5. After ADVANCE course participation, the mean response increased more than a point to 4.40. Similarly, the level of comfort sharing with DCFOF staff increased from a pre-test mean score of 3.65 to 4.53. ADVANCE course participation also had a positive impact on participants' level of confidence and self-esteem as evidenced by the increase in the mean on this variable of almost a point, rising from a 3.57 mean pre-test score to a post-test mean score of 4.28.

On the need domain, all variables demonstrated a statistically significant increase in means from the pre-test responses as compared to the post-test responses. After completion of the ADVANCE course, mothers demonstrated an increased level of understanding of why they were referred to participate in the ADVANCE course (t = -5.17, df = 141, p <.001), they were more likely to identify themselves as a victim of family violence (t = -4.98, df = 141, p < .001), and perceive the need for a safety plan for

themselves and their children (t = -3.23, df = 138, p < .01). Participants were asked whether they believe there is a need for some type of change in their family and after involvement in the ADVANCE course, mothers indicated an increased perceived need for change (t = -2.06, df = 138, p < .05).

As compared to the pre-test means, ADVANCE group participants indicated an increased understanding of why they were referred to the course and they also were more likely to identify themselves as a victim of family violence. Prior to engaging in the ADVANCE course, the mean response to the statement "I understand why I was referred to attend this class" was 4.39 out of 5. After attending the course, the mean score increased to 4.83 indicating an increased understanding of the referral. Regarding self-identification as a victim of family violence, the mean response increased from 2.18 on the pre-test instrument to a mean score of 2.52 on the post-test instrument on a scale of 1-3.

4.2.2   Sensitivity Analysis

In order to ensure uniformity of results across survey modalities, several different sensitivity analyses were conducted. This process serves to ensure that the variables utilized in the regression analysis are consistent between the paper and electronic version of the survey instrument. These analyses generally showed similar direction and change in means from the pre-test responses as compared to the post-test. I completed four separate paired t-test analyses to compare to the combined overall results of the analysis. Tables portraying the results of the various t-test analyses are located in Appendix D. Table D.1 represents the results of a paired t-test conducted on the paper instrument only. A paired t-test conducted on the electronic instrument only is

denoted in Table D.2. Due to the extensive recoding and rescaling of various

responses between to two administration modalities, I also conducted a separate paired

t-test on the survey data from each the paper instrument (Table D.3) and the electronic

instrument (Table D.4) prior to any rescaling and recoding.

4.2.2.1   Paired *t*-tests on Paper and Electronic Surveys After Recoding

First, I looked separately at paired *t*-tests of the rescaled and recoded responses

from the paper instrument only (*N* = 97). This analysis (Table D.1) revealed an increase

in means on all nine variables included in the analysis. In the overall analysis (depicted

in Table 4.1), this increase in means was statistically significant on all nine variables,

but when considering the paper instrument alone, changes in means on all variables

remained significant except for perceived need for a safety plan and perceived need for

change in family. Though the change in means on these two variables were not

statistically significant when looking at only responses from the paper survey, the mean

score for perceived need for a safety plan on the pre-test was 2.20 and this increased to

a mean score of 2.44 on a scale of 1-5 following participation in the ADVANCE course.

Similarly, the mean score on the question related to perceived need for change in family

increased from a pre-test score of 3.63 to 3.74 on the post-test. Therefore, though the

change was not statistically significant on these two variables on the paper instrument

after rescaling and recoding of responses, the average response score increased in the

same direction as it did in the overall analysis. When considering the paper instrument

responses alone, the following variables demonstrated statistically significant changes

in means: level of awareness of parenting strengths (t = -4.26, df = 96, $p < .001$), level

of confidence/self-esteem (t = -6.93, df = 96, $p < .001$), social support – peer (t = -8.23,

df = 94, *p* < .001), social support – DCFOF (*t* = -5.62, *df* = 94, *p* < .001), social support –

CPS (*t* = -5.03, *df* = 94, *p* < .001), level of understanding of ADVANCE referral (*t* = -

4.47, *df* = 96, *p* < .001), and perceived victim status (*t* = -3.99, *df* = 96, *p* < .001).

Next, I completed the same process for the rescaled and recoded responses on

the electronic version of the survey instrument (*N* = 45). The sample size in the

electronic version analysis was smaller, however the means changed on all variables in

the same direction as they did in the overall combined analysis (Table D.2). The

increase in means was statistically significant on all variables except for level of

awareness of parenting strengths. The smaller samples sizes (as compared to the

combined sample) used in the individual *t*-tests could account for some of the variable

mean changes not remaining significant in the separate analyses. The responses on

the electronic version of the survey revealed statistically significant changes in means

on the following variables: level of confidence/self-esteem (*t* = -2.77, *df* = 44, *p* < .01),

social support – peer (*t* = -7.14, *df* = 44, *p* < .001), social support – DCFOF (*t* = -6.61, *df*

= 44, *p* < .001), social support – CPS (*t* = -2.21, *df* = 44, *p* < .05), level of understanding

of ADVANCE referral (*t* = -2.77, *df* = 44, *p* < .01), perceived victim status (*t* = -2.97, *df* =

44, *p* < .01), perceived need for a safety plan (*t* = -3.04, *df* = 44, *p* < .01), and perceived

need for change in family (*t* = -2.31, *df* = 44, *p* < .05).

4.2.2.2 Paired *t*-tests on Paper and Electronic Surveys Prior to Recoding

Not only did the administration of the survey instrument change over time, but the

questions were slightly modified creating the need to recode and rescale responses in

both the paper and electronic version of the survey in order to compare variable across

both formats. To identify any inconsistencies that may have occurred through the

recoding process, I performed paired *t*-tests on the paper instrument responses prior to the recoding and rescaling process (Table D.3). Then I repeated this for the electronic survey responses (Table D.4).

The paired *t*-tests on the paper instrument prior to recoding and rescaling the responses revealed statistically significant increases in means on all variables except for two in the need domain: perceived need for a safety plan and perceived need for change in family. Change on these two variables were also not statistically significant on the paper survey before the responses were recoded and rescaled. However, when the paper responses were combined with the electronic responses, the paired *t*-test analysis indicated statistically significant increase in both participants' perceived need for safety plan (t = -3.23, df = 138, p < .01) and perceived need for change in their family (t = -2.46, df = 141, p < .05). The results of the paired *t*-tests on the paper instrument before and after rescaling and recoding of the variables demonstrated similar patterns. Of note is the variable "perceived victim status," since this variable was recoded from a 5-point scale to a 3-point scale to match the electronic version of the survey. The increase in means on this variable was statistically significant in the paper version of the instrument both before the variable was rescaled (t = -3.85, df = 96, p < .001) and after (t = -3.99, df = 96, p < .001). The following variables demonstrated the same results before and after the recoding process on the paper version because nothing was recoded on these variables: level of awareness of parenting strengths (t = -4.26, df = 96, p < .001), level of confidence/self-esteem (t = -6.93, df = 96, p < .001), social support – peer (t = -8.23, df = 94, p < .001), social support – DCFOF (t = -5.62, df = 94, p < .001), social support – CPS (t = -5.03, df = 94, p < .001), and level of understanding

of ADVANCE referral ($t = -4.47$, $df = 96$, $p < .001$).

Forty-five ADVANCE group participants filled out their pre-test and post-test surveys through the electronic administration. In total, paired t-tests were conducted on ten variables on the electronic version of the survey prior to recoding and rescaling of the variable items. The electronic version contained one extra variable because the question pertaining to the need for a safety plan was separated into two items: perceived need for safety plan for self and perceived need for safety plan for children. Multiple response items were presented on the electronic version of the survey in the opposite direction of the paper survey and many scales were changed from the 5-point scale on the paper version. Various response items required recoding and rescaling to match the paper survey. All ten variables measured on the electronic version of the survey prior to rescaling and recoding demonstrated statistically significant change in response means: level of awareness of parenting strengths ($t = 2.04$, $df = 44$, $p < .05$), level of confidence/self-esteem ($t = 2.77$, $df = 44$, $p < .01$), social support – peer ($t = -6.64$, $df = 44$, $p < .001$), social support – DCFOF ($t = -6.27$, $df = 44$, $p < .001$), social support – CPS ($t = -2.28$, $df = 44$, $p < .05$), level of understanding of ADVANCE referral ($t = 3.02$, $df = 44$, $p < .01$), perceived victim status ($t = 2.97$, $df = 44$, $p < .01$), perceived need for safety for self ($t = 3.26$, $df = 44$, $p < .01$), perceived need for safety for children ($t = 2.92$, $df = 44$, $p < .01$), and perceived need for change in family ($t = 2.35$, $df = 44$, $p < .05$).

Six out of the ten variables on the electronic version of the survey posed the responses in the opposite direction than they were presented on the paper version of the survey. These variables are level of awareness of parenting strengths, level of

confidence/self-esteem, level of understanding of ADVANCE referral, perceived victim status, perceived need for safety plan and perceived need for change in family. For example, in order to measure respondents' understanding of their referral to the ADVANCE course, the electronic version of the survey has response choices: (1) *I completely understand why I was referred*, (2) *I mostly understand why I was referred*, (3) *I somewhat understand why I was referred*, and (4) *I do not understand why I was referred*. In other words, the higher numerical response score indicates a lower understanding of the referral. On the paper version, participants were asked their level of understanding of the ADVANCE referral and they could choose their response on a 5-point Likert scale ranging from (1) *not at all* to (5) *very much*; therefore, higher numerical response on the paper version signifies more understanding of the referral. On the seven variable measures that were modified in response direction from the paper version to the electronic version, when considering only the electronic data set prior to recoding and rescaling the responses, there was statistically significant change in means in the same direction as the overall analysis when taking into account the way the responses are presented.

Not only did the direction of response options change, but the scales on many of the variables were updated. Only level of confidence/self-esteem had response choices of 1-5 across both survey options. Survey items related to level of awareness of parenting strengths, social support (peer, CPS, DCFOF), level of understanding of ADVANCE referral, perceived need for safety plan, and perceived need for change in family were all changed to a 4-point scale while perceived victim status was updated to only include three response options. All of these variables demonstrated statistically

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significant change in means in the same direction as the combined analysis that includes the rescaled and recoded versions of the paper and electronic surveys.

Of note is the variable related to level of awareness of parenting strengths. Prior to recoding and rescaling this variable, responses demonstrated a statistically significant decreasing lack of awareness of parent strengths ($t = 2.04$, $df = 44$, $p < .05$). However, once this variable was rescaled to a 5-point scale and reordered to match the paper survey, this variable was not significant. Nevertheless, when the electronic and paper instruments were combined for the overall analysis, change in means was significant on this variable.

As previously mentioned, another change on the electronic instrument relates to the perceived need for safety plan item. In the paper version, mothers were asked about the perceived need for safety plan for both themselves and their children. The electronic version of the survey separates these items and asks about perceived need for safety plan for themselves and the need for safety plan for their children. Through the recoding process, these items on the electronic version were combined through averaging the two variables to produce one variable measuring perceived need for safety plan for both mother and her child(ren). The paired t-test sensitivity analysis on these items before combining the variable revealed a statistically significant decrease in disagreement with both statements: "I need a plan for my personal safety" ($t = 3.26$, $df = 44$, $p < .01$) and "I need a plan for my children's safety" ($t = 2.92$, $df = 44$, $p < .01$). Despite the change in the survey instrument items, the paired t-tests on the electronic responses prior to rescaling and recoding of the answers revealed statistically

significant change in means in the same direction as the overall combined instrument means comparisons.

Finally, a substantial update was made to the wording of the survey item related to confidence and self-esteem. In the paper version of the survey, mothers were asked to rate their current level of confidence on a 5-point scale. The electronic survey modified this item and requested participants rate their current level of self-esteem (e.g. confidence in your own self-worth or abilities). Though the questions asked about two distinct, yet interconnected, concepts, the mean responses on this survey item changed in the same direction and this change was statistically significant on the overall paired *t*-test and all four of the separate sensitivity analysis paired *t*-tests.

In sum, the sensitivity analyses utilizing paired *t*-tests on the paper and electronic versions of the survey both before and after rescaling and recoding the variables indicated that it was appropriate to combine the paper and electronic datasets despite the changes between the survey modalities.

4.3   ADVANCE Course Effects: Thematic Analysis through Collage Creation

At the end of the survey in both the pre-test and post-test instrument, participants were asked to complete 2-3 open-ended qualitative questions as well as share any additional comments. For the purposes of this analysis and representation of the data, I focused on one question in the pre-test (*Please share with us what you are hoping to learn from this class.*) and one question from the post-test (*What did you like most about your class experience?*). For each of these questions, I identified themes that emerged and created two collages to visually depict the responses. Collage was chosen as method for analysis and representation of the data as it provides an avenue to preserve

the richness of the qualitative responses through its flexibility. As Brommer (1994) puts

it, "collage surfaces become tactile wonderlands where…there are no rules regarding

combinations of materials and media" (p. 17).

To begin the analysis, I converted the excel spreadsheets with the qualitative

responses to the two identified question into separate CSV files in order to import the

data into the software program Qualtrics TextIQ for text analysis. This software

program assisted as I assigned topics to responses and sorted those responses based

on thematic intent. Once there were several topics developed for each question, I

"reexamined and reorganized [the data] to identify relationships between categories and

themes in the coding" (Patten & Newhart, 2018, p. 168). Throughout the coding

process, I took notes and made sketches in an art journal. Through these activities,

theme formation informed the collages and art-making informed the thematic

development for each of the two questions being considered. In other words, I used the

visual arts method of collage "to explore ideas, advocate concepts, and develop

possible directions in which to work" (Brommer, 1994, p. 15).

4.3.1 Hoping to Learn: Pre-test Question

There were 114 qualitative responses to the open-ended question on the pre-test

related to what the mother was hoping to learn through participation in the ADVANCE

class. Of those responses, 18 provided generic or non-responsive answers such as

"everything" or "?" or "N/A" leaving 96 comments with thematic responses.

Through journaling, coding, and contemplating how collage could represent the

data, themes began to develop that were threaded throughout the content of the

responses. The three themes that emerged included: safe and healthy relationships,

parent and protect my children, and better myself. While some of the comments only

referenced topics related to one of the identified themes, many touched on two or all

three. The following statements provide examples of all three thematic subjects

incorporated into one response:

> Self improvement, Relationship improvement, and alil [sic] bit better parent skills.

> I would like to get a better understanding of the impact my personal relationships made on my children and how they were effected [sic] emotionally and what I can do to assist in their feelings.

> To look for the signs at the beginning instrad [sic] of them appearing when it is too late. To build my confidence as a strong woman to set a better example for my children.

Table 4.2 depicts the percentage of statements that included one or more of the

identified themes (percentage sum exceeds 100 percent due to multiple statements

incorporating more than one theme).

Table 4.2

Number and Percentage of Qualitative Responses to "Hoping to Learn" Question by Themes

Theme	# of Responses	Percentage
Safe and Healthy Relationships	47	41%
Parent and Protect My Children	41	36%
Better Myself	40	35%
Generic or N/A	18	16%

In order to represent the three themes emerging from the pre-test question

related to what the women wanted to learn through the ADVANCE course, the concept

of a sunrise materialized as the backdrop for the optimism inherent in the responses.

Figure 4.1 displays a sunrise scene overlayed with a contemplative female figure and

participant words that serve as the visual collage representation for this pre-test

question. When the mothers participating in ADVANCE begin this course, it is

analogous to the new beginning of each day.

Figure 4.1

Collage: Better Myself

According to Brommer (1994), collage artists regularly incorporate found papers which are "those papers that were prepared for other uses and are now discarded" (p. 68). In order to create the sunrise scene over the mountains, the literature printed out and referenced throughout this dissertation project served as the found papers for the collage related to what the mothers wanted to learn through participation in the ADVANCE course. In any scholarly work, review of the literature should be part of the foundational preparation for conceptualizing data. I painted, colored, chalked, and water-colored various journal articles cited throughout this project. I tore or cut the literature review into the shapes needed to create the landscape.

Several comments representing each of the themes were incorporated in different areas of the collage. In the clouds at the top of the collage, comments categorized in the safe and healthy relationships theme were incorporated. One of the participants mentioned that she was hoping to learn how to cope with life without her husband. Other comments revealed needing safety planning and not wanting to "go through any more pain." The clouds, though somewhat dark and ominous, have the potential to provide refreshing and rejuvenating rain.

A mountain range in dark grey and black can be found at the bottom and figure 4.2 encompassing the theme of parent and protect my children." Mothering serves as a bedrock for why the participants were referred to the course. Additionally, reuniting with their children, or protecting them in the midst of a violent relationship, could seem like in unsurmountable task similar to climbing a mountain. However, the mothers expressed hoping to "strengthen my abilities as a parent" as well as wanting to "get my child back" and "keep my children safe." The thematic comments in the area of parenting and

protecting children were superimposed as a mountain in the foreground and serves as the base for the collage piece.

Phrases related to the bettering myself theme were integrated into the sunlight-filled middle portion of the collage. This theme emerged through optimistic statements stated by the participant mothers prior to beginning the ADVANCE course. Through the course, one participant yearned to "heal brokenness," another wanted to "cope with past and let it go," while another hoped to learn how to "speak up about needs and wants."

Tying the three themes together is the image of woman with a clear face made of vellum to recognize the diversity of experiences and backgrounds of women participating in the ADVANCE course. Her hair was constructed using pre-test response spreadsheets provided by DCFOF that incorporated multiple shades of purple. Purple was chosen by the agency to use in their spreadsheet shading since the color purple is used often in the domestic violence movement to symbolize "peace, courage, survival, honor and dedication to ending violence" (Marjaree Mason Center, n.d., para. 3).

4.3.2 Liked Most about Class Experience: Post-Test Question

Of the 142 participants considered in the analysis, 136 women responded to the question related to what they liked most about the ADVANCE class experience. Of these, 12 individuals provided generic answers such as "N/A" or "everything" leaving 124 comments with thematic responses. Through the same analysis process utilized for the pre-test qualitative question collage creation, four themes emerged through coding and art journaling from the responses to what mothers liked most about their

participation in the ADVANCE course. These themes related to class content and

instructors, not alone/shared experiences, mothering and children, and not

judged/gained confidence. Table 4.3 lists the identified themes and delineates the

number of responses and overall percentages for each category.

Table 4.3

Number and Percentage of Qualitative Responses to "Liked Most about ADVANCE"
Question by Themes

Theme	# of Responses	Percentage
Class Content and Instructors	56	41%
Not Alone/Shared Experiences	52	38%
Mothering and Children	23	17%
Not Judged/Gained Confidence	19	14%
Generic or N/A	12	9%

One of the fundamental thematic responses about what the women liked most

was the sentiment that after the course they felt "not alone." I reflected on this and the

logo of DCFOF which resembles a tree and a forest came to mind. Trees are often

visibly interconnected above the ground through their branches and invisibly

intersecting below the ground through their root structures. The concept of a forest

became the starting point for exhibiting these written responses in a collage format.

The ADVANCE curriculum handbook served as the found papers for the second collage

that I painted, chalked, and colored on to craft the leaves, the grass, and the

underground area creating a backdrop for the interconnected tree roots. Again, I

incorporated the purple spreadsheets provided by the agency, but for the second

collage I used the quantitative numerical responses from the post-test survey. These

spreadsheets cut into thin strips formed the bark texture on the trees emphasized in the

collage. Figure 4.2 presents the collage created portraying the themes identified

through analysis on this post-test question.

Figure 4.2

Collage: Not Alone

Participants mentioned the class content itself and the instructors in 41 percent of

the comments. In the upper right corner of the collage, statements related to this theme

were incorporated into the collage. The mothers appreciated the "eye-opening

objectives" and the "knowledge of the staff." According to one participant, the class

"helped me navigate my case."

In the upper right corner of the collage, embedded in the tree leaves, comments categorized in the mothering and children theme were included. One mother felt the class experience helped her to "learn my strengths." Another mentioned that she learned to "help my children better." And finally, the class helped one participant to forge a "better future for my children."

In the center of the collage, a blue sky is seen peeking through the bottom of the tree leaves and the top of the blades of grass constructed from painted triangles cut from power and control diagrams included in the ADVANCE curriculum. Statements included in the not judged/gained confidence theme were placed in the center, highly visible on the blue sky. Pertaining to this theme, one woman stated that through the course, participants learned "how to love yourself." Also, one recognized that it is "ok to not be perfect." Others mentioned that the group is a "safe place" to "express myself."

Nourishing the trees from below, roots spelling out the words "not alone" intertwine with the visible roots of the trees in the foreground of the collage. The interconnected root systems speak to the sometimes hidden yet fundamental relationships between individuals. Through the comments in the not alone/shared experiences theme, their increased social support stemming from growing connection with one another became evident. During the group interactions, when they were "listening to other's stories" they learned "I'm not the only one." Other participants shared that their favorite part of the ADVANCE course was "sharing hope," finding "healing freedom," and "bonding with other women." These shared experiences and commonalities provide the sustenance needed to support necessary growth.

CHAPTER 5

SOCIAL FACTORS INFLUENCING HELP SEEKING BEHAVIORS

In order to measure help seeking behaviors and social service use amongst CPS-involved women experiencing violence, regressions of six separate outcome variables were considered. The outcome variables related to help seeking behaviors include seeking DCFOF services, seeking protective activities related the children, seeking a safety plan, seeking a protective order, seeking safe housing, and seeking financial independence.

For all six outcome variables, three separate models were estimated. In the first model, each outcome variable was regressed on variables from the predisposing domain. In the second model, variables from the enabling domain were added. In the third model, variables from the need domain were added. Two-tailed tests are utilized to test statistical significance of number of children and average age of children in the models. One-tailed tests are used for all of the remaining variables.

5.1   Descriptive Analysis

5.1.1 Variable Preparation and Selection

The sensitivity analyses in the previous chapter served to prepare the variables and ensure consistency in responses across the paper and electronic survey. When considering the smaller sample sizes in the analyses incorporating the paper survey responses only ($N = 97$) and the electronic survey responses only ($N = 45$) before and after rescaling and recoding, some of the change in variable means were no longer significant. However, across all variables examined through the sensitivity analyses, the paired t-tests demonstrated change in means in the same direction.

While previous chapter demonstrated that the ADVANCE course influenced variables on both the enabling and need domains, for the purposes of the regression analysis, post-test/pre-test difference variables are only utilized on three variables categorized in the enabling domain. Though there appears to be some impact on those variables in the need domain, the ADVANCE curriculum (2019) speaks directly to three of the variables in the enabling domain: parenting strengths (pp. 33, 41) confidence/self-esteem (p. 60), and social support (p. 79). Pre-test responses are employed for all of the remaining independent variables in the analyses.

Exploratory factor and reliability analyses were conducted to examine the appropriateness of using indices for two variables in the study. The two variables were the participant's perception of social support, one of the independent variables in the enabling domain, and the number of protective factors related to children (out of five) sought by the participant, one of the dependent variables. To examine dimensionality, principal components analysis (with varimax rotation) was used. Evidence for dimensionality was assessed using eigenvalues and scree plots (Pett et el., 2003). Selection criteria for the number of factors included an eigenvalue greater than or equal to 1 and an "elbow" in the scree plot. To examine internal consistency, Cronbach's α was used, with values at or above .70 considered "acceptable" and indicating that items reliably measure the same underlying construct. Both the exploratory factor and reliability analyses for the social support items were conducted separately by time period (i.e., pre-test or post-test), and, thus, the results are presented separately by time period.

Three items were included in the social support analyses: level of comfort

sharing about family with peers, DCFOF staff, and CPS, respectively. Results of the factor analyses for both time periods (pre-test: Kaiser-Meyer-Okin measure of sampling adequacy = 0.59, Bartlett's test of sphericity = $\chi^2(3)$ = 102.33, $p < .001$; post-test: Kaiser-Meyer-Olkin measure of sampling adequacy = 0.59, Barlett's test of sphericity = $\chi^2(3)$ = 111.26, $p < .001$) support the use of an index. Specifically, the eigenvalues and scree plots for both time periods suggest a one-factor solution, and the factor loadings for their respective one-factor solutions were relatively high (pre-test: .69 - .89; post-test: .66 - .90). In addition, the internal consistency of the index for both time periods was "acceptable" (pre-test: Cronbach's α = .716; post-test: .722). Accordingly, the responses to the three social support were standardized for each time period and averaged. The difference between the participant's pre-test and post-test average was used as the measure of social support in the regressions, with a positive score indicating increased social support at post-test.

Similar analyses were conducted for the dependent variable, the number of help-seeking, protective factors related to children (out of five) the participant had implemented by the time of the post-test survey. Initially, six post-test items were considered for the index. However, since many participants' children were under five, the item "I've made a plan with my children for what to do when there has been violence" was excluded. The five post-test items included were: "I've provided comfort and support to my children during this stressful time;" "I've made efforts to follow my CPS safety or service plan once I signed it;" "I've accessed services for myself or my children from a domestic violence program;" "I've learned more about how domestic violence may impact my children;" and "I have a strong bond with my children." Results

of the factor analysis (Kaiser-Meyer-Olkin measure of sampling adequacy = 0.77,

Barlett's test of sphericity = $\chi^2(10)$ = 140.12, p < .001) support the use of the five post-

test items in an index. Both the eigenvalues and scree plot suggest a one-factor

solution, and the factor loadings for the solution were relatively high (.63 - .77). Internal

consistency of the index was also deemed "acceptable" (Cronbach's α = .70).

Accordingly, for this dependent variable, the "yes" responses to the five post-test items

were counted, with a "0" indicating that the participant had not implemented any of the

five protective factors for children by the end of the ADVANCE course and a "5"

indicating that the participant had implemented all five of the protective factors for

children by the course's end.

5.1.2 Descriptive Statistics for Variables Used in the Analysis

Descriptive statistics for the six dependent variables and eleven independent

variables are included on Table 5.1. All of the dependent variables were measured on

the post-test survey after participants completed the ADVANCE course and were

intended to ascertain help seeking behaviors. After completion of the course, 72.3% of

the participants reached out to at least one additional social service with DCFOF, 57.7%

worked towards developing a safety plan, 26.8% sought out a protective order, 45.8%

worked to obtain safe housing, and 57.7% made efforts to seek financial independence.

On average, participants engaged in about 4.38 protective activities related to children

(SD = 1.06).

Three independent variables are incorporated in the predisposing domain which

include number of children, average age of children and level of interest in DCFOF

services. Studies have utilized both number of children and interest in services to

predict help seeking behaviors on the predisposing domain (Shamburger-Rousseau et al., 2016). Additionally, when assessing safety, the Texas Department of Family and Protective Services (2020) indicates that a child's age is a factor "influencing child vulnerability" and specify children under the age of 5 are more vulnerable and less able to protect themselves. Therefore, average age of children was included as a predisposing factor. In the sample, on average, participants had about 2 children (M = 2.21, SD = 1.25) and the children's average age was about 5 years old (M = 4.94, SD = 3.74). On a scale of 1 – 3, on average, participants' level of interest in DCFOF services was 2.17 (SD = 0.82). These three variables were all assessed through the pre-test survey instrument.

The enabling domain is made up of four variables: previous participation in DCFOF services, level of awareness of parenting strengths, level of confidence/self-esteem, and the index related to level of social support from peers, CPS, and DCFOF. Prior to attending the ADVANCE course, 39.4 percent of the mothers indicated that they had previously participated in other services offered by DFCOF. Previous participation in agency services has been used as an enabling variable predicting subsequent help-seeking behaviors in various studies (Rhoades et al., 2014). Also, social network features and personal resources serve as enabling factors to influence help seeking (Rhoades et al., 2014). The ADVANCE course curriculum is in part designed to influence these personal and social network features therefore post-test/pre-test difference variables were used to measure level of awareness of parenting strengths, level of confidence/self-esteem, and social support. After completing the ADVANCE course, on average, mothers had a difference score on level of awareness of parenting

strengths of 0.39 (SD = 1.01). On average, their level of confidence/self-esteem increased by 0.71 (SD = 1.16). The social support index was created through standardizing the three support items (peer, CPS, and DCFOF) at the pre-test and at the post-test. The difference variable was constructed through taking the difference. The mean on this social support index difference variable was 0.01 (SD = 0.82).

Four variables evaluated on the pre-test survey instrument were included on the need domain for purposes of the regression analyses. Since perception of family violence as seen by the individual experiencing it influences help seeking behaviors (Cho & Huang, 2017), level of understanding of the ADVANCE referral, perceived victim status, perceived need for safety plan, and perceived need for change in family were categorized in the need domain. The average score for level of understanding of the ADVANCE referral was 4.39 (SD = 1.03). On a 3-point scale, the mean score on the perceived victim status variable was 2.17 (SD = 0.91). Both assessed on a 5-point scale, the mean score for perceived need for change in family was 2.52 (SD = 1.59) and the mean score for perceived need for change in family was 3.85 (SD = 1.31). All need variables were assessed on the pre-test survey instrument.

Table 5.1

Descriptive Statistics for Variables Used in the Analysis (N = 142 Unless Otherwise Noted)

Variable Range		Mean (SD) or %
Dependent Variables		
Seeking DCFOF services (0-1)	Yes	73.2
	No	26.8
Seeking protective activities related to children (0-5)		4.38 (1.06)

(table continues)

Variable Range		Mean (SD) or %
Seeking a safety plan (0-1)	Yes	57.7
	No	42.3
Seeking a protective order (0-1)	Yes	26.8
	No	73.2
Seeking safe housing (0-1)	Yes	45.8
	No	54.2
Seeking financial independence (0-1)	Yes	57.7
	No	42.3
Independent Variables		
Predisposing Domain	Number of children (1-7) (N = 141)	2.21 (1.25)
	Average age of children (0-16) (N = 141)	4.94 (3.74)
	Level of interest in DCFOF services (1-3)	2.17 (0.82)
Enabling Domain	Previous participation in DCFOF services (0-1) — Yes	39.4
	Previous participation in DCFOF services (0-1) — No	60.6
	Level of awareness of parenting strengths^ (1-5)	0.39 (1.01)
	Level of confidence/self-esteem^ (1-5)	0.71 (1.16)
	Level of social support (peer, CPS, DCFOF)^ (1-5) (N = 140)	0.01 (0.82)
Need Domain	Level of understanding of ADVANCE referral (1-5)	4.39 (1.03)
	Perceived victim status (1-3)	2.17 (0.91)
	Perceived need for safety plan (1-5) (N = 141)	2.52 (1.59)
	Perceived need for change in family (1-5) (N = 141)	3.85 (1.31)

^Post-Test/Pre-test difference variables, range indicates original response range

5.2   Seeking DCFOF Services

On the post-test survey administered to ADVANCE course participants, mothers

where asked if they reached out to any additional support services offered by DCFOF.

These services included advocacy/legal/case management, group counseling,

individual counseling, counseling for children or shelter services. If the participants

indicated that they sought out any one of the services listed, their response was coded

as a "yes" for this variable. Table 5.2 portrays the results of the logistic regressions on

selected predictors categorized within the domains of the behavioral model.

Three logistic regression models were estimated for the analysis related to

whether participants in ADVANCE sought any additional family violence social services

through DCFOF. The first model containing the predisposing variables was not

statistically significant but the second two models were statistically significant at the .05

level. Though the overall Model 1 was not significant, the level of interest in additional

DCFOF services was statistically significant in this model (B = 0.523, p < .05, one-tailed

test). Specifically, the odds of seeking additional family violence social services through

DCFOF increased 69% with each one-level increase in interest in such services.

Model 2 containing both the predisposing and enabling variables was statistically

significant (X^2 = 16.858, df = 7, p < .05) with three statistically significant predictor

variables: level of interest in DCFOF services (B = 0.541, p < 0.05, one-tailed test),

previous participation in DCFOF services (B = 1.010, p < 0.05, one tailed-test), and

level of social support (B = 0.728, p < 0.01, one-tailed test). In this model, engagement

in additional DCFOF services is predicted by higher level of interest in DCFOF services,

higher participation in previous services and an increased level of social support.

The statistical significance and direction of effect for previous participation in

DCFOF services (B = 0.906, p < .05, one-tailed test) and level of social support (B =

0.809, p < .01, one-tailed test) did not change with the addition of the need variables in

model 3 (X^2 = 22.487, df = 11, p < .05). However, once all the variables were added in

model 3, level of interest in DCFOF services was no longer significant as it had been in

the previous two models.

Table 5.2

Results of Logistic Regressions of Seeking DCFOF Services on Selected Predictors (N = 136)

Variables	Model 1		Model 2		Model 3	
	B (SE)	Odds Ratio	B (SE)	Odds Ratio	B (SE)	Odds Ratio
Predisposing Domain						
Number of children	0.061 (0.172)	1.062	0.229 (0.199)	1.258	0.321 (0.224)	1.378
Average age of children	0.008 (0.059)	1.008	-0.011 (0.062)	0.989	-0.022 (0.064)	0.978
Level of interest in DCFOF services	0.523* (0.244)	1.687	0.541* (0.283)	1.718	0.433 (0.317)	1.541
Enabling Domain						
Previous participation in DCFOF services			1.010* (0.497)	2.745	0.906* (0.522)	2.474
Level of awareness of parenting strengths^			-0.038 (0.227)	0.963	-0.102 (0.243)	0.903
Level of confidence/ self-esteem^			0.000 (0.201)	1.000	0.005 (0.221)	1.005
Level of social support (peer, CPS, DCFOF)^			0.728** (0.279)	2.072	0.809** (0.294)	2.245
Need Domain						
Level of understanding of ADVANCE referral					-0.266 (0.243)	0.767
Perceived victim status					0.265 (0.277)	1.303
Perceived need for safety plan					0.047 (0.177)	1.048
Perceived need for change in family					0.254 (0.189)	1.289
Constant	-0.244 (0.659)	0.783	-0.833 (0.746)	0.435	-1.140 (1.277)	0.320
Nagelkerke R^2	0.052		0.170		0.222	
-2 Log Likelihood	152.267		140.337		134.707	
Model X^2	4.928		16.858†		22.487†	
Degrees of Freedom	3		7		11	

Note: B (SE) = unstandardized estimate of the logistic regression coefficient (and its standard error). ***$p < 0.001$, **$p < 0.01$, *$p < 0.05$ (one-tailed tests). †††$p < 0.001$, ††$p < 0.01$, †$p < 0.05$ (two-tailed tests). ^Post-Test/Pre-test difference variables

5.3   Seeking Protective Activities Related to Children

Participants of ADVANCE were asked about various protective activities related to children in the post-test survey completed at the conclusion of the course. Through factor analysis and reliability testing, five items related to protective factors involving children were combined into an index. The statements describe activities such as making efforts to follow the CPS safety or service plan, accessing services for children, and learning more about how domestic violence has impacted their children. Table 5.3 provides the results of OLS regressions of this variable on predisposing, enabling and need variables.

For the outcome variable related to protective activities pertaining to children, the first model containing only variables on the predisposing domain was not statistically significant nor were any individual variables significant in the model. However, model 2 was significant (R^2 = 0.105, F[7, 128] = 2.134, p < .05) with two statistically significant variables included. On the predisposing domain, number of children was statistically significant (B = 0.164, p < 0.05, two-tailed test). Controlling for the other variables in model 2, an increase in participant's number of children predicted engagement in higher number of protective activities related to children. On the enabling domain, level of social support was statistically significant (B = 0.269, p < 0.01, one-tailed test), which also had a positive effect. Mothers with higher levels of social support tended to engage in more protective activities pertaining to their children.

With the addition of the need variables in model 3, the overall model was highly significant (R^2 = 0.273, F[11, 124] = 4.229, p < .001) and variables in all of the three domains demonstrated statistically significant effects. This model accounted for about

27 percent of the variation on seeking protective activities related to children. On the predisposing domain, number of children remained statistically significant (B = 0.216, p < .01, two-tailed test) and average age of children became statistically significant (B = -0.056, p < .05, two-tailed test). As children increase in age, their vulnerability decreases which may explain why seeking protective activities related to children decreased as the average age of the mother's children increased (TDFPS, 2020). Level of social support on the enabling domain continued to be statistically significant in this final model (B = 0.324, *p* < .01, one-tailed test), with an increased level of social support being associated with higher engagement in protective activities related to children. In the need domain, there were two statistically significant predictors: perceived victim status (B = 0.202, p < .05, one-tailed test) and perceived need for change in family (B = 0.246, p < .001, one-tailed test). ADVANCE participants who more closely identified as a victim of family violence sought an increased number of protective activities related to children. Additionally, more child-related protective activities were predicted by higher levels of perceived need for change in the family.

Table 5.3

*Results of OLS Regressions of Seeking Protective Activities Related to Children on Selected Predictors (*N = 136)

Variables	Model 1		Model 2		Model 3	
	B (SE)	Odds Ratio	B (SE)	Odds Ratio	B (SE)	Odds Ratio
Predisposing Domain						
Number of children	0.112 (0.076)	0.135	0.164[†] (0.076)	0.198	0.216[††] (0.073)	0.261
Average age of children	-0.047 (0.026)	-0.165	-0.049 (0.026)	-0.174	-0.056[†] (0.024)	-0.199
Level of interest in DCFOF services	0.118 (0.111)	0.092	0.112 (0.117)	0.088	-0.062 (0.119)	-0.048

(table continues)

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Variables	Model 1 B (SE)	Model 1 Odds Ratio	Model 2 B (SE)	Model 2 Odds Ratio	Model 3 B (SE)	Model 3 Odds Ratio
Enabling Domain						
Previous participation in DCFOF services			0.006 (0.189)	0.003	-0.079 (0.178)	-0.037
Level of awareness of parenting strengths^			-0.046 (0.091)	-0.046	-0.090 (0.084)	-0.088
Level of confidence/ self-esteem^			0.125 (0.085)	0.141	0.122 (0.081)	0.137
Social support (peer, CPS, DCFOF)^			0.269** (0.113)	0.210	0.324** (0.106)	0.253
Need Domain						
Level of understanding of ADVANCE referral					-0.089 (0.085)	-0.089
Perceived victim status					0.202* (0.107)	0.177
Perceived need for safety plan					0.064 (0.063)	0.097
Perceived need for change in family					0.246*** (0.073)	0.308
Constant	4.119††† (0.310)		3.948††† (0.310)		3.130††† (0.470)	
R^2	0.035		0.105		0.273	
Adjusted R^2	0.013		0.056		0.208	
S_e	1.035		1.013		0.927	
Model F	1.590		2.134†		4.229†††	
Degrees of Freedom	3, 135		7, 128		11, 124	

Note: B (SE) = unstandardized estimate of the regression coefficient (and its standard error). β = standardized estimate of the regression coefficient. ***$p < 0.001$, **$p < 0.01$, *$p < 0.05$ (one-tailed tests). †††$p < 0.001$, ††$p < 0.01$, †$p < 0.05$ (two-tailed tests). ^Post-Test/Pre-test difference variables.

5.4   Seeking a Safety Plan

Seeking a safety plan is another help seeking behavior measured through post-test responses after completion of the ADVANCE course. Participants indicated whether or not they have made a plan for their own safety in the post-test instrument. The results of logistic regressions of this variable on the selected predictor variables categorized on the domains of the behavioral model are listed in Table 5.4.

When seeking a safety plan was regressed on variables in the predisposing domain in model 1, the model was not significant. After the enabling domain variables were added in for model 2, there were still no statistically significant predictors for the outcome variable related to seeking a safety plan. However, model 3, which included all variables in the three domains, was statistically significant (X^2 = 20.193, *df* = 11, p < .05). Perceived need for change in family was the only statistically significant predictor variable in model 3 (B = 0.361, p < .05, one-tailed test). In other words, when all predictors were included in the model, all else equal, higher perceived need for change in family predicted seeking a safety plan.

Table 5.4

Results of Logistic Regressions of Seeking a Safety Plan on Selected Predictors (N = 136)

Variables	Model 1		Model 2		Model 3	
	B (SE)	Odds Ratio	B (SE)	Odds Ratio	B (SE)	Odds Ratio
Predisposing Domain						
Number of children	0.020 (0.187)	1.020	0.119 (0.197)	1.126	0.336 (0.252)	1.399
Average age of children	-0.028 (0.064)	0.973	-0.036 (0.065)	0.965	-0.038 (0.073)	0.963
Level of interest in DCFOF services	0.253 (0.274)	1.288	0.164 (0.303)	1.178	-0.364 (0.367)	0.695
Enabling Domain						
Previous participation in DCFOF services			0.197 (0.507)	1.218	0.192 (0.556)	1.211
Level of awareness of parenting strengths^			-0.142 (0.236)	0.868	-0.277 (0.261)	0.758
Level of confidence/ self-esteem^			0.336 (0.234)	1.399	0.458 (0.284)	1.581
Social support (peer, CPS, DCFOF)^			0.215 (0.289)	1.239	0.445 (0.319)	1.560
Need Domain						
Level of understanding of ADVANCE referral					0.193 (0.240)	1.212

(table continues)

	Model 1		Model 2		Model 3	
Variables	**B (SE)**	**Odds Ratio**	**B (SE)**	**Odds Ratio**	**B (SE)**	**Odds Ratio**
Perceived victim status					0.251 (0.311)	1.285
Perceived need for safety plan					0.356 (0.226)	1.427
Perceived need for change in family					0.361* (0.209)	1.435
Constant	1.048 (0.744)	2.851	0.860 (0.769)	2.363	-1.945 (1.359)	0.143
Nagelkerke R²	0.011		0.056		0.224	
-2 Log Likelihood	128.824		125.045		109.590	
Model X²	0.959		4.737		20.193†	
Degrees of Freedom	3		7		11	

Note: B (SE) = unstandardized estimate of the logistic regression coefficient (and its standard error). ***p < 0.001, **p < 0.01, *p < 0.05 (one-tailed tests). †††p <0.001, ††p < 0.01, †p < 0.05 (two-tailed tests). ^Post-Test/Pre-test difference variables.

5.5   Seeking a Protective Order

Mothers were also asked about whether they had worked to get a protective order if that was a safe option for them. This outcome variable was assessed once the participants completed the training modules in the ADVANCE course. Table 5.5 represents the logistic regression results of seeking a protective order on the selected variables.

All three models for the variable seeking a protective order were statistically significant. Model 1 was highly significant (X^2 = 19.113, *df* = 3, p < .001) and contained one statistically significant variable: level of interest in DCFOF services (B = 1.003, p < .001, one-tailed test). Mothers who indicated greater interest in the agency's services were more likely to seek a protective order. When adding in both the predisposing and enabling variables, model 2 was also statistically significant (X^2 = 21.994, *df* = 7, p < .01). Level of interest in DCFOF services remained highly significant in the direction

observed in model 1 (B = 1.010, p < .001, one-tailed test); however, none of the other

variables on the predisposing domain or the added enabling predictors were significant.

Model 3 was also statistically significant (X^2 = 44.182, *df* = 11, p < .01) and contained

four statistically significant predictor variables across all three domains. Seeking a

protective order was predicted by increased level of interest in DCFOF services (B =

0.862, p < .01, one-tailed test) on the need domain, increased level of social support (B

= 0.635, p < .05, one-tailed test), and both increased perception of victim status (B =

0.914, p < .01, one-tailed test) and increased need for a safety plan (B = 0.413, p < .05,

one-tailed test) on the need domain.

Table 5.5

Results of Logistic Regressions of Seeking a Protective Order on Selected Predictors
(N = 136)

Variables	Model 1		Model 2		Model 3	
	B (SE)	Odds Ratio	B (SE)	Odds Ratio	B (SE)	Odds Ratio
Predisposing Domain						
Number of children	-0.227 (0.190)	0.797	-0.172 (0.198)	0.842	0.103 (0.234)	1.108
Average age of children	-0.036 (0.056)	0.965	-0.036 (0.058)	0.965	-0.082 (0.067)	0.922
Level of interest in DCFOF services	1.003*** (0.278)	2.728	1.010*** (0.302)	2.747	0.862** (0.361)	2.369
Enabling Domain						
Previous participation in DCFOF services			-0.059 (0.431)	0.943	-0.232 (0.482)	0.793
Level of awareness of parenting strengths^			-0.087 (0.201)	0.917	-0.175 (0.221)	0.840
Level of confidence/ self-esteem^			0.213 (0.197)	1.238	0.293 (0.219)	1.340
Social support (peer, CPS, DCFOF)^			0.290 (0.275)	1.336	0.635* (0.330)	1.888
Need Domain						
Level of understanding of ADVANCE referral					0.340 (0.310)	1.405

(table continues)

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Variables	Model 1 B (SE)	Model 1 Odds Ratio	Model 2 B (SE)	Model 2 Odds Ratio	Model 3 B (SE)	Model 3 Odds Ratio
Perceived victim status					0.914** (0.336)	2.494
Perceived need for safety plan					0.413* (0.178)	1.512
Perceived need for change in family					-0.173 (0.222)	0.841
Constant	-2.454†† (0.807)	0.086	-2.720†† (0.849)	0.066	-6.893† (2.001)	0.001
Nagelkerke R²	0.185		0.210		0.391	
-2 Log Likelihood	149.005		146.144		123.956	
Model X²	19.133†††		21.994††		44.182†††	
Degrees of Freedom	3		7		11	

Note: B (SE) = unstandardized estimate of the logistic regression coefficient (and its standard error). ***p < 0.001, **p < 0.01, *p < 0.05 (one-tailed tests). $^{\dagger\dagger\dagger}p$ <0.001, $^{\dagger\dagger}p$ < 0.01, $^{\dagger}p$ < 0.05 (two-tailed tests). ^Post-Test/Pre-test difference variables.

5.6   Seeking Safe Housing

An additional help seeking behavior measured is whether participants in ADVANCE found or worked to find safe housing. If the respondent indicated that they had sought safe housing, this was coded as a "yes." The results of the logistic regressions of this variable on the predisposing, enabling, and need variables are located in Table 5.6.

Each of three models that were estimated in the seeking safe housing outcome analysis were statistically significant. Considering the variables on the predisposing domain, model 1 (X² = 16.018, *df* = 3, p < .01) was significant with two variables predicting seeking safe housing: average age of children (B = -0.161, p < .01, two-tailed test) and level of interest in DCFOF services (B = 0.609, p < .01, one-tailed test). Similar to the regression analysis on the outcome variable seeking protective activities related to children, as the average age of children increases, participants are less likely

to indicate that they have found or worked to find safe housing. However, the likelihood of seeking safe housing increases as level of interest in DCFOF services increases.

Model 2 estimated the effects of variables in both the predisposing and enabling domain and was statistically significant (X^2 = 18.626, df = 7, p < .01). None of the predictor variables on the enabling domain were significant in this model. However, both variables on the predisposing domain that were significant in model 1 were found significant when the enabling variables were added to the model. These two variables are average age of children (B = -0.170, p < .01, two-tailed test) and level of interest in DCFOF services (B = 0.622, p < .01, one-tailed test).

Model 3 regressed seeking safe housing on all variables contained within the predisposing, enabling and need domains. Including all eleven predictor variables in this overall analysis, model 3 was statistically significant (X^2 = 32.915, df = 11, p < .01). While average age of children (B = -0.213, p < .01, two-tailed test) remained a statistically significant predictor in this model, when the other variables were added in, level of interest in DCFOF services was no longer significant. As in model 2, none of the enabling variables demonstrated statistical significance in predicting seeking safe housing. However, variables categorized on the need domain included two statistically significant predictors: perceived victim status (B = 0.458, p < .05, one-tailed test) and perceived need for a safety plan (B = 0.368, p < .01, one-tailed test). All else equal, the odds of seeking safe housing were higher among mothers who viewed themselves as a victim of intimate partner violence and among those who were more likely to perceive that they needed a safety plan.

Table 5.6

Results of Logistic Regressions of Seeking Safe Housing on Selected Predictors (N = 136)

Variables	Model 1 B (SE)	Model 1 Odds Ratio	Model 2 B (SE)	Model 2 Odds Ratio	Model 3 B (SE)	Model 3 Odds Ratio
Predisposing Domain						
Number of children	0.014 (0.153)	1.014	-0.016 (0.160)	0.984	0.193 (0.179)	1.212
Average age of children	-0.161†† (0.055)	0.851	-0.170†† (0.057)	0.844	-0.213†† (0.064)	0.808
Level of interest in DCFOF services	0.609** (0.231)	1.839	0.622** (0.255)	1.863	0.359 (0.295)	1.432
Enabling Domain						
Previous participation in DCFOF services			0.366 (0.404)	1.441	0.396 (0.443)	1.486
Level of awareness of parenting strengths^			-0.039 (0.198)	0.962	-0.114 (0.209)	0.892
Level of confidence/ self-esteem^			-0.153 (0.179)	0.858	-0.105 (0.201)	0.900
Social support (peer, CPS, DCFOF)^			-0.196 (0.243)	0.822	-0.060 (0.260)	0.942
Need Domain						
Level of understanding of ADVANCE referral					0.131 (0.215)	1.140
Perceived victim status					0.458* (0.259)	1.581
Perceived need for safety plan					0.368** (0.155)	1.445
Perceived need for change in family					-0.088 (0.178)	0.916
Constant	-0.502 (0.624)	0.605	-0.436 (0.644)	0.647	-2.293 (1.202)	0.101
Nagelkerke R²	0.148		0.171		0.287	
-2 Log Likelihood	172.400		169.793		155.504	
Model X²	16.018††		18.626††		32.915††	
Degrees of Freedom	3		7		11	

Note: B (SE) = unstandardized estimate of the logistic regression coefficient (and its standard error). $^{***}p < 0.001$, $^{**}p < 0.01$, $^{*}p < 0.05$ (one-tailed tests). $^{†††}p < 0.001$, $^{††}p < 0.01$, $^{†}p < 0.05$ (two-tailed tests). ^Post-Test/Pre-test difference variables.

5.7   Seeking Financial Independence

Finally, participants of ADVANCE were asked whether they had worked to increase their financial independence. Table 5.7 provides the results of the regressions of seeking financial independence on the variables that are categorized on the domains of the behavioral model.

All three models in this analysis were statistically significant. Model 1 regressed seeking financial independence on the three variables in the predisposing domain. This model was significant (X^2 = 11.007, df = 3, p < .05) and explained about 11 percent of the variation in this outcome variable. Average age of children was the only statistically significant predictor in this model (B = -0.174, p < .01, two-tailed test) indicating that a lower average age of children predicted seeking financial independence.

Model 2 included both variables on the predisposing domain and enabling domain and was statistically significant (X^2 = 17.878, df = 7, p < .01). Average age of children (B = -0.201, p < .01, two-tailed test) remained statistically significant; however, no other variables in model 2 were significant.

As in the previous analyses, model 3 included all variables categorized in the three domains of the behavioral model. When considering all of the independent variables, model 3 was statistically significant (X^2 = 22.844, df = 11, p < .05). Average age of children (B = -0.214, p < .001, two-tailed test) was statistically significant as it had been in the previous two models. In fact, the significance level increased when controlling for all the other variables in the model. Level of social support (B = 0.520, p < .05, one-tailed test) in model 3 also predicted the likelihood of seeking financial independence. Mothers who felt supported by their peers, DCFOF, and CPS were

more likely to seek financial independence.

Table 5.7

Results of Logistic Regressions of Seeking Financial Independence on Selected Predictors (N = 136)

Variables	Model 1 B (SE)	Model 1 Odds Ratio	Model 2 B (SE)	Model 2 Odds Ratio	Model 3 B (SE)	Model 3 Odds Ratio
Predisposing Domain						
Number of children	0.056 (0.161)	1.058	0.163 (0.172)	1.177	0.256 (0.201)	1.292
Average age of children	-0.174†† (0.056)	0.841	-0.201†† (0.061)	0.818	-0.214††† (0.064)	0.808
Level of interest in DCFOF services	0.309 (0.251)	1.362	0.265 (0.278)	1.303	0.059 (0.313)	1.061
Enabling Domain						
Previous participation in DCFOF services			0.677 (0.469)	1.967	0.680 (0.485)	1.973
Level of awareness of parenting strengths^			-0.248 (0.218)	0.780	-0.268 (0.224)	0.765
Level of confidence/ self-esteem^			0.229 (0.207)	1.257	0.339 (0.227)	1.403
Social support (peer, CPS, DCFOF)^			0.391 (0.267)	1.479	0.520* (0.281)	1.681
Need Domain						
Level of understanding of ADVANCE referral					-0.021 (0.226)	0.979
Perceived victim status					-0.136 (0.280)	0.872
Perceived need for safety plan					0.279 (0.179)	1.322
Perceived need for change in family					0.148 (0.184)	1.160
Constant	1.079 (0.669)	2.942	0.804 (0.699)	2.235	0.197 (1.217)	1.218
Nagelkerke R^2	0.112		0.177		0.223	
-2 Log Likelihood	150.125		143.254		138.288	
Model X^2	11.007†		17.878††		22.844†	
Degrees of Freedom	3		7		11	

Note: B (SE) = unstandardized estimate of the logistic regression coefficient (and its standard error). ***$p < 0.001$, **$p < 0.01$, *$p < 0.05$ (one-tailed tests). †††$p <0.001$, ††$p < 0.01$, †$p < 0.05$ (two-tailed tests). ^Post-Test/Pre-test difference variables.

CHAPTER 6

DISCUSSION AND CONCLUSIONS

The purpose of this study was to identify social factors influencing help seeking

behaviors amongst child welfare involved women experiencing violence. Study

participants consisted of mothers who completed an ADVANCE course after referral

from their child protection worker based on concerns related to family violence. The

analysis employed a multi-part mixed-method design incorporating pre-test/post-test

means comparison through paired t-tests, qualitative thematic analysis using arts-based

methodology, and OLS and logistic regression analysis. I utilized the behavioral model

(of service use) for Vulnerable Populations as the theoretical framework to categorize

predictor variables on the three domains of the framework: predisposing, enabling, and

need.

The results of the various analyses helped to answer the two research questions.

First, what are the effects of the completion of a course developed to influence specified

variables within the domains of the behavioral model framework? Then, how do social

factors within the domains of the behavioral model (of service use) for Vulnerable

Populations (Aday 1994; Anderson 1995) influence social service utilization and help

seeking behaviors amongst CPS-involved women experiencing violence? This chapter

includes a summary and discussion of the findings from the overall analysis, limitations

of the study, and areas of future research.

6.1   Summary and Discussion of Findings

6.1.1 Predisposing Domain Influence

Each of the predictor variables categorized on the predisposing domain

influenced at least one of the help seeking outcome variables. As might be expected, the number of children a mother has predicted an increased number of protective activities related to children. Average age of children also influenced the number of protective activities related to children along with seeking safe housing and seeking financial independence. Interestingly, as the average age of children increased, the likelihood of these help seeking behaviors decreased. It is possible that this is due to the decreasing vulnerability of children as they increase in age (TDFPS, 2020). Finally, higher level of interest in DCFOF services increased the likelihood of seeking additional DCFOF services at the completion of the ADVANCE course. This aligns with previous studies where attitudes towards help seeking influence social service use (Shamburger-Rousseau et al., 2016). Qualitative responses from the pre-test questionnaire indicated various help seeking activities certain mothers were hoping to engage in which highlighted the attitudes of specific participants. One mentioned "looking for a safety plan" while another emphasized the "protection of my child."

6.1.2 Enabling Domain Influence

While participants' level of awareness of parenting strengths and level of confidence/self-esteem both increased after completion of the ADVANCE course, neither of these variables on any of the regression models predicted help seeking behaviors. Related to confidence and self-esteem, the lack of association with help seeking behaviors could be attributed to how these concepts were measured and how the survey instrument changed over time. In future studies, it may be important to consider these concepts independently of one another. However, two other variables on the enabling domain were shown to predict various help seeking outcomes. If a

mother had previously participated in services offered by DCFOF, they were more likely to seek additional services with DCFOF, seek a protective order, and/or seek safe housing during or after the completion of the ADVANCE course. Other studies have found similar effects where prior service usage "serve as important enabling gateways" for subsequent help seeking (Rhoades et al., 2014, p. 949).

One of the most notable findings in this study is related to the impact of social support. Higher levels of social support, which increased through participation in the ADVANCE course, predicted help seeking on four out of the six outcome variables. Participant mothers who reported increased social support were more likely to seek additional DCFOF services, seek protective activities related to children, seek a protective order, and seek financial independence. The qualitative findings highlight the importance of social support enhanced through participation in the ADVANCE course, with one mother stating "when the women shared their experiences, or instructors explained or gave examples, it made me feel not alone." The course served to enhance social support amongst group members and professional service providers alike. Literature around help seeking behaviors align with the finding in this study demonstrating the positive influence of social support (Calsyn & Winter, 2001; Harris et al., 2018; Mitchell & Krout, 1998;). For example, support from social networks "may be of particular salience in facilitating service use" (Harris et al., 2018, p. 139).

6.1.3 Need Domain Influence

Through participation in the ADVANCE course, mothers demonstrated an increased level of understanding of their referral to the ADVANCE course; however, this did not predict any help seeking behaviors. Participants who indicated greater

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perception of themselves as a victim of family violence were more likely to seek protective activities related to children, seek a protective order, and seek safe housing. One qualitative response categorized in the better myself theme spoke to victim identification and help seeking when the mother stated she wanted to learn "how to be a victor instead of a victim." A study by Cho and Huang (2017) considered attitudes and perception of domestic violence as factors impacting help seeking behaviors, however their findings did not demonstrate an association between perception of family violence and help seeking behaviors.

While increased perceived need for a safety plan did not predict seeking a safety plan, those who indicated a need for a safety plan more often sought a protective order and safe housing. The term "safety plan" could cause confusion for ADVANCE participants since CPS and DCFOF both use the term but with different meanings. CPS uses a safety plan document specifically to address the safety of the children to mitigate child abuse and/or neglect while safety planning with DCFOF pertains to the safety of mother and children related to domestic violence. Finally, if the women participating in the ADVANCE course perceived a need for change in their family, they more often worked towards a safety plan in addition to seeking out additional protective actions related to children.

6.2   Limitations

There are several limitations to the current study.   Most evident is the change in survey modalities from the paper version of the instrument to the electronic version. Though various measures were taken to ensure consistency across both surveys, the modification of the survey instrument could have implications with the way in which

participants answered the questions based on the response options. Furthermore, the sample size was restricted in part due to the difficulties in matching pre-test and post-test surveys. Over 400 mothers started the ADVANCE course and completed a pre-test during the study timeframe but only 142 total matched sets were combined for use in the analysis.

Minimal demographic information was provided through the survey instruments. Multiple studies point to certain demographic factors acting to enhance or inhibit help seeking behaviors (Calsyn & Winter, 2001; Cho & Huang, 2017; Harris et al., 2018; Mitchell & Krout, 1998; Owusu et al., 2005; Rhoades et al., 2014; Vijayaraghavan, 2012). Demographic data could provide supplemental information that would be beneficial for agencies seeking to support child welfare involved women experiencing violence from diverge backgrounds. This study considered a very specific population in one geographical area. While extensive information was gained related to this particular group of mothers attending a course at a certain family violence agency, the findings may not be applicable to other populations.

6.3   Implications and Recommendations for Future Research

This study contributes to the literature related to help seeking behaviors of vulnerable populations in addition to evidence-based interventions specifically developed for mothers experiencing violence. Through the course of the study, numerous variables categorized on the domains of the behavioral model framework predicted multiple help seeking behaviors including subsequent service use. The findings add to the literature applying the behavioral model in various ways. First, there are no studies that I was able to locate utilizing the behavioral model specifically

considering mothers experiencing family violence. Victimization has been considered a

predisposing factor in various studies across multiple populations including female

offenders, women living with HIV/AIDS, and female sex workers (Oser et al., 2016;

Varga & Surratt, 2013; Vijayayaghavan et al., 2012). Additionally, in some studies

considering women who have experienced family violence, children or parenting status

were not considered (Cho & Huang, 2017; Vijayayaghavan et al., 2012). Second, this

study supports the broad application of the behavioral model not only to traditional

health services but also to discretionary help seeking behaviors. While I hypothesized

that variables categorized on the need domain would more strongly predict subsequent

help seeking behaviors amongst child welfare involved women experiencing family

violence, factors across all three domains predicted these behaviors. Finally, increased

social support from peers and helping professionals alike predicted increased

engagement in help seeking behaviors. The significance of social support diverges

from results in some studies applying the behavioral model (Calsyn & Winter, 2001) and

aligns with the results of others (Mitchell & Krout, 1998). More specifically, connection

to social service professionals and previous social service engagement predicted

subsequent help seeking, which is supported by various other studies utilizing the

behavioral model (Harris et al., 2018; Rhoades et al., 2014).

All of the responses in the current study were obtained prior to February 2020.

After March 2020, with the arrival of the COVID-19 pandemic, the ADVANCE course

transitioned to a virtual format. Comparison of course effects and help seeking

behaviors of participants prior to and during the pandemic should be explored. While

the virtual group format may increase accessibility to ADVANCE, it could produce other

barriers related to child care and proximity other individuals in the home who may be

actively engaging in violent and controlling behaviors. An analysis of the virtual

ADVANCE course could provide crucial information as family violence agencies

determine how services should be augmented and presented post-pandemic.

Furthermore, DCFOF offers a version of ADVANCE for mothers who speak Spanish.

Exploration of this Spanish language course and curriculum through analysis could help

identify needs and strengths associated with the modification of the course.   Both of

these further studies would have the benefit of only administering the pre-test and post-

test surveys in the electronic version which would mitigate some of the limitations

presented in the current study.

Social support emerged as a common predictor for various types of help seeking

behaviors. And based on responses from qualitative questions, aside from subsequent

help seeking behaviors, the feeling of shared experiences served as the highlight of the

ADVANCE course experience. Child welfare and family violence professionals alike

should seek ways in which to enhance social support for mothers and children they

work with. Further research pertaining developing strategies to increase social support

would be beneficial to this population.

6.4   Conclusion

Several social factors identified in the present study influenced help seeking

behaviors amongst child welfare involved women experiencing violence, namely,

number of children, average age of children, level of interest in DCFOF services,

previous participation in DCFOF services, level of social support, identification as a

victim of family violence, perception of need for a safety plan, and perception of need for

change in family. Help seeking behaviors that mothers attending the ADVANCE course

engaged in include seeking DCFOF services, seeking protective actions related to

children, seeking a safety plan, seeking a protective order, seeking safe housing, and

seeking financial independence. The findings are promising considering the

overarching purpose of the ADVANCE course focuses on increasing the safety of both

mothers and their children while improving outcomes of child protection cases for these

families. This study should serve to enhance intervention practices utilized by both

family violence advocates and child welfare professionals.

APPENDIX A

UNT IRB APPROVAL

UNT

UNIVERSITY OF NORTH TEXAS

A green light to greatness.

August 17, 2017

Dr. Cynthia Cready
Student Investigator: Cassidy Baker
Department of Sociology
University of North Texas

RE: Human Subjects Application No. 17-343

Dear Dr. Cready:

In accordance with 45 CFR Part 46 Section 46.101, your study titled "Increasing Mother and Child Safety: An "ADVANCE" Program Evaluation" has been determined to qualify for an exemption from further review by the UNT Institutional Review Board (IRB).

No changes may be made to your study's procedures or forms without prior written approval from the UNT IRB. Please contact The Office of Research Integrity and Compliance at 940-565-4643, if you wish to make any such changes. Any changes to your procedures or forms after 3 years will require completion of a new IRB application.

We wish you success with your study.

Sincerely,

Chad Trulson, Ph.D.
Professor
Chair, Institutional Review Board

CT:jm

1155 Union Circle, #310979 | Denton, Texas 76203-5017 | TEL: 940.369.4643 | FAX: 940.565.4277
TTY: 940.369.8652 | http://research.unt.edu

APPENDIX B

PAPER VERSION: PRE-TEST/POST-TEST INSTRUMENTS

ADVANCE Pretest

Please enter the first letter of your favorite color and the first 4 digits of your date of birth below to maintain confidentiality – (Ex. Favorite color: yellow, date of birth: Jan 02, 1980 = Y0102)

_____

Today's Date _____

1) I understand why I was referred to attend this class.
"Not at all"   "Very Much"
1   2   3   4   5

2) Do you consider yourself to be a victim of intimate partner violence?
"Not at all"   "Very Much"
1   2   3   4   5

3) How would you rate your current level of confidence?
"Very Low"   "Very High"
1   2   3   4   5

4) Are you aware of your strengths as a parent?
"Not Sure"   "Very Sure"
1   2   3   4   5

5) Do you believe CPS is aware of your parenting strengths?
"Not Sure"   "Very Sure"
1   2   3   4   5

6) If a child is not physically harmed by family violence, are they still affected?
"Not at all"   "Very Much"
1   2   3   4   5

7) How comfortable do you feel sharing about your family with other members of this group?
"Not comfortable at all"   "Very Comfortable"
1   2   3   4   5

8) How comfortable do you feel sharing about your family with the staff at Denton County Friends of the Family?

"Not comfortable at all"   "Very Comfortable"

1   2   3   4   5

9) How comfortable do you feel sharing about your family with CPS?

"Not comfortable at all"   "Very Comfortable"

1   2   3   4   5

10) Is there a need for a plan for your personal safety and your child(ren)'s safety?

"No Need"   "High Need"

1   2   3   4   5

11) How interested are you in participating in other services with Denton County Friends of the Family in addition to the ADVANCE class?

"Not interested"   "Very Interested"

1   2   3   4   5

12) Do you believe that there needs to be some type of change in your family?

"No change needed"   "Much Change Needed"

1   2   3   4   5

13) To what degree do you believe your partner is responsible for any type of abuse?

"Not responsible at all"   "Fully Responsible"

1   2   3   4   5

Please check any of the following statements that apply to you:

o   I've made a plan with my children for what to do when there has been violence

o   I've made a plan about my own safety

o   I've worked to get a Protective Order (only if I felt that was a safe option)

o   I've found or worked to find safe housing

o   I've worked to increase my financial independence

o   I've provided comfort and support to my children during this stressful time

o   I've made efforts to follow my CPS safety or service plan once I signed it

o   I've accessed services for myself or my children from a domestic violence program

o   I've learned more about how domestic violence may impact my children

o   I have a strong bond with my children

I have communicated with my CPS caseworker regarding any of the above statements.

o   Yes

o   No

Ages of children (?) _____

Have you, at any time, participated in the following support services offered by Denton County Friends of the Family?

o   Advocacy/Legal/Case Management

o   Group Counseling (aside from ADVANCE)

o   Individual Counseling

o   Counseling for Children

o   Shelter

Please share with us what you are hoping to learn from this class:

Additional Comments:

ADVANCE Posttest

Please enter the first letter of your favorite color and the first 4 digits of your date of birth below to maintain confidentiality – (Ex. Favorite color: yellow, date of birth: Jan 02, 1980 = Y0102)

_____

Today's Date

_____

1) I understand why I was referred to attend this class.

"Not at all"   "Very Much"

1   2   3   4   5

2) Do you consider yourself to be a victim of family violence?

"Not at all"   "Very Much"

1   2   3   4   5

3) How would you rate your current level of confidence?

"Very Low"   "Very High"

1   2   3   4   5

4) Are you aware of your strengths as a parent?

"Not Sure"   "Very Sure"

1   2   3   4   5

5) Do you believe CPS is aware of your parenting strengths?

"Not Sure"   "Very Sure"

1   2   3   4   5

6) If a child is not physically harmed by family violence, are they still affected?

"Not at all"   "Very much"

1   2   3   4   5

7) How comfortable do you feel sharing about your family with other members of this group?

"Not comfortable at all"   "Very Comfortable"

1   2   3   4   5

8) How comfortable do you feel sharing about your family with the staff at Denton County Friends of the Family?

"Not comfortable at all"   "Very Comfortable"

1   2   3   4   5

9) How comfortable do you feel sharing about your family with CPS?

"Not comfortable at all"   "Very Comfortable"

1   2   3   4   5

10) Is there a need for a plan for your personal safety and your child(ren)'s safety?

"No Need"   "High Need"

1   2   3   4   5

11) How interested are you in participating in other services with Denton County Friends of the Family in addition to the ADVANCE class?

"Not interested"   "Very Interested"

1   2   3   4   5

12) Do you believe that there needs to be some type of change in your family?

"No change needed"   "Much Change Needed"

1   2   3   4   5

13) To what degree do you believe your partner is responsible for any type of abuse?

"Not responsible at all"   "Fully Responsible"

1   2   3   4   5

Please check any of the following statements that apply to you:

o   I've made a plan with my children for what to do when there has been violence

o   I've made a plan about my own safety

o   I've worked to get a Protective Order (only if I felt that was a safe option)

o   I've found or worked to find safe housing

o   I've worked to increase my financial independence

o   I've provided comfort and support to my children during this stressful time

o   I've made efforts to follow my CPS safety or service plan once I signed it

o   I've accessed services for myself or my children from a domestic violence program

o   I've learned more about how domestic violence may impact my children

o   I have a strong bond with my children

I have communicated with my CPS caseworker regarding any of the above statements.

o   Yes

o   No

Since participating in ADVANCE, have you reached out to any of the following support services offered by Denton County Friends of the Family?

o   Advocacy/Legal/Case Management

o   Group Counseling (aside from ADVANCE)

o   Individual Counseling

o   Counseling for Children

o   Shelter

The following was the <u>most helpful</u> lesson in the ADVANCE course:

o   Intimate Partner Violence Overview

o   Impact of Violence on Children

o   Positive Parenting

o   Self-Care and Self-Esteem

o   Communication

o   Boundaries and Trust

o   Civil Legal Remedies

The following was the <u>least helpful</u> lesson in the ADVANCE course:

O   Intimate Partner Violence Overview

O   Impact of Violence on Children

O   Positive Parenting

O   Self-Care and Self-Esteem

O   Communication

O   Boundaries and Trust

O   Civil Legal Remedies

What did you like most about your class experience?

Please share with us anything you would like to have been different about this class:

Additional Comments:

Would you like your pretest/posttest information shared with CPS?
O   Yes

O   No

If so, please print and sign your name below:

_____   _____

APPENDIX C

ELECTRONIC VERSION: PRE-TEST/POST-TEST INSTRUMENTS

Do you understand why you were referred to attend this class?

◯ I completely understand why I was referred

◯ I mostly understand why I was referred

◯ I somewhat understand why I was referred

◯ I do not understand why I was referred

Do you consider yourself to be a victim of intimate partner violence?

◯ Yes

◯ Somewhat

◯ Not at all

How would you rate your current level of self-esteem (e.g., confidence in your own self-worth or abilities)?

◯ Very high

◯ High

◯ Moderate

◯ Low

◯ Very low

How would you rate your awareness of your strengths as a parent?

◯ Very aware

◯ Mostly aware

◯ Somewhat aware

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○ Not at all aware

How much do you believe CPS is aware of your strengths as a parent?

○ Very aware

○ Mostly aware

○ Somewhat aware

○ Not at all aware

Please share with us how comfortable you are with the following activities.

	Not at all comfortable	Somewhat comfortable	Mostly comfortable	Completely comfortable
Sharing information and/or experiences about my family with other members of this group.	○	○	○	○
Sharing information and/or experiences about my family with the staff at Denton County Friends of the Family.	○	○	○	○
Sharing information and/or experiences about my family with CPS staff.	○	○	○	○

Please indicate the extent to which you agree or disagree with the following statements.

	Agree	Somewhat Agree	Somewhat Disagree	Disagree
If a child is not physically harmed by family violence they are not really affected.	○	○	○	○

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I need a plan for my personal safety.	○	○	○	○
I need a plan for my children's safety.	○	○	○	○
I believe that there is a need for some type of change in my family.	○	○	○	○

To what degree do you believe your partner is responsible for any type of abuse?

Not at all responsible	Somewhat responsible	Mostly responsible	Completely responsible
○	○	○	○

Which of the following statements apply to you?
(Select all that apply)

☐ I've made a plan with my children for what to do when there has been violence

☐ I've made a plan about my own safety.

☐ I've worked to get a protective order (if I felt that was a safe option).

☐ I've found or worked to find safe housing.

☐ I've worked to increase my financial stability or independence.

☐ I've provided comfort and support to my children during this stressful time.

☐ I've made efforts to follow my CPS safety or service plan once I signed it.

☐ I've accessed services for myself or my children from a domestic violence program.

☐ I've learned more about how domestic violence may impact my children.

☐ I have a strong bond with my children.

☐ None of the above.

Have you communicated any of the previous statements to your CPS caseworker?

○ Yes

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○ No

○ Not sure

Please list the ages of your children.

[   ]

At any time in the past, have you participated in the following support services offered at Denton County Friends of the Family?
(Select all that apply)

☐ Advocacy/Legal Services/Case Management

☐ Group Counseling (not including ADVANCE)

☐ Individual Counseling

☐ Child and Adolescent Counseling

☐ Shelter

☐ None of the above

Are you interested in participating in other Denton County Friends of the Family services?

○ Yes

○ No

○ Maybe

Please tell us at least one thing that you are hoping to learn from this class.

[   ]

Additional Comments:

118

[   ]

Please select your age:

○ 17 or younger

○ 18-24

○ 25-34

○ 35-44

○ 45-54

○ 55-64

○ 65+

Please select your race:

○ Asian

○ White

○ Black/African American

○ Multi-Racial

○ Native American or American Indian or Alaska Native

○ Pacific Islander

○ Native Hawaiian

○ Other

Please select your ethnicity:

○ Hispanic/Latino

○ Non-Hispanic/Non-Latino

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◯ Other

Please select your level of education:

◯ 9th Grade or less

◯ Some High School

◯ Received High School Diploma/GED

◯ Some College

◯ Received Bachelor's Degree

◯ Received Master's Degree

◯ Received Doctoral Degree

◯ Completed Technical School/Training Program

Back   Submit

50%

Post test

Do you understand why you were referred to attend this class?

◯ I completely understand why I was referred

◯ I mostly understand why I was referred

◯ I somewhat understand why I was referred

◯ I do not understand why I was referred

Do you consider yourself to be a victim of intimate partner violence?

◯ Yes

◯ Somewhat

◯ Not at all

How would you rate your current level of self-esteem (e.g., confidence in your own self-worth or abilities)?

◯ Very high

◯ High

◯ Moderate

◯ Low

◯ Very low

How would you rate your awareness of your strengths as a parent?

◯ Very aware

◯ Mostly aware

◯ Somewhat aware

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○ Not at all aware

How much do you believe CPS is aware of your strengths as a parent?

○ Very aware

○ Mostly aware

○ Somewhat aware

○ Not at all aware

Please share with us how comfortable you are with the following activities.

	Not at all comfortable	Somewhat comfortable	Mostly comfortable	Completely comfortable
Sharing information and/or experiences about my family with other members of this group.	○	○	○	○
Sharing information and/or experiences about my family with the staff at Denton County Friends of the Family.	○	○	○	○
Sharing information and/or experiences about my family with CPS staff.	○	○	○	○

Please indicate the extent to which you agree or disagree with the following statements.

	Agree	Somewhat Agree	Somewhat Disagree	Disagree
If a child is not physically harmed by family violence they are not really affected.	○	○	○	○

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I need a plan for my personal safety.	○	○	○	○
I need a plan for my children's safety.	○	○	○	○
I believe that there is a need for some type of change in my family.	○	○	○	○

To what degree do you believe your partner is responsible for any type of abuse?

Not at all responsible	Somewhat responsible	Mostly responsible	Completely responsible
○	○	○	○

Which of the following statements apply to you?
(Select all that apply)

☐ I've made a plan with my children for what to do when there has been violence

☐ I've made a plan about my own safety.

☐ I've worked to get a protective order (if I felt that was a safe option).

☐ I've found or worked to find safe housing.

☐ I've worked to increase my financial stability or independence.

☐ I've provided comfort and support to my children during this stressful time.

☐ I've made efforts to follow my CPS safety or service plan once I signed it.

☐ I've accessed services for myself or my children from a domestic violence program.

☐ I've learned more about how domestic violence may impact my children.

☐ I have a strong bond with my children.

☐ None of the above.

Have you communicated any of the previous statements to your CPS caseworker?

○ Yes

123

○ No

○ Not sure

Since participating in ADVANCE, which of the following support services have you reached out to?
(Select all that apply)

☐ Advocacy/Legal/Case Management

☐ Group Counseling (not including ADVANCE)

☐ Individual Counseling

☐ Child and Adolescent Counseling

☐ Shelter

☐ None of the above

Please identify which ADVANCE course was the MOST helpful:

○ Intimate Partner Violence Overview

○ Impact of Violence on Children

○ Positive Parenting

○ Self-Care and Self-Esteem

○ Boundaries & Communication

○ Gender Socialization

○ Civil Legal Remedies

Please identify which ADVANCE course was the LEAST helpful:

○ Intimate Partner Violence Overview

○ Impact of Violence on Children

○ Positive Parenting

○ Self-Care and Self-Esteem

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○ Boundaries & Communication

○ Gender Socialization

○ Civil Legal Remedies

What is at least one thing that you liked most about your class experience?

What is at least one way that the class could have been improved?

Additional Comments:

Back   Submit

50%

125

APPENDIX D

SENSITIVITY ANALYSIS TABLES

Table D.1

Paired t-*test on Paper Instrument After Rescaling and Recoding (N = 97)*

	Pre-Test Mean	Post-Test Mean	t	df	p
Variables: Enabling Domain					
Level of awareness of Parenting Strengths (1-5)	4.26	4.68	-4.26	96	.000*
Level of Confidence/Self-Esteem (1-5)	3.70	4.53	-6.93	96	.000*
Social Support – Peer (1-5)	3.56	4.57	-8.23	94	.000*
Social Support – DCFOF (1-5)	3.97	4.65	-5.62	94	.000*
Social Support – CPS (1-5)	3.23	3.94	-5.03	94	.000*
Variables: Need Domain					
Understanding of Referral (1-5)	4.44	4.85	-4.47	96	.000*
Perceived Victim Status (1-3)	2.21	2.55	-3.99	96	.000*
Perceived Need for Safety Plan (1-5)	2.20	2.44	-1.61	93	.111
Perceived Need for Change in Family (1-5)	3.63	3.74	-.876	93	.383

Table D.2

Paired t-*test on Electronic Instrument After Rescaling and Recoding (N = 45)*

	Pre-Test Mean	Post-Test Mean	t	df	p
Variables: Enabling Domain					
Level of awareness of Parenting Strengths (1-5)	4.53	4.84	-1.93	44	.061
Level of Confidence/Self-Esteem (1-5)	3.31	3.76	-2.77	44	.008*
Social Support – Peer (1-5)	2.51	4.04	-7.14	44	.000*
Social Support – DCFOF (1-5)	2.98	4.27	-6.61	44	.000*
Social Support – CPS (1-5)	3.18	3.71	-2.21	44	.032*
Variables: Need Domain					
Understanding of Referral (1-5)	4.29	4.80	-2.77	44	.008*
Perceived Victim Status (1-3)	2.11	2.47	-2.97	44	.005*
Perceived Need for Safety Plan (1-5)	3.11	4.01	-3.04	44	.004*
Perceived Need for Change in Family (1-5)	4.29	4.73	-2.31	44	.025*

Table D.3

Paired t-*test on Paper Instrument Prior to Rescaling and Recoding (N = 97)*

	Pre-Test Mean	Post-Test Mean	t	df	p
Variables: Enabling Domain					
Awareness of Parenting Strengths (1) *not sure* to (5) *very sure*	4.26	4.68	-4.26	96	.000*
Level of Self-Confidence (1) *very low* to (5) *very high*	3.70	4.53	-6.93	96	.000*
Social Support – Peer (1) *not comfortable at all* to (5) *very comfortable*	3.56	4.57	-8.23	94	.000*
Social Support – DCFOF (1) *not comfortable at all* to (5) *very comfortable*	3.97	4.65	-5.62	94	.000*
Social Support – CPS (1) *not comfortable at all* to (5) *very comfortable*	3.23	3.94	-5.03	94	.000*
Variables: Need Domain					
Understanding of Referral (1) *not at all* to (5) *very much*	4.44	4.85	-4.47	96	.000*
Perceived Victim Status (1) *not at all* to (5) *very much*	3.38	3.95	-3.85	96	.000*
Perceived Need for Safety Plan (1) *no need* to (5) *high need*	2.20	2.43	-1.61	93	.111
Perceived Need for Change in Family (1) *no need to* (5) *high need*	3.63	3.74	-.876	93	.383

Table D.4

Paired t-*test on Electronic Instrument Prior to Rescaling and Recoding (N = 45)*

	Pre-Test Mean	Post-Test Mean	t	df	p
Variables: Enabling Domain					
Awareness of Parenting Strengths (1) very aware to (4) not at all aware	1.38	1.13	2.04	44	.047*
Level of Confidence/Self-Esteem (1) very high to (5) very low	2.69	2.24	2.77	44	.008*

	Pre-Test Mean	Post-Test Mean	t	df	p
Social Support – Peer (1) not at all comfortable to (4) completely comfortable	2.24	3.22	-6.64	44	.000*
Social Support – DCFOF (1) not at all comfortable to (4) completely comfortable	2.56	3.40	-6.27	44	.000*
Social Support – CPS (1) not at all comfortable to (4) completely comfortable	2.64	3.04	-2.28	44	.027*
Variables: Need Domain					
Understanding of ADVANCE Referral (1) I completely understand to (4) I do not understand	1.56	1.16	3.02	44	.004*
Perceived Victim Status (1) yes to (3) not at all.	1.89	1.53	2.97	44	.005*
Perceived Need for Safety for Self (1) agree to (4) disagree.	2.53	1.78	3.26	44	.002*
Perceived Need for Safety for Child(ren) (1) agree to (4) disagree.	2.36	1.71	2.92	44	.005*
Perceived Need for Change in Family (1) agree to (4) disagree.	1.58	1.24	2.35	44	.024*

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