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Domestic Violence Resources for Women Receiving Intensive Family Preservation Services

Marianne Berry, Joan Letendre, and Jody Brook

Intimate partner violence is a common correlate of child abuse and neglect and often is not addressed in family preservation services. In many cases, the ideologies of family preservationists and advocates for women's safety can be at odds. This article presents a study of a collaborative model of intervention, utilizing family preservation workers and community resource practitioners working with domestic violence as group facilitators. The study utilizes a pre-test, post-test design to evaluate a domestic violence resource group for women who were concurrently receiving intensive family preservation services. The study examines the effect of the program on participants' self-perceptions regarding self-esteem, independence, goals, social isolation, and assertiveness. Caseworker perceptions of client characteristics also are evaluated, and qualitative responses of the effects of the program are included.

For families experiencing child abuse and neglect, intimate partner violence is often an accompanying form of family violence. Domestic violence between adults in families is a form of abuse that often is neglected by child protective service agencies focusing on helping children, whose resources are primarily devoted to improving parenting and preventing further child maltreatment.

But domestic violence between adults, in the form of intimate partner violence, is a common correlate of child abuse (Straus & Gelles, 1986). It is reported that at least 70% of men who batter their wives also sexually or physically abuse their children. Additionally, 80% of children who live in a home where domestic violence occurs are witnesses to the violence. Children who live in homes where battering is occurring are more likely to experience high levels of anxiety, experience school difficulties, exhibit trauma-related symptoms, engage in truancy, theft, and violence toward others than those raised in a non-violent home. Studies indicate that boys exposed to violence are more aggressive and disruptive, and girls are more passive and withdrawn than those not exposed to violence. Children who are raised in an environment characterized by abuse are also at higher risk of juvenile delinquency and substance abuse (Werner & Smith, 1992).

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There is a supposed tension between family preservation and spouse protection (McDonald, 1994), although some have delineated the common elements of both intentions (Hamlin, 1991). Historically, the practice focus of family preservation workers has been different from the focus of domestic violence workers. These differences are the result of differing practice philosophies, professional training, political and legislative directives, and lack of emphasis on correlates between the two in research and literature. From a philosophical perspective, it is important to note that family preservation models do not emphasize keeping families together at the expense of the safety of any family member, whether child or parent. Rather, the focus is on working within the family and simultaneously providing societal resources to enhance functioning and provide the family with the best opportunity for the development of skills that lead to long-term family safety and stability.

Recently, some child welfare programs have begun including methods of practice that specifically address the issues associated with spouse abuse while working within the family preservation model. Hamlin (1991) proposed a collaborative model for working within family preservation that calls for a multi-agency, multi-disciplinary team approach that enhances the services provided by family preservation workers as well as clinicians working with domestic violence. This approach advocates routine screening for domestic violence as part of family assessment and referral to specialized case workers for domestic violence victims. These specialized case workers have increased knowledge and access to interventions and community resources in the area of domestic violence. These community resources would be developed by a multi-disciplinary team consisting of community-based workers and family preservation workers and would cover common need areas, such as law enforcement, legal assistance, medical services, shelter, social and mental health services, and employment assistance and training. Additionally, this multi-disciplinary team would provide community education and resource development in the areas of domestic violence prevention and education.

The overlapping issues in family preservation and clinical work with domestic violence lend themselves to collaborative practice models. The training needs of workers in both areas, as well as the ongoing requirements of collaborative work, such as communication systems, resource development, integration of services, and other needs, will require development and evaluation of programs designed to meet both family preservation and domestic violence goals. Such programs currently are in existence and are establishing guidelines for practice, and developing training curriculum (Ganley & Schechter, 1996).

The *Rightful Options and Resources* group for women was developed as a response to some of the needs commonly verbalized by women who are in the family preservation system and also experiencing domestic violence: education, assertiveness training, parenting skills, community resource education, and camaraderie with other domestic violence victims.

Gutierrez (1990) sees groups as a perfect modality for empowering women, particularly women of color, because of their ability to raise women's consciousness of the societal contributions to their oppression and to provide mutual aid from members experiencing the same life challenges. Groups offer specific advantages over the benefits that clients obtain in the individual client/caseworker relationship. Within the structure of the group, clients learn that they are not alone with their problems and that others have similar concerns; increase their social contacts with others; engender "altruistic" behaviors as they help each other by listening, providing mutual support, giving feedback, making suggestions, and providing useful information to other group members; instill hope that their situation may improve by watching the successes of others; and observe how others solve similar difficulties (Toseland & Rivas, 2001).

Specifically, skill-based interventions empower women who have experienced domestic abuse by providing them information (legal, family relationships, skills for protecting themselves and their children, as well as ways to recognize and develop healthy relationships) and a forum where they can discuss common situations and concerns. Careful planning of each session provides presentation of didactic information and encouragement of mutual sharing. Groups also provide multiple opportunities for role playing, testing new skills, and rehearsing new behaviors in a safe and supportive environment.

Rightful Options and Resources

The *Rightful Options and Resources* psychoeducational group is an assertiveness and empowerment group for women experiencing domestic violence. Group members meet weekly for twelve weeks, but the group works on an open format, in which members can join at any time. The group is co-led by two experienced child protective services caseworkers. Child care and transportation are provided by child protective services. Upon graduation, all participants receive a diploma and a stuffed animal lion (reflecting the group acronym of ROAR). At the graduation, group leaders prepare and serve a meal in honor of the graduates, and a picture is taken and presented to each graduate.

Curriculum. Classroom exercises concentrate on understanding the cycle of violence in families, tools for developing assertiveness skills, and development of an understanding of individual rights: the right to be respected, the right not to be abused, and the right to leave an abusive relationship. Leaders also impart a knowledge base of community resources available to women and children. Group leaders participate in all exercises and activities with members, enhancing cooperation and human connections within the group.

The twelve-session curriculum covers issues of the cycle of violence, legal options and assistance, making decisions about relationships and family, making changes in your life, myths and realities of romance, and sexuality and protection. This group is

primarily didactic in nature, employing a number of guest speakers from community agencies, including legal assistance, public financial assistance, community counseling, job counseling, and the public health department. Many therapeutic elements are included as well, including weekly affirmations, discussion of “brags” or accomplishments of each member during the previous week, and group support and challenge around issues of domestic violence, assertiveness, and parenting. Sessions last for two and one-half hours each week.

The ROAR group was evaluated by an independent evaluator, to assess whether participants increased in awareness and skills over the twelve weeks of the program. The evaluation and results are described below.

Method

Sample: The study sample consists of all 35 mothers who graduated, who had attended during a two-year time frame, and who completed all questionnaires at both pre-test and post-test. When possible, additional post-test questionnaires completed by the caseworker about the client’s progress were included in analyses, to triangulate data. A total of eleven completed caseworker questionnaires were matched with this sample of mothers. This sample represents a 37% graduation rate for the 95 women who entered the group during this time frame. A subsample of 19 women (20%) participated in a follow-up survey at a reunion two years following graduation.

Design: This evaluation utilized a one-group, pre-test, post-test design. No control group was employed. Repeated measures at pre-test and post-test did allow for paired comparisons in this sample from the beginning to the end of treatment. The follow-up survey of all graduates was conducted at a ROAR reunion at the child welfare agency.

Measures: The Rightful Options and Resources group utilizes a set of questionnaires that are consistent between pre-test and post-test (Harris and Alexander, 1982). These instruments are primarily quantitative, although they do include some open-ended questions. Clients are asked whether they agree with a set of fifteen statements exemplifying (non-)assertiveness, such as “It is difficult for me to ask my friends for help” and “I believe that I am responsible for others’ feelings.” Answer choices included “yes,” “no,” and “not sure.” For purposes of analysis, the proportions of “yes” responses were compared from pre-test to post-test.

In addition to the questionnaire developed by *Rightful Options and Resources*, group members also complete the “Me As I See Myself” instrument (Harris and Alexander, 1982) at pre-test and again at post-test. This instrument was created to measure self-esteem in a form that is easy to read and answer, for use in evaluations of child welfare programs. Each of twenty items is marked on a three-point anchored scale,

as to where, on the continuum of an attribute (e.g., successful to unsuccessful, good to bad, beautiful to ugly) the client rates herself. The twenty items are not collapsed into any subdimensions for summary scoring. Given that each item is a three-point line with no qualifiers at each point, the client's "x" mark on each scale was treated as an interval-level variable for purposes of analysis. Certain items were reversed so that, on each item, a "3" response indicated a more positive self-image on that attribute. All questions are read aloud to clients who cannot read.

At a two-year reunion of ROAR graduates, a follow-up questionnaire was administered. Women were asked whether they had experienced any form of abuse since graduation, and whether they had experienced life changes such as a new job, a new child, a change of residence, and more education or training. Respondents also were asked to indicate their best memories of ROAR and their feelings about themselves at this point in time.

Results

Client Characteristics

The majority of the 35 women in this support group were in their twenties, caring for one or two young, primarily pre-school-aged children (see Table 1). Almost all of these women lived in poverty, with more than half living on a family income of less than \$9,000 per year. About half were married (51%), although the husbands of four of these women were incarcerated at the time of their participation in this support group. Almost half of this group of clients were single (29%), divorced (9%), or separated (6%). The vast majority of clients were Caucasian (71%), with much smaller proportions of African American (17%), Hispanic (6%), or other ethnicities in this support group (see Table 1). The proportion of minority clients receiving services from this office of child protective services is underrepresented by this sample.

The majority of clients in *Rightful Options and Resources* had been reported to child protective services for physical abuse (60%), with much smaller numbers reported for neglectful supervision or physical neglect or medical neglect, or for sexual abuse or emotional abuse (see Table 1). Records did not indicate whether the perpetrator of the abuse was the mother attending this group or some other family member, although anecdotal reports indicated that the primary offending party was often the mother's partner.

Client Background and Past Experiences

About half of the mothers attending this support group had received professional counseling prior to participation in this group. This is not surprising, given their involvement with child protective services, their unfortunate histories of abuse and neglect as children, and their current experience of domestic violence (see Table 2). The majority of participants said that they had experienced emotional abuse as a child. Many

also reported childhood physical abuse, with high proportions reporting a history of rape and incest as well. Almost three-quarters had experienced battering as an adult, and one-fourth had been raped. Participation in professional counseling was not related to any historic experiences of maltreatment as a child.

Table 1. Client Characteristics and Presenting Problems

Characteristic	Respondents (n = 35) (%)
Client's Age	
Teens	11
Twenties	63
Thirties	20
Unknown	6
Annual Family Income	
Under \$9,000	68
\$9,000 to \$17,999	20
\$18,000 or over	6
Unknown	6
Number of Children	
One	34
Two	26
Three	20
Four	17
Five	3
Age of Oldest Child	
Infant	17
One or two years old	22
Three or four years old	22
Five years old or older	39
Marital Status	
Married	51
Single	29
Divorced	9
Separated	6
Unknown	5
Client's Ethnicity	
Anglo	71
African American	17
Hispanic	6
Native American	3
Unknown	3
Type(s) of child maltreatment currently reported*	
Physical abuse	60
Neglectful supervision	23
Physical neglect	14
Medical neglect	14
Sexual abuse	14
Emotional abuse	3
Missing	6

* Column may total more than 100% due to multiple responses.

Table 2. Childhood and Past Experiences

Item	Respondents (n = 35) (%)
Have you received any professional counseling?	
Yes	49
No	51
Experienced as a child:*	
Emotional abuse	60
Physical abuse	37
Rape	31
Incest	23
Neglect	20
Experienced as an adult:	
Woman battering	71
Rape	26
Were your parents loving and affectionate?	
Yes	51
No	49
Are you currently in a relationship?	
Yes	63
Average length of current relationship	3.7 years
Does this person physically or emotionally abuse you?	
Yes	52
Does this person physically or emotionally abuse your children?	
Yes	33
Do you and this person live together right now?	
Yes	41
Are you married to this person?	
Yes	46
Do you think it is okay for this person to physically or emotionally abuse you or your children?	
Yes	0

* Column may total more than 100% due to multiple responses.

About half of group participants said that their parents were loving and affectionate when they were a child (see Table 2). Younger women, however, were significantly more likely to report having been physically or emotionally abused as a child ($p < .05$).

About two-thirds of these women are currently in a relationship, with an average length of the current relationship between three and four years (see Table 2). About half said that their current partner was abusive to the respondent, and about one-third said that their partner was abusive to their children. A little under half lived with the person with whom they were in a current relationship, and almost half of these women were married. No participants, at the beginning of the group, said that they think it is acceptable for their partner to physically or emotionally abuse them or their children.

While not related to childhood or current abuse, participation in counseling was much more likely if the woman was currently in a relationship. No woman who was not in a relationship had participated in or was currently in counseling, compared to 55% of those in a relationship ($p < .05$).

Among women currently in a relationship ($n=22$), there was no relationship between the presence of (reported) spouse abuse and (reported) child abuse. Among this subsample (those currently in a relationship), 40% said their partner was not abusive, 30% said he abused only her, 5% said he abused only the children, and 25% said he abused both her and the children. Abuse in a current relationship was not related to the current age of the woman.

Assertiveness

Participants were asked at pre-test and again at post-test to respond to a list of fifteen statements indicating (non-)assertiveness. There were a range of responses at pre-test, indicating that participants did not fall into a response set; they did not appear to answer all questions in the affirmative to be congruent with the assertiveness emphasis of the support group.

The items with which respondents were most in agreement at pre-test, however, related to the respondent's ability and willingness to express herself (see Table 3). At pre-test, over half of all respondents indicated that they are non-assertive on half of the items on the questionnaire. These items related to self-expression. Respondents were less likely to indicate agreement with items related to feeling misunderstood or alone in the world. There was little support of these statements at pre-test.

Table 3. Assertiveness Responses

Respondents answering "yes"	Pre-Test (n=35) (%)	Post-Test (n=35) (%)	Change
At times I want to say things but I don't.	63	40	-23
I frequently have opinions that I don't express.	63	40	-23
I usually have to get angry before I say what I want to say.	60	39	-21
I find it hard to tell people "no."	59	15	-44
It is difficult for me to ask my friends for help.	57	29	-28
I consider it wise to avoid arguments.	53	43	-10
I spend a lot of time avoiding conflicts.	51	41	-10
I find it hard to disagree with people close to me.	43	9	-34
I get convinced to do things that I don't want to do.	43	23	-20
I have a lot of concern about expressing myself.	43	34	-9
I feel no one else understands what I have been going through.	37	18	-19
I find it difficult to openly express love and affection.	31	21	-10
I feel that I am all alone in the world.	27	6	-21

Respondents answering "yes"	Pre-Test (n=35) (%)	Post-Test (n=35) (%)	Change
I hesitate to speak up in a group discussion or argument.	20	9	-11
I believe I am responsible for others' feelings	20	12	-8

At post-test, no single item on the assertiveness instrument received responses indicating non-assertiveness from a majority of participants (see Table 3). As was expected, all items showed a decrease in agreement from pre-test to post-test, with the largest decreases in those items receiving the largest agreement at pre-test. These large changes may be due, of course, to a floor effect, whereby those items with low agreement at pre-test had little room to decrease, compared to those items with larger agreement at pre-test.

No items decreased to a "0" percentage level by post-test (see Table 3). This could indicate less than total program effectiveness. This could however be seen as an indication of the ability of participants to assert themselves and not try to please the group leaders by indicating the "right" answer, the assertive answer.

Self-Esteem

Personal perceptions of self-image and self-esteem were relatively high at pre-test, but did improve even further by post-test (see Table 4). Participants rated themselves fairly positively, with highest ratings on such attributes as Genuine, Flexible, Sociable, Responsible, Good, and Accepting. These attributes could be characterized as pertaining to the ability to take care of others and relate to others without conflict.

Table 4. Self-Esteem

Item	Pre-Test (n=35)	Post-Test (n=35)
Genuine	2.63	2.71
Flexible	2.62	2.66
Sociable	2.52	2.69
Responsible	2.49	2.77*
Good	2.48	2.83*
Accepting	2.44	2.65
Important	2.34	2.74*
Strong	2.20	2.63*
Active	2.20	2.54*
Beautiful	2.17	2.50*
Clear	2.06	2.66*
Happy	2.06	2.46*

Item	Pre-Test (n=35)	Post-Test (n=35)
Understandable	2.06	2.29
Stable	2.03	2.54*
Democratic	2.00	2.21
Full	1.91	2.40*
Relaxed	1.83	2.14
Successful	1.76	2.43*

Paired t-test from pre-test to post-test is statistically significant at .05 level.

Participants rated themselves a little less positively on such attributes as Important, Open, Interesting, Strong, Active, Beautiful, Clear, and Happy (see Table 4). These items are less related to non-conflictual relations, but are more relevant to self-importance and self-reliance. The least highly-rated attributes at pre-test, on average, were Relaxed and Successful.

At post-test, participants indicated higher perceptions of self on all attributes, on average (see Table 4). Thirteen out of the twenty attributes showed significant improvement from pre-test to post-test on several qualities, including Responsible, Good, Important, Open, Interesting, Strong, Active, Beautiful, Clear, Happy, Stable, Full, and Successful. Some of the largest gains from pre-test to post-test are in the domain of self-importance and self-reliance, while items related to caring and flexibility showed less improvement. Given that many of the participants could be characterized as too caring or too flexible, this distinction in skill improvement is important and positive.

Table 5. Client and Caseworker Perceptions

Characteristic	Group Members (n=35) (%)	Caseworkers (a) (n=11) (%)
Did the client become more assertive?	86	100
Did the client's parenting skills improve?	97	91
Did the client learn new ways to solve problems or make decisions?	94	
Have you (the client) done anything that you used to be afraid of?	77	
Do you think it is okay for anyone to abuse you?	3	
Did your client gain anything from ROAR		100
Is your client more independent?		91
Is your client better able to protect her children?		100
Is your client better able to participate in other groups because of having participated in ROAR?		100

Social Networks and Social Isolation

Have you (the client) made new friends since becoming a ROAR member?	100	
Average number of new friends	4.6	
Have your (the client) talked on the phone or visited other ROAR members between sessions?	29	
Does your client seek help from others more now?		100
Is your client as socially isolated?		18
(a) Sample size of caseworkers reflects caseworker responses, rather than the number of caseworkers referring clients to ROAR.		

Client and Caseworker Perceptions of Group Effects at Graduation

Both the client and caseworker ratings of the effects of the *Rightful Options and Resources* groups were uniformly positive (see Table 5). Almost all participants (and their caseworkers) felt that they had become more assertive and had improved in parenting skills. It should be noted, however, that only eleven responding post-tests from caseworkers were completed (31%), limiting the representativeness of this subsample.

Regarding social skills and networks, all participants (100%) said that they had made new friends since enrolling in ROAR (see Table 5), with an average of four new friends per participant. Almost one-third of participants (29%) had visited with other ROAR members between sessions.

Caseworkers concurred that participants had gained skills in assertiveness and other social skills (see Table 5). Participants received positive ratings from their caseworkers, in terms of their independence, protection of the children, and group participation skills. All caseworkers said that the client was better able to seek help from others, and only 18% said that the client remained socially isolated.

Case Outcomes

A full two-thirds of clients participating in *Rightful Options and Resources* experienced a successful closure of their child protective services case (see Table 6). Another 12% were referred to some other less intensive unit or agency for continuing treatment. In the remaining 19% of cases, parental rights were terminated, the family moved out of the county, the case remained open, or the outcome of the case was unknown.

Table 6. Case Outcomes

Response	Respondents (n=35) (%)
Case outcome	
Case successfully closed	69
Case referred to other, less intensive unit	6
Case referred to contract services (less intensive)	6
Parental rights terminated	6
Other poor outcome (family moved, etc.)	6
Case outcome unknown/case not yet closed	7

Case outcome was dichotomized into successful closure (69%) versus all other outcomes (ranging from fairly benign outcomes, such as referral for less intensive treatment to fairly negative outcomes, such as parental rights termination in 2 cases). This conservative categorization of success (only if there was outright successful closure of the case) was used in further analyses of case outcomes.

There was no relationship between case outcome and the type of abuse reported in the case, the family's income level, marital status or involvement in current relationship, current spousal abuse, or the mother's ethnicity (even though all Hispanic and African-American clients had a successful case closure, compared to only 65% of Anglo clients). Successful case closure was no more frequent if the client had participated in professional counseling or had experienced physical abuse, emotional abuse, neglect, or rape as a child. Poor case outcomes were significantly *less* likely, however, when the mother had experienced incest in her childhood ($p < .05$).

There was no relationship between case outcome and level of self-esteem at ROAR graduation. Given that clients receive a multitude of services and address many skills and resources in their service plan, the lack of a direct connection between this one service and case outcome is neither surprising nor negative.

Participants' Perceptions at Follow-Up

In a follow-up questionnaire, 19 participants in the ROAR program responded to questions related to independence and their goals for their children (see Table 7). Independence, defined by the participants, most often referred to the ability to take care of oneself and others (26%), or the experience of verbal and physical freedom (26%). Twenty-one percent of respondents indicated that independence meant not relying on others for support. A majority of respondents reported no fears related to independence, while a smaller group reported fears related to finances and lack of support. Participants in the ROAR follow-up questionnaire also reported feeling the highest levels of freedom

when they were alone, while few others cited family, work, and finances as the main factors in feeling free.

Participants also were asked to list their goals and desires for their children. The majority of the respondents reported wanting happiness for their children, while others listed education and abuse-free life situations as their goal.

Respondents to a survey about the ROAR program (n=10) indicated that the best part of the group, from their perspective, was the friendship and camaraderie felt between participants (50%) (see Table 8). Others (20%) cited the environment that allowed venting of feelings to be the best quality of the ROAR program. Respondents found that the most helpful aspect of the program was the education component (25%) and the independence skills training (25%). Respondents also indicated that discussions surrounding relationship dynamics and common themes and patterns in battering relationships were helpful (20%). Participants reported their goals to be increased self-sufficiency (40%), better parenting (30%), and educational/job related goals(20%).

Table 7. Participants' Perceptions at Follow-Up

Response	Respondents (n=19) (%)
Independence means the following to me:	
Ability to take care of myself and my family	26
Freedom (including verbal freedom)	26
Not relying on others for support	21
My fear is greatest in the area of:	
No fear reported	47
Lack of help/support	16
Finances	11
Independence is most difficult when:	
In a relationship	16
Parenting	11
Making decisions	5
My goals/desires for my children:	
Happiness	37
Education	21
Abuse-free life situation	16
To have necessities	5

Response	Respondents (n=19) (%)
I feel most free when:	
Alone	37
With my family	16
Working	5
I have money	5

Table 8. Participants' Memories of the ROAR Group

Response	Respondents (n=10) (%)
Best memory/best part of group:	
Friendship/camaraderie	50
Venting feelings	20
Combination of the above	10
Most helpful part of the group:	
Specific educational topics	40
Independence skills	40
Self-acceptance	30
Relationship dynamics/battering education	30
Parenting skills	10
Assertiveness training	10
Accomplishment since leaving ROAR:	
Increased sense of control over life	20
Educational advancement	20
Decreased isolation	10
Respondent's goals for the future:	
Increased self-sufficiency/independence	40
Parenting improvements	30
Education/job advancement	20

Rightful Options and Resources serves women who are receiving child protective services and are concurrently victims of domestic violence. The program addresses both aspects of an ecologically oriented intervention (Whittaker, Schinke, and Gilchrist, 1986): teaching life skills and enhancing socially supportive relationships. The 35 participants in this evaluation were primarily young mothers living in poverty who had histories of abuse and family violence, and most of whom were currently in a relationship, frequently abusive. Group participants showed improvement over the twelve weeks of *Rightful Options and Resources*, improving in assertiveness, self-esteem, and self-image, as measured by self-report. Participants improved in life skills, indicated by improved scores on assertiveness and attributes, such as responsibility, strength, and stability. Participants in *Rightful Options and Resources* showed their largest improvements in the areas and skills of personal self-reliance and self-image, with smallest gains in the areas of flexibility and caring behavior. Given the nature of many of these clients' current relationships, this distinction is important and positive.

Participants also enhanced their social networks, in that 100% of group members reported making new friends since attending ROAR, some within the group, but many outside of the group, in their community. Caseworkers concurred that social isolation decreased for almost all group members. Since social isolation is associated with child abuse and neglect (Iwaniec, 1997), group interventions that support interaction with others and discuss ways to increase social contacts outside of the group provide an important opportunity for mothers to develop healthy relationship skills with others that can then be generalized to interactions with family and community. Through hearing the triumphs and struggles of others, the members can identify with one another, lessening fears of expressing themselves and decreasing feelings of stigmatization and defensiveness often experienced by mandated clients. The diversity of perspectives offered by group members increases the options for women whose problem-solving skills have been limited by personal and environmental barriers. When the group is used as a place to practice ways of managing common situations that occur with children and partners, generalization of the behaviors to interactions outside the group is encouraged (Meezan, O'Keefe & Zariani, 1997).

The strength of the open-ended group format allowed parents to attend as they were able and did not exclude parents from any of the sessions that they wished to attend. Because attendance at groups was not examined, however, it was unclear how the changes in the clients were related to dosage or specific sessions. Future studies might examine correlation between number of sessions, topics in sessions, and resultant change. Additional questions that were not addressed in the data collected by the program to date, but that would be interesting to assess in future samples include an analysis of the mother's history in foster care as a child, and an analysis of the mother's current relationship with her own mother. These two experiences would be expected to

influence a woman's expectations of help from service systems and help from other women, critical to effective use of support.

Conclusion

The collaboration of professionals in child welfare and family preservation settings can enhance the skills that women learn in skill-building groups. Developing an understanding of the societal as well as individual contributors to aggression in both partner violence and child abuse can be empowering experiences for women, many of whom have histories of abuse and neglect dating back to childhood. Opportunities to practice new ways of interacting that are different from the ones that the woman has learned in her family of origin can lead to behavioral change that will provide protection for both the woman and her children. As women learn to express their feelings and get their needs met in positive ways, they will in turn teach their children pro-social ways of interacting, thus decreasing the cycle of violence that can be promoted when families do not know alternatives to aggressive behavior.

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