

DVI-Dissertation

- **Todd. D. R. (2009).***Evaluating the effectiveness of domestic violence treatment in Washington State. Dissertation Abstracts International Section A: Humanities and Social Sciences, 69(8-A), 3333. Unpublished Dissertation Northcentral University.*

The purpose of this study was to evaluate the effectiveness of a Washington state certified domestic violence treatment program by investigating behavioral and psychological changes (i.e., truthfulness, alcohol use, controlling behaviors, drug use, violence potential and stress coping abilities) as measured on the Domestic Violence Inventory (DVI) through a pre/post quantitative research design. This study included measuring the differential effectiveness of a one-group pretest posttest design, with a 3-month follow up data comparison, on a sample of 36 adult court ordered and voluntary participants. Observed change in average score is considered statistically significant if the resultant two tailed paired sample t -test comparison scores meets the criteria of $t=\pm 2.0$, $p<.05$. The results in this study indicate little or no statistically significant changes in all categories of the DVI instrument except for the stress coping and alcohol scales. Final posttest measures included stress coping $t = 2.046$, p value of 0.0483 and alcohol scale $t = 2.045$ with p value at 0.0484 respectively.

DVI-Dissertation

- Resto, F. A. Jr. (2006). *Intensive family based services program: Preventing and improving coping mechanisms in children abused and neglected through pcit, self-management skills, and intensive child-play counseling*. Unpublished dissertation Nova Southeastern University. **Dissertation Abstracts International Section A: Humanities and Social Sciences, 66(11-A), 3941**. This applied dissertation was designed to provide training to Child Protective Investigators (CPIs) so that they may provide families on their caseload with strength-based family services. The purpose of these services was to help CPIs palliate further trauma to children at-risk. It was determined that investigators did not view themselves as family service practitioners---yet they were usually the first ones to respond to child abuse and neglect than any other service provider. This program assisted CPIs in obtaining the skills they needed to decrease misbehaviors and to increase positive behaviors at home and in school when working with abused and/or neglected children and their families. The training package was also geared towards preventing emotional and behavioral disorders in children by providing CPIs with effective skills to help parents improve their interactions with their children through proactive parenting. This study sought to ascertain if CPIs were successful in the implementation of specific strategies aimed at helping at-risk children and their families and also looked into the degree to which they reported ease of implementation and overall satisfaction with the training results. The researcher provided training to CPIs in parent-child interaction therapy (PCIT), self-management skills training, and intensive child play therapy so that these professionals may become more effective in increasing positive interactions between parents and their children. These strategies also helped these professionals by increasing their efficacy and effectiveness in increasing positive interactions between parents and their children in an effort to palliate the development of further emotional and behavioral problems in young children at-risk. Most of the CPIs who participated in this research found that most of their clients showed a significant decrease on the Domestic Violence Inventory (DVI) after the implementation of the IFBS program. In addition, most of the participants found that the number of court cases on families engaged in the IFBS program decreased significantly. CPIs also felt that the children of parents who participated in the IFBS program appeared more resilient than children who did not. In addition, most of the participants agreed that children whose parents received the IFBS intervention were more attentive in class, negative disruptive behaviors decreased and children had less temper tantrums in the classroom. Most participants felt that the training was useful as a tool to assist them in increasing pro-social behaviors observed in the children and youth they worked with. In addition, more than half of the research participants saw a decrease in the number of placements or removals on families who received the IFBS intervention than families who did not. All of the goals in this applied dissertation were met.

DVI-Dissertation

- **Riecken, P. M. (2009). The efficacy of treatment for domestic abuse. Retrieved from <http://www.alfredadler.edu/sites/default/files/Riecken%20MP%202009.pdf>**

This integrative paper is an intern's perspective on the efficacy of treatment for domestic abuse using only group therapy compared to using group therapy in addition to one-on-one therapy. The one-on-one therapy consisted of Adlerian techniques including Early Recollections, Purpose of Behavior, Mistaken Beliefs, Genogram and Family Constellation work, Encouragement, Life Style Assessment, the Life Tasks, Birth Order, and the "I am" .., "I should be"... questioning. Group therapy was consistent for each person attending the domestic violence program. Similarly, each person engaging in one-on-one therapy sessions used the same Adlerian techniques. The approximate ratio of only group therapy participants versus one-on-one and group therapy was 10:3. The hypothesis of this paper is that the participants who incorporated Adlerian one-on-one therapy with the Domestic Abuse Group scored lower on the Post Domestic Violence Inventory by a greater percentage than participants who attended only Domestic Abuse Group therapy. The Domestic Abuse Inventory (DVI) measures truthfulness, alcohol, control, drugs, violence, and stress coping and is the basis for comparison. Scores ranging from low risk (0-39%) to problem area (70% or higher) are the means for the comparison. The higher the participants scored on the pre and post DVI, the more likely the participants would display problem behaviors or domestic violence in each area. When pre and post scores were compared at the conclusion of the program, scores showing the greatest movement were indicated by higher percentages. The movement may be an increase or decrease in risk as indicated in the tables.

DVI-Agency Reports

- Center for Legal Studies, Institute for Public Affairs. (1999). An implementation of the enhanced domestic violence probation program in Champaign County. Report: Illinois Criminal Justice Information Authority <http://www.icjia.state.il.us/public/pdf/ResearchReports/An%20Implementation%20Evaluation%20of%20the%20Enhanced%20DV%20Probation.pdf>
- Millar, A. (n.d.) Inventory of Spousal Violence Risk Assessment Tools Used in Canada. Research and Statistics Division, Department of Justice Canada. http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr09_7/rr09_7.pdf
- Idaho Domestic Violence Court Policies and Guidelines. [http://www.isc.idaho.gov/dv_courts/Idaho DV Court Policies and Guidelines.pdf](http://www.isc.idaho.gov/dv_courts/Idaho_DV_Court_Policies_and_Guidelines.pdf)
- Mending the sacred hoop: A guidebook for developing intervention and education programs for men who batter in Native communities. <http://mshoop.org/wp-content/uploads/2012/10/Returning-to-Honor-Guide-to-Mens-Program-Dev-2012.pdf>

DVI-External

- Avdibegovic, E. & Sinovic, O. (2006). Consequences of domestic violence of women's mental health in Bosnia and Herzegovina. *Croatian Medical Journal*, 47, 730-741

Aim: To assess psychological consequences of domestic violence, and determine the frequency and forms of domestic violence against women in Bosnia and Herzegovina.

Methods: The study was carried out in the Tuzla Canton region in the period from 2000 to 2002, and included 283 women aged 43 ± 9.6 years. Out of 283 women, 104 received psychiatric treatment at the Department for Psychiatry of the University Clinical Center Tuzla, 50 women were refugees; and 129 were domicile inhabitants of the Tuzla Canton. Domestic Violence Inventory, Cornell Index, Symptom Checklist-90-Revised, PTSD Checklist Version for Civilians, and Beck Depression Inventory were used for data collection. Basic sociodemographic data and information from the medical documentation of the Department for Psychiatry of the University Clinical Center Tuzla was also collected.

Results: Out of 283 women, 215 (75.9%) were physically, psychologically, and sexually abused by their husbands. Among the abused, 107 (50.7%) experienced a combination of various forms of domestic violence. The frequency of domestic violence was high among psychiatric patients (78.3%). Victims of domestic violence had a significantly higher rate of general neuroticism, depression, somatization, sensitivity, obsessive-compulsive symptoms, anxiety, and paranoid tendency than women who were not abused. The prevalence of posttraumatic stress disorder (PTSD) symptoms according to the type of trauma was higher in women with the history of childhood abuse (8/11) and domestic violence (53/67) than in women who experienced war trauma (26/57) and the loss of loved ones (24/83). The majority of 104 psychiatric patients suffered from PTSD in comorbidity with depression ($n = 45$), followed by depression ($n = 17$), dissociative disorder ($n = 13$), psychotic disorder ($n = 7$), and borderline personality disorder with depression ($n = 7$). The intensity of psychological symptoms, depression, and Global Severity Index for Psychological Symptoms (GSI) were in significant positive correlation with the frequency of psychological ($r = 0.45$, $P < 0.001$), physical ($r = 0.43$, $P < 0.001$), and sexual abuse ($r = 0.37$, $P < 0.001$).

Conclusion: Domestic violence in various forms had long-term consequences on mental health of women. This should be taken into account when treating women with war-related trauma.

DVI-External

- **Manohar, P. S. & Kannappan, R. (2010). Domestic violence and suicidal risk in the wives of alcoholics and non-alcoholics. *Journal of the Indian Academy of Applied Psychology*, 36 (2), 334-338.**

Women experience some form of domestic violence in their life time. Specifically the wives of alcoholics experience manifolds of physical, psychological and sexual threats and consequently they develop depression, guilt, tension, fear, loss of trust, low self esteem and high suicide risk. The purpose of the study was to assess objectively domestic violence and suicide risk of the wives of alcoholics and non-alcoholics. Retrospective design was used to measure domestic violence and suicide risk of the wives of alcoholics and non-alcoholics by using suitable psychological scales. 32 wives of alcoholic patients and thirty two non-alcoholics (normal subjects) were selected for this study. Domestic violence and suicide risk scales were administered to the patients and accompanying persons of other psychiatric disorders and demographic variables such as age, religion, income, education, and occupation were collected from the patients. Percentage, mean, standard deviation and t-test were used for analyzing and interpreting the obtained data. Results revealed that the wives of alcoholics and non-alcoholics differed significantly in physical and psychological aspects of domestic violence but they did not differ in sexual aspect and the groups differed significantly in suicide risk. The wives of alcoholics had significantly more domestic violence in physical and psychological aspects and more suicide risk than the wives of non-alcoholics who came for treatment to the hospital. The present findings could help the planners to develop strategy / intervention to reduce the domestic violence and the suicide risk of the wives of alcoholics for better coping and mental health.