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Examination of the Reliability and Validity of the Triage Assessment Form: Families

Leslie Slagel

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EXAMINATION OF THE RELIABILITY AND VALIDITY OF THE TRIAGE
ASSESSMENT FORM: FAMILIES

A Dissertation

Submitted to the School of Education

Duquesne University

In partial fulfillment of the requirements for
the degree of Doctor of Philosophy

By

Leslie A. Slagel

December 2009

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Leslie A. Slagel

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DUQUESNE UNIVERSITY
SCHOOL OF EDUCATION
Department of Counseling, Psychology and Special Education

Dissertation

Submitted in Partial Fulfillment of the Requirements
For the Degree of Doctor of Philosophy (Ph.D.)

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EXAMINATION OF THE RELIABILITY AND VALIDITY OF THE TRIAGE
ASSESSMENT FORM: FAMILIES

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ABSTRACT

EXAMINATION OF THE RELIABILITY AND VALIDITY OF THE TRIAGE ASSESSMENT FORM: FAMILIES

By

Leslie A. Slagel

December 2009

Dissertation Supervised by Rick Myer, PhD.

This study evaluated the reliability and validity of the Triage Assessment Form: Families (TAF: F), a 33-item, 5-point Likert summated rating scale. The study consisted of 152 college and technical school students. Each participant responded to the TAF: F after reading mild, moderate, marked and severe domestic violence scenarios. Statistical analysis using SPSS 12.0 was performed on the data to determine validity and reliability. Reliability was tested using an internal consistency model. Validity of the TAF: F was evaluated using exploratory factor analysis. In addition, this research analyzed the capacity of the TAF: F to distinguish among mild, moderate, marked, and severe reactions of families to a crisis situation. The overall statistical data revealed the TAF: F is a reliable instrument, however further studies are needed to strengthen validity and the psychometric properties of instrument.

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TABLE OF CONTENTS

	Page
Abstract	iv
Acknowledgements	v
Chapter One – Introduction	
Statement of the Problem	5
Purpose of the Study	5
Rationale	6
Significance of the Study	7
Limitations	7
Definitions	8
Summary	9
Chapter Two – Literature Review	
Crisis Assessment	11
Family Assessment Tools	18
Current Research in Domestic Violence	20
Crisis Intervention	21
Batterers	22
Assessment	26
Women	31
Summary	32
Chapter Three – Methodology	
Research Design	33

TABLE OF CONTENTS (CONT.)

Sampling	34
Instrument	34
Procedure	37
Data Analysis	39
Hypothesis	40
Null Hypothesis	41
Summary	41
Chapter Four – Results	
Demographic Information	42
Reliability	54
Scenario Ratings	56
Correlation Data	58
Factor Analysis	61
Chapter Five - Discussion	
Introduction	75
Conclusion	76
Demographic Information	76
Scenario Identification	77
Ranking of Scenarios	78
Reliability of Scenarios	79
Reliability of Subscales	79

TABLE OF CONTENTS (CONT.)

Scenario Correlations	80
Recommendations	82
References	85
Appendix A Triage Assessment Form: Families	94
Appendix B Consent to Participate in the Study	95
Appendix C Scenarios	96
Appendix D Demographic Information	99

LIST OF TABLES

		Page
Table 1	Design of the Study	35
Table 2	Hypothesized Scoring for TAF: F	36
Table 3	Gender by Age	43
Table 4	Victimization by Gender	44
Table 5	Perpetrator by Gender	44
Table 6	Mild Scenario Identification	45
Table 7	Moderate Scenario Identification	46
Table 8	Marked Scenario Identification	48
Table 9	Severe Scenario Identification	49
Table 10	Victims Identification in the Severe Scenario	50
Table 11	Victims Identification in the Marked Scenario	50
Table 12	Victims Identification in the Moderate Scenario	51
Table 13	Victims Identification in the Mild Scenario	52
Table 14	Perpetrator Identification in the Severe Scenario	52
Table 15	Perpetrator Identification in the Marked Scenario	53
Table 16	Perpetrator Identification in the Moderate Scenario	53
Table 17	Perpetrator Identification in the Mild Scenario	54
Table 18	Reliability of the TAF: F	55
Table 19	Cronbach's Alpha for the Subscales of the TAF: F	56
Table 20	Comparisons of the Hypothesized and Actual Scores	57

LIST OF TABLES (CONT.)

Table 21	Correlations by Scenario	61
List of Figures		
Table 22	Scree Plot Severe Scenario	62
Table 23	Scree Plot Marked Scenario	65
Table 24	Scree Plot Moderate Scenario	67
Table 25	Scree Plot Mild Scenario	70
Table 26	Scree Plot Combined Scenario	73
Table 27	Correlations between Scenarios	81

CHAPTER I

RESEARCH PROBLEM

Introduction

The problem of intimate partner violence is well documented in the research literature as well as popular media (Stover, 2005). Dramatic events such as the Lacey Peterson case and the O. J. Simpson trial have contributed to societal recognition of domestic violence. Researchers in the United States estimate that 1 in 6 women are victims of intimate partner violence (Straus, 1999). Not only are the victims of such abuse experiencing this crisis event but other members of the family are affected as well (Dodson & Kurpius, 1977; Fathalla, 2005; Stover, 2005). According to a study conducted by McDonald, Jouriles, Ramisetty-Mikler, Caetano and Green (2006) 15.5 million American children lived in families in which domestic violence had occurred at least one time. Although they may or may not witness the event, children are aware that one parent is being abused, causing stress and trauma for them (Busby, 1996; Kemp, 1998).

In the literature, the term domestic violence is used interchangeably with intimate partner violence, marital assault (Ganley, n.d.) and family violence (Volson, 2007). For the purpose of this research the term domestic violence will be used. With respect to the term family, in domestic violence situations where the mother leaves the father or the father leaves mother due to violence/abuse, a family is defined as a mother or father and their children.

Historically, intervention and treatment have been ineffective for the victims of domestic violence and exasperating for mental health workers (Dutton & Gondolf, 2000). Typically, in a time of crisis, women and children enter shelters due to a recent physical

attack on the mother. At this time, the mother feels her life is in danger (Stainbrook & Hornik, 2006). During her stay at a shelter, assessment of lethality, housing, employment, education, counseling and support are available to her and her children.

A woman will leave her relationship up to seven times before she terminates the relationship (J. Scott, personal communication, May 9, 2009). The phenomenon in which woman return to their abuser raises the question for this researcher as to the assessment of these women and their children in this time of crisis. If proper crisis assessment is completed, could the cycle of returning to an abusive relationship be interrupted?

There is no consensus for defining how an individual experiences crisis; however, similarities can be found. For example, in the way many people respond to a perceived crisis. Hoff (1995) defined crisis as “an acute emotional upset arising from situational, developmental, or sociocultural sources and resulting in a temporary inability to cope by means of one’s usual problem-solving devices” (p. 4). James and Gilliland (2001) defined crisis as “a perception or experiencing of an event or situation as an intolerable difficulty that exceeds the person’s current resources and coping mechanisms” (p. 3). According to Myer (2001) a crisis is a subjective experience of an event or situation as defined by the person or persons experiencing the crisis. He further states that the person “...must believe the event to be overwhelming and perplexing” (p. 4).

Individuals experiencing a crisis have an inability to cope using their normal coping methods. Not only do they have an inability to cope, they experience physical symptoms such as a pounding heart, racing thoughts, an inability to eat or sleep, relational problems, extreme emotionality or restricted emotion (Collins & Collins,

2005). According to Lewis and Roberts (2001), in order to resolve the crisis situation an individual must master certain affective, cognitive and behavioral tasks throughout the crisis phase.

Although crisis has been studied and described as an individual experience; it can be also understood as a family experience (Dodson & Kurpius, 1977; Fathalla, 2005; Stover, 2005). There are multiple perspectives on how families experience crisis. Families in crisis attempt to cope with an extraordinary situation which has disrupted their normal life routine in undesirable ways. “When the family’s reservoir of coping behaviors become depleted or outmoded and they do not know what to do they are in a crisis” (Ahrns, 1999, p. 385). Hoff (1995) believed that not only is the individual experiencing a crisis, but the members of that individual’s family system are in crisis as well. Hoff further explained that if the source of trouble lies within the family, as opposed to external sources (e.g., flood, fire or racial prejudice), the crisis and the family systems responses are more intense. According to Bowen (1994), families respond to each others needs, emotions, behaviors, thoughts, expectations and individual stressors. The family members become interdependent because of the connectedness and reactivity. The emotional interdependence supports the cohesiveness and cooperation families need to protect shelter and feed their members. Crisis can intensify these processes that support unity and collaboration; anxiety can escalate and spread through the members which can lead to problems (Bowen). According to Goldenberg and Goldenberg (2000), a family’s usual developmental trajectory becomes disrupted when a crisis occurs consequentially changing the nature of familial relationships within the family system. A family’s susceptibility to crisis is also determined by how it defines a traumatic situation. For

example, what one family perceives as a crisis situation may not faze another family (Hoff).

Traditionally, crisis assessment and intervention has taken an individual approach (Aguilea, 1998; Hoff, 1995; Myer, 2001; Slaikeu, 1990). When a crisis occurs that is intrafamilial, such as domestic violence, those who are most traumatized often are the ones who lack support (Gilliland & James, 2005). Typically, crisis intervention workers focus on the women leaving the abusive relationship, or the child who witnessed the violence, but not on the family as a system.

Between 1979 and 2003 at least 33 different instruments were developed and designed to measure domestic violence (Waltermauerer, 2005). During the 1970s much of the research was qualitative, where women reported on their violent experiences (Dobash & Dobash, 1979). Domestic violence researchers looked at time frames of victimization (Tolman, 1989) and screening tools, such as interviewing and questionnaires, were developed to identify abused women (Brown, Lent, Brett, Sas & Pederson, 1996; Lewis, 1985). Research on how victims experience crisis situation as it pertains to domestic violence is plentiful. However, little is known about how the crisis affects the family system affectively, behaviorally or cognitively.

When families are experiencing domestic violence often they enter into shelters or treatment facilities in crisis. Mental health workers need to provide crisis assessment and intervention strategies to appropriately respond to the family's situation (Rathus & Feindler, 2004). The following are two examples of popular assessment tools currently used to evaluate families in crisis situations. McCubbin, Olson and Larson (1981) developed the Family Crisis Oriented Personal Evaluation Scales (F-Copes). This tool is

useful when families are experiencing difficult or stressful situations. The F-Copes focuses on two levels of interaction, how families handle stress between members, and how families handle external problems which affect their members (McCubbin, Thompson, & McCubbin, 1996). The Family Functioning Scale (FFS) was created by Bloom, 1995 (cited in Swan & Harrigan, 1995) to measure family functioning in a variety of situations. These situations include career choices, abused families, alcoholism, and gender differences (Swan & Harrigan). Tools to measure family functioning are plentiful but none measure a family's affective, behavioral and cognitive response to crisis.

Statement of the Problem

Domestic violence is a widespread problem affecting the individual victim and their families (Ganley, n.d.). While individual crisis intervention approaches are important, a failure to view the impact on the family as a whole has created a dearth of literature on treatment of the family as a system when violence occurs. Green (2003) considers the family to be a system of interrelated parts equally influencing one another (van Geert & Lichtwarck-Aschoff, 2005). Therefore, if one member is experiencing a crisis all members of the family will have a reaction to the situation. "Rarely is a treatment program designed and aimed at the family system level" (Gelles & Maynard, 1987). This study was conducted to provide mental health workers in the domestic violence field with an effective tool to evaluate families in crisis situations.

Purpose of the Study

The purpose of this study is to determine the validity and reliability of the Triage Assessment Form: Families (TAF: F) developed by Myer & Conte (2006) in order to

measure the impact of a domestic violence crisis on families. Validity of the TAF: F was assessed using exploratory factor analysis. Reliability was tested using an internal consistency model. Finally, the research evaluated the capacity of the TAF: F to distinguish among mild, moderate, marked and severe reactions of families to domestic violence situations.

Rationale

Family violence has been around for generations (Barnett, Miller-Perrin, & Perrin, 2005). As increased numbers of women and their children in acute crisis stemming from domestic violence situations seek assistance from agencies, advocates and counselors must be prepared to provide assistance (Roberts & Roberts, 2000). Mental health providers must first address how this crisis situation has impacted the people experiencing the situation (Maxmen & Ward, 1995; Myer, 2001). Families who endure a crisis situation experience a breakdown in communication, coping, problem solving strategies (McCubbin, Thompson, & McCubbin, 1996) and family support (Navia & Ossa, 2003). Crisis intervention is moving in the direction of an ecological or systems approach. A review of the literature revealed a lack of assessment tools designed to measure a family's response to a crisis situation. Specifically, no assessment tool designed to measure the affective, behavioral and cognitive responses after a crisis was found. To determine the magnitude of the crisis and monitor progress, accurate measurement is necessary (Lewis & Roberts, 2001). As a connection between the crisis worker and the families experiencing the crisis is formed, the ability to measure the affective, behavioral and cognitive responses will facilitate and promote healing within the family.

Significance of the Study

Bureau of Justice Statistics reported that between 1998 and 2002, 11% of all reported and unreported incidences of violence were in the family. Families should provide its members with warmth, security and intimacy, but often members experience fear, intimidation and violence from their loved ones (McKie, 2005). Specifically, domestic violence has traumatic effects on all members of the family (Kemp, 1998). Crisis intervention must be done swiftly and effectively (Hoff, 1995). Ineffective interventions which ignore any or all members of the family system may lead to the development psychological disorders (James & Gilliland, 2001). Historically, interventions have been ineffective for the victims of domestic violence and exasperating for mental health workers (Dutton & Gondolf, 2000).

Myer and Conte (2006) developed an assessment tool, the Triage Assessment Form: Families (TAF: F), to measure the impact of a crisis on families. The TAF: F has been adapted from the Triage Assessment Model (Myer et al., 1992). Establishing the reliability and validity of the TAF: F will provide professionals in the field of crisis intervention the ability to more confidently determine a family's affective, behavioral and cognitive reactions to a domestic violence situation and other crisis situations. In turn, more effective interventions can be applied to return the family to a state of equilibrium with the ability to more effectively respond to the crisis and avoid psychological disturbances.

Limitations

The purpose of this research is to measure the validity and reliability of the TAF:F. There are several limitations to this study. A limitation is defined as factors

which may negatively affect or weaken the study for which the researcher has no control (Gay, Mills, & Airasian, 2006). There are situations in research that create a threat to external validity and limit generality (Krathwohl, 1993). There are four possible limitations which could threaten the external validity of this study: the Hawthorne Effect, the subjects thoughts about the study (Huck & Cormier, 1996), novelty (McMillan & Schumacher, (2006) and the disruption effect (Houser, 1998).

The Hawthorne Effect may occur when the subjects are aware they are participating in a research investigation and they act differently or alter their answers because they are being observed (Huck & Cormier, 1996). The subjects' thoughts can make a difference in the results of the research (Huck & Cormier). For example, if participants were once victims, currently victims, in close proximity to an abusive relationship, or working in the field of domestic violence, that could have an effect on the way they rate the scenarios presented. The novelty effect is a concern due to the possibility participants will respond with increased enthusiasm because they are doing something new and different (McMillan & Schumacher, 2006). The disruption effect occurs when an unpredicted disturbance occurs during the experiment (Houser, 1998). For example, fires drill during the experiment. The final limitation to this study is that the participants are responding to hypothetical situations as opposed to real life scenarios. Consequently, there may be a discrepancy between reading about a hypothetical situation and a family's reaction to experiencing a crisis situation.

Definitions

Domestic Violence – A pattern of controlling behaviors (i.e. physical, emotional, verbal, sexual, and financial abuse) between intimate partners.

Family – A mother or a father and children.

Family Crisis – An experience of an event which disrupts the homeostasis of the family altering the family's ability to use their normal coping methods and disrupting their normal routine patterns.

Mild Reaction – In regard to the TAF: F a response to a crisis that indicates the need for minimal and indirect crisis intervention.

Moderate Reaction - In regard to the TAF: F a response to a crisis that indicates the need for reasonable and collaborative crisis intervention.

Marked Reaction – In regard to the TAF: F a response to a crisis that indicates the need for more direct crisis intervention.

Severe Reaction – In regard to the TAF: F, a response to a crisis that indicates the need for rigorous and direct crisis intervention.

Conte (2005, p. 13), developed the operational definitions for reaction to organizational crisis in his research. The current definitions of mild, moderate, marked and severe reactions to crisis have been borrowed from his research.

Summary

If one family member is experiencing a crisis situation, all of the members of the family will be affected by the consequences of the crisis. Having an effective assessment tool designed at the family systems level is essential to facilitate and promote healing.

Myer and Conte (2006) developed an assessment tool, the Triage Assessment Form: Families, to measure the impact of a crisis on families. Specifically, the TAF: F measures the families' affective, cognitive and behavioral reactions to the crisis. This study was designed to establish the reliability and validity of the TAF: F.

CHAPTER TWO

LITERATURE REVIEW

In 1942 the catastrophic event of the fire at Cocoanut Grove Melody Lounge in Boston that killed 492 people and injured hundreds launched the field of crisis intervention. At that time Eric Lindemann (1944) developed a model for acute grief that has served as the groundwork for crisis intervention. As a result, the amount of literature in the field of crisis intervention has grown significantly. Dramatic events such as the terrorist attacks of 9/11, the Red Lake School shootings and Columbine School Massacre, hurricanes Katrina and Rita, the tsunami in Southeast Asia, and the Washington D.C. sniper shootings, have contributed to the growth in the literature. Another factor expanding crisis intervention literature is the areas of research in domestic violence, family violence, and sexual assault (Kreidler & England, 1990; Salter, 1988; Walker, 1989). The recognition that specialized treatment is needed to prevent more serious psychological problems for people who have experienced a crisis has also sparked this growth (Ursano, 1999; Wilson & Raphael, 1993).

This literature review will be divided into three sections. The first section will focus on assessment for crisis intervention, and assessment models. The second section will focus on current family assessment tools measuring crisis in families. The last section will contain current research being conducted in the field of domestic violence.

Crisis Assessment

The need for effective crisis intervention depends on quick and accurate assessment (Greenstone & Leviton, 1993; Hoff, 1995; Myer, 2001). Crisis intervention is a growing human services field, and accurate assessment is necessary to provide appropriate intervention services (Hoff, Myer, 2001). Failure to correctly evaluate crisis reactions can be perilous to both the person in crisis and the mental health worker (Hoff). Assessment is vital but sometimes an overlooked element in effective crisis intervention (Lewis & Roberts, 2001, Myer, Williams, Otten, & Schmidt, 1992). Assessment provides the groundwork for the intervention plan. According to Myer (2001), assessment should be continual with mental health workers, checking the client's reactions on an ongoing basis to establish what level of intervention is needed. Determining the most effective approach and resources for the client demands that the crisis worker have the ability to properly assess the client's cognitive, emotional and behavioral reactions to a crisis situation (Kulic, 2005; Lewis & Roberts, 2001; Myer 2001).

There are three basic forms of assessment tools used for crisis assessment; rapid assessment instrument (RAI), the interview (Lewis & Roberts, 2001; Myer, 2001) and general personality assessments (Myer et. al., 1992). RAIs measure a client's reactions to specific crisis events. Not only do RAIs provide information applicable to a specific crisis event, but they also provide a means of monitoring a client during treatment and allowing crisis workers to plan interventions based on the individual's need (Corcoran & Roberts; 2000; Myer, 2001). RAIs allow crisis workers to foresee the course of treatment, to predict setbacks (Corcoran & Roberts) and to look for possible symptoms that may

emerge as treatment progresses (Myer). However, a disadvantage of using RAIs is that symptoms not typically associated with a specific crisis may be missed because the appropriate questions are not asked (Myer). Also, diverse cultural perspective must be considered because symptoms may be misinterpreted unless the instrument has been validated using individuals from different cultures (Prediger, 1994).

The most widely used assessment practices in crisis intervention range from unstructured to structure interviews. In the unstructured interview, crisis workers pose questions in a seemingly random manner, hoping to uncover material that will lead to effective and appropriate intervention (Myer, 2001). Myer notes that if crisis workers use a cognitive approach, they will focus on the client's perception. If crisis workers are more affectively oriented, they will be apt to ask questions to assess the client's emotions. The structured interview involves asking a set of predetermined questions (Durlak & Roth, 1983). A drawback of the structured interview process is that crisis workers may become so involved in getting through the list of questions that they fail to explore some areas and omit others because they are not on the list. In addition, the questions may be unintentionally biased if they are not culturally inclusive (Myer, 2001).

The third assessment practice is general personality instruments. During the past three decades, criticism of these personality assessments has given rise to new instruments. Some of these assessment tools measure anxiety, depression, suicide, criminal behavior, and other problems or disabilities (Aiken, 1999). These types of instruments are sometimes adapted for use in crisis situations (Myer et al., 1992).

The foundation for effective crisis intervention is accurate assessment (Greenstone & Leviton; 2002; Myer, 2001). Having an assessment model will help crisis

workers structure their approach when gathering information in a crisis situation (Hoff, 1995; Myer). Hoff developed the Vulnerability Model that involves two levels of assessment: safety and the ability to function. Level One assessment must be done by the crisis worker. This level of assessment is essential; it has life and death dimensions and provides information to determine if emergency services are needed. The questions that need to be asked by the crisis worker are: “Is there a potential threat to life; either to the client or the lives of others?”, “Has the person been abused?” and “What are the risks of suicide, homicide or an assault?”

Level Two involves assessing personal and social characteristics of the troubled person. Level Two assessment is thorough and includes five elements: (a) identifying the crisis, the crisis event, and socio-cultural factors, (b) determine the developmental pathway and assessment of the crisis; is the person in the initial or acute phase of crisis? (c) looking for manifestations of crisis, how the person views the event and corresponding emotional, cognitive behavior and biophysical responses, (d) is the crisis perceived as a threat, loss or challenge? (e) how does the client cope with stress?

Slaikeu (1990) developed a comprehensive model of crisis intervention. Built on existing clinical and research reports, the comprehensive model makes a distinction between first and second order crisis intervention. First order of crisis intervention is described as psychological first aid. Psychological first aid involves immediate assistance and takes one session. Psychological first aid is brief, taking anywhere from several minutes to hours depending upon the emotional upset of the person and the skill of the helper. According to Slaikeu, components of psychological first aid include: make psychological contact, explore dimensions of the problem, examine possible solutions

and assist in taking concrete action. The main goal of intervention is getting the client through the immediate crisis event and planning the next step. This goal has three sub-goals: providing support, reducing lethality and connecting the client with other community resources.

Second order of crisis intervention is Crisis Therapy which refers to a short term therapeutic intervention aimed at assisting the person in working through the crisis experience. The goal of this intervention is to help the client return to a precrisis state and emerge equipped to face the future. The counselor examines behavioral, affective, somatic, interpersonal and cognitive aspects of the client's crisis state. This level of intervention requires more skill and training on the part of the counselor. The entire therapeutic process is structured around four tasks: physical survival, expression of feelings, cognitive mastery, and behavioral/interpersonal adjustments. Psychological first aid can be performed anywhere (over the phone, in a hallway). Crisis Therapy requires physical space conducive to and appropriate for traditional therapy session (Slaikeu, 1990).

The Triage Assessment Model (TAM) developed by Myer, et al., (1992), can assist crisis workers in understanding the client's reaction to the crisis situation, therefore providing the groundwork for appropriate intervention. The TAM suggests that there are three domains of a crisis reaction: affective (i.e., emotions), behavioral (i.e., actions) and cognitive (i.e., thoughts). Each domain (affective, behavioral and cognitive) is divided into three types of responses that represent the reaction of a client's experience in crisis situations (Myer, 2001). For example, the affective domain includes anger/hostility, anxiety/fear, and sadness/melancholy. The behavioral domain includes approach,

avoidance and immobility. Behavioral reactions are either blatant or hidden in an attempt to solve the crisis. When avoidant behavior is present, the client may ignore, evade or escape the crisis event. Immobility refers to a self-defeating, nonproductive, or disorganized attempt to cope with the crisis (Myer, 2001). These behavioral reactions may be either constructive or maladaptive (Myer & Otten, 1991). For example, in a domestic violence shelter a woman may actively seek new housing for herself and her children in a new location away from her abuser. This would be an example of constructive behavior. However, to stop looking altogether is an example of maladaptive immobility behavior. The cognitive domain includes transgression, threat and loss. Cognitive refers to the client's thoughts about the crisis and the areas of his or her life that may be affected by the crisis. Transgression refers to the perception of the violation and how a person is thinking in the present. Myer states that a client may experience transgression, threat or loss in each of the following life dimensions: (a) physical (health, shelter, safety), (b) psychological (self-concept, identity, and emotional well-being), (c) social relationships (family, friends, co-workers), and (d) moral/spiritual (personal integrity, values, and belief system). Clients in crisis will usually react using one of these three behaviors (transgression, threat or loss) in an attempt to resolve the crisis.

To effectively measure a client's reaction to a crisis Myer et. al. (1991) developed the Triage Assessment Form: Crisis Intervention (TAF); which includes a severity scale to measure each domain (affective, behavioral and cognitive). Initially, the crisis worker should address the domain with the highest reaction. The higher the score in the domain, the more aggressive the intervention should be. Assessment should be given several times while the client is receiving treatment. Therefore, the crisis workers can adjust the

intervention to meet the client's needs (Myer, 2001). Research conducted on the TAF has shown the instrument to be reliable and valid with users having minimal experience as well as with a variety of crisis situations (Watters, 1997, as cited in Myer).

Historically, crisis assessment has stemmed from an individual approach (Slaikeu, 1990; Myer, 2001; Hoff, 1995, Agulea, 1998). Hoff believes that not only is the individual experiencing a crisis, but the members of the family system are in crisis as well. Dixon (1979) defines family crisis as such: "The family is assumed to be in equilibrium and functioning satisfactorily until a significant event occurs that threatens its stability. The event is perceived to be so dangerous to family stability and functioning that the family's usual coping methods are ineffective, causing a crisis" (p. 159). After a crisis the family's routines are disrupted, roles change and the family experiences a great deal of emotion. A family's susceptibility to crisis is also determined by how it defines a traumatic situation. For example, what one family perceives as a crisis situation may not be a crisis for another family (Hoff, 1995). According to Goldenberg & Goldenberg (2000), a family's usual developmental trajectory becomes disrupted consequentially changing the nature of familial relationships within the family system.

Crisis assessment and intervention is rapidly evolving into an ecological or systems approach (Collins & Collins, 2005). The family ecosystem is a group of interacting and mutually dependent persons who share a common bond, goal, and resources, and who currently (or formerly) share a living space (Andrew, Bubolz & Paolucci, 1980). Collins and Collins define an ecological approach to crisis situations "as the interrelationships among the person in crisis, the crisis event, and the environment within which the crisis occurs" (p. 22). When looking at a systems approach to crisis,

assessment does not only focus on the victim, but adopts an interpersonal and environmental setting (Gilliland & James, 2005). For example, with domestic violence situations this type of ecological or systems assessment is appropriate because it involves a system consisting of a victim and his/her children. Hoff (1995) describes social assessment as a deliberate evaluation of a client's family in the assessment process to rule out a family crisis situation. Families in crisis situations exhibit vulnerability and experience increased disruption in their functioning, conflict among members, increased difficulties in role performance, and higher levels of intrafamilial strain (Lavee & Olson, 1991; Walsh, 1996). Evaluating the family as a whole may refine the issues for the crisis worker. According to Langsley and Kaplan (1968), assessing the entire family during a crisis situation gives a clearer picture of the immediate situation. Therefore, appropriate intervention strategies may be more intentionally selected and utilized to promote healing (Hoff).

Although individual treatment approaches are important, a failure to view the impact on the family as a whole has created a dearth of literature on treatment of the family as a system when violence occurs. Green (2003) considers the family to be a system of interrelated parts equally influencing one another (Cromwell & Peterson, 1983; van Geert & Lichtwarck-Aschoff, 2005). Therefore, if one member is experiencing a crisis all members of the family will have a reaction to the situation. "Rarely is a treatment program designed and aimed at the family system level" (Gelles & Maynard, 1987, p. 68). Myer and Conte (2006) developed the Triage Assessment Form: Families (TAF: F) to measure the impact of a crisis on the family. The TAF: F measures the affective, cognitive, and behavioral affects of crisis on the family. The goal of this study

is to examine the psychometric properties of the Triage Assessment Form for families in crisis. Specifically, can the TAF:F measure a family's affective, behavioral and cognitive reaction to a crisis situation and can the TAF:F distinguish between mild, moderate, marked and severe reaction to crisis situations?. The following section will describe current assessment tools that measure the effects of crisis on the family.

Family Assessment Tools

Assessment tools measuring the effects of crisis on the family are limited (Lewis & Roberts, 2001). An extensive review of the literature was performed using search engines such as Psych-Info, EBSCO, Mental Measurements Yearbook, and ProQuest Psychology Journals, yet the results were limited.

Smilkstein (1984) introduced a brief screening questionnaire called the Family APGAR or FAPGAR. The name reflects the domains measured: adaptation, partnership, growth, affection, and resolve. The APGAR was designed to elicit data that would reflect a client's view of the functional state of his or her family. The Family APGAR is a questionnaire that features five close-ended questions. The tool allows clinicians to gain a rapid overview of the components of family function. The 5 basic components of family function are: (a) adaptability (how resources are shared), (b) partnership (how decisions are shared and family communication and problem solving occur), (c) growth (how nurturing is shared, how emotional and physical growth is attained, and freedom of role change), (d) affection (how emotional experiences are shared and level of satisfaction members have with intimacy and emotional interaction) and (e) resolve (how time, space, and money are shared and member satisfaction with time commitment). Smilkstein

recommended the Family APGAR be used for a family's crisis past and present to determine the level of family function and the family's resources.

The Family Crisis Oriented Personal Scales (F-COPES) developed by McCubbin, Larsen and Olson (as cited in Grotevant & Carlson, 1989) can be used to record problem solving attitudes and behavior with which families react to stress, problems, or difficulties. The F-COPES contains 29 statements regarding families' responses to their problems or difficulties. The F-COPES uses a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Five conceptual scales/dimensions were derived from the F-COPES: acquiring social support, reframing, seeking spiritual support, mobilizing family to acquire and accept help, and passive appraisal. The instrument is brief and clearly written, requires minimal training for administration, and scoring can be done by computer.

The Family Function Questionnaire (FFQ) was developed by Sawa (as cited in Grotevant & Carlson, 1989). Derived from family systems theory, each member independently answers 49 questions to formulate hypotheses about a family's coping difficulties. Part I consists of 26 forced yes or no questions followed by a space for comments and a grid on which the name of each family member, along with information about that person, is listed. Part II includes 23 questions with a variety of response formats, and includes listing a 5-point rating scale and specified choices. The dimensions measured by the FFQ are connectedness, life cycles, internal family function and health and coping. At the time of publication there was no reliability data and a scoring system was not yet available. Although the FFQ is easy to administer, some family members may show resistance to filling out an instrument of this length.

There are many tools available to assess family functioning specific to health related issues but not all are appropriate to measure crisis responses related to a specific incident. For example, the Feetham Family Functioning Survey (FFFS) developed by Roberts and Feetham (1982) measures relationships among the family members and between the family and the environment when change occurs. The survey may be repeated to determine a pattern of change in family functioning over time. FFFS was first developed to measure the crisis effect on families who have a child with spina bifida, and the tool has been tested on families with infants at risk for apnea (Grotevant & Carlson, 1989). The Family Functioning Index (FFI) (Pless & Stevenson, 1973), is a 15 item questionnaire or self report instrument for assessing the dynamics of family interaction. Specifically, the tool examines the relationship between functioning and the psychological adjustment of children with chronic illness. The Family Inventory of Life Events and Changes (FILE) is a 71-item self-report instrument designed to record the normative and non-normative stressors and life events and changes experienced by the family.

Current Research on Domestic Violence

Current research in the field of domestic violence is plentiful. In the last five years, there has been no research done on the family as a system pertaining to domestic violence or the effect of crisis on the family. In this section current research on crisis intervention as it pertains to domestic violence situations, the batterer, assessments, and the victim will be reviewed.

Crisis Intervention

Kernic & Bonomi (2007) studied crisis intervention services with police reported domestic violence. These intervention services utilized a team approach and consisted of staff who responded to a police reported incident. In addition to providing crisis intervention and domestic violence counseling, staff provided education and connected victims to community services such as shelter, legal advocacy, protection order filing and support groups. Victims are more amenable to seeking help and identifying their situation as abusive immediately following a violent incident. The researchers wondered if factors differed between victims of domestic violence for whom crisis intervention services were activated and those for whom they were not.

The sample consisted of 2,092 adult female victims of domestic violence. The females were identified using the Seattle Police Department's Domestic violence Unit (DVU) data base. This data base contains all police-involved incidents of domestic violence for which the police filled a report or a crime had taken place. Participants were classified by whether the Seattle Police Department's volunteer Victim Support Team (VST) was activated by police responding to the abuse. Activating a response team is dependant on three factors. First, the services are only currently available on weekends. Second, Officers must determine if the area is safe for the VST volunteers and lastly, does the victim agree to meet with the VST team. The comparison group included otherwise eligible victims of police reported domestic violence for whom VST services were not activated. The DVU database provided information on the factors predictive of the activation of the VST. Both the victim of the violence and the perpetrator were examined as potential predictors. Lastly, victim services were documented in the DVU by

the VST providing the services. This included five domains: crisis support, legal assistance, nonlegal assistance, transportation and shelter assistance, and instrumental support (e.g., food, clothing).

The results indicated that VST services were initiated more often for victims with fewer resources who received physical injuries or had experienced physical abuse. Also services were initiated more frequently in cases where the perpetrator was arrested. Not expected was the activation of VST based on marital status. Marital status might act as a substitute for both cohabitation with the perpetrator and the having children in the home. Both could make the option of emergency location seem critical and therefore VST initiation more useful for victims married to their abusers. It may be possible that police officers may show more empathy toward married women or married victims are more likely to agree and intervention by VST (Kernic & Bonomi, 2007).

Batterers

Mauricio, Tein & Lopez (2007) hypothesized that antisocial personality disorder would mediate the relationship between avoidant attachment and violence and borderline personality disorder would mediate the relationship between anxious attachment and domestic violence. Participants included 192 heterosexual men with at least an eighth grade reading levels that were court mandated to attend batterer's intervention programs. The researchers measured antisocial and borderline personality disorder characteristics by using the Personality Diagnostic Questionnaire-Revised (PDQ-R; Hyler, S. E. et al., 1988, as cited in Maurico, Tein & Lopez , 2007). The adult attachment was assessed using the short form of the Experiences in Close Relationships (ECR; Brennan et al., 1998, as cited in Maurico, Tein & Lopez). The researchers assessed physical violence

by utilizing the Conflict Tactics Scale (CTS; Straus, 1990, as cited in Maurico, Tein & Lopez). Psychological violence was captured using the assessment tool Psychological Maltreatment of Women Scale (PMWS; 1999, as cited in Maurico, Tein & Lopez). Mauricio, Tein & Lopez wanted to control for socially desirable response bias, therefore the short form of the Marlowe-Crowne Social Desirability Scale (SDS; Crowne & Marlowe, 1963, as cited in Maurico, Tein & Lopez) was administered.

The results of the study supported the hypothesis examined in this study. Antisocial personality disorder functions through avoidant attachment which is related to both physical and psychological violence, and borderline personality disorder operates as a mechanism through which anxious attachment is related to both physical and psychological abuse.

A study by El-Bassel et al. (2007), examined the prevalence of domestic violence among men recruited from a methadone maintenance treatment program in New York City. There were 365 participants with a mean age of 43.6 years. The participants needed to be enrolled in a methadone maintenance treatment program for at least 3 months and during the past year had a sexual relationship with a woman whom they described as their girlfriend, spouse, or mother of their children during the past year. The researchers used logistic regression with covariance adjustment to examine the relationship between domestic violence and illegal drug use by the subjects, their female partners, or both. Physical, sexual, and injurious domestic violence was assessed using the Revised Conflict Tactics Scale (CTS; Straus, 1990, as cited in El-Bassel et al. 2007) The Drug Use and Risk Behavior Questionnaire were utilized to measure participants' use of crack or cocaine, heroin, and marijuana in the past six months. Participants also reported

whether female partners used these drugs during the past 6 months. The study found a high prevalence of domestic violence among the men in the sample. Fifty eight percent of the sample reported perpetrating any form of domestic violence against their current partner in their lifetime and 38% in the past 6 months. Heroin and any illicit drug used by both partners were significantly associated with severe acts of domestic violence.

A study to assess whether men have the ability to recognize and judge the severity of different forms of aggressive behavior was conducted by Chamberland et al. (2007). The three different types of men who participated in the research were men who: (a) reported being physically aggressive toward their spouses and who were entering treatment, (b) had participated in a treatment program and were no longer physically violent, (c) were never physically violent toward their spouse participated in the research. These men's ability to recognize violence against women and their judgment of its severity were evaluated through an audiovisual assessment of violent behaviors perpetrated by actors in six short videos. The researchers hypothesized that men will generally recognize acts of physical aggression and judge them more severely than acts of psychological aggression. They also predicted that violent men entering a program for domestic abuse will differ from men who never committed acts of violence towards their spouses and men who never committed acts of violence. In addition, the researchers predicted the recognition of violent behaviors would correlate strongly with the judgments of its severity. Eighty- one white French-speaking men who lived in Quebec participated in the study. The Conflict Tactic Scales (CTS; Strauss, 1990, as cited in Chamberland et al. 2007) was used to assess partner violence. The idea of domestic abuse was measured in two steps using an audiovisual instrument called Evaluation of Violence

through Audiovisual (EVA). The first step of the assessment was the recognition of violent behaviors (EVA- Recognition), and the second part concerned the judgment of the severity of violent acts (EVA-Severity).

The results of the study supported the first hypothesis, that physical assault is the form of aggression most often recognized and judged as violent by all men. Psychological aggression is judged to be the least severe form of aggression. The second finding regarding the relationship between men's ability to perceive and recognize abusive behavior and to judge the degree of violence; the combining of the two assessments gave the researcher the participants' schemata of violence and a strong correlation observed between EVA-Recognition and EVA- Severity scores. This indicated the more abusive behaviors a man recognized, the broader his definition of abuse. The results provided partial support for the prediction that physically violent men would differ from formerly physically violent men as well as non-physically violent men. Men who were physically violent in the past and who had participated in a treatment program recognized emotional abuse and detected the greatest number of violent behaviors not targeted by the researcher more often than the other groups of men (El-Bassel et al., 2007).

In order to gain a better understanding of the abusers perceptions prior to treatment, Smith (2007) conducted research in the hopes that more emotional skills training would occur within intervention programs. The goal of the study was that the results would provide a better understanding of men who would benefit from batterers intervention programs (BIP), improve the effectiveness of BIPs, encourage program completion, help abusers to change their behaviors, thus improving the quality of life for

victims, abusers and their families. A qualitative existential-phenomenological approach was conducted on 14 Caucasian men with an age range of 22 to 74 and most were court ordered to attend. The men in the study described their thoughts and feelings before attending a BIP. Themes that emerged were that the men saw themselves as victims, poorly understood, and treated unfairly by their partner and the legal system. The men believed problems in their current relationship were created by their partner's behaviors, lack of respect, and appreciation towards him. Rather than feeling remorseful, they felt their behaviors were justified or minimized the behavior. Every participant engaged in some form of self-deception regarding his behavior and the effect his behaviors had on the victim.

The results of the study indicated severe deficits in the skills needed to recognize, identify and regulate emotions pertaining to fear, shame, and vulnerability, which could play a role in battering. Abusive men who lack these skills feel they have no choice but to defend themselves against such feelings using rationalization, denial, and projection, which was seen throughout the interview process. Therefore, BIPs may want to include programs to improve men's emotional wellness along with the traditional behavioral focus treatment.

Assessment

Qualitative research by Roberts (2006), analyzed chronically abused women with women who ended the abusive relationship quickly. A protocol for effective crisis intervention was proposed to include police-based domestic violence units, 24-hour hotlines, and social service agencies. This study included over 500 in-depth interviews over a seven year period. The participants included 501 women who were broken down

into four sub-samples. These subtypes included women who have killed their partners, three suburban New Jersey police departments, three battered women's shelter in New Jersey, and a convenience sample of formerly abused women. The women included in this survey were found to have three qualities in common: they had experienced one or more incidents of physical abuse, jealous rages, insults and emotional abuse. Over one fifth of the victims received terroristic and/or death threats from their abusive partners. There was a significant correlation between a low level of education, a recurring pattern of battering and posttraumatic stress disorder (PTSD), death threats, and abused women who kill in self-defense.

From the research Roberts (2006) developed a classification schema which included duration and severity, consisting of five levels. Level 1, Short-Term: victims (N=94), less than 1 year dating, mild to moderate intensity, usually high school or college students, 1-3 incidents, usually middle class, woman leave after first, second or third physically abusive act and have a caring support system. Level 2, Intermediate: victims (N=104), Several months to 2 years (cohabitating or recently married, moderate to severe injuries, 3-15 injuries, usually middle-class, leaves due to bruises or injury, caring support system. Level 3, Intermittent/long term: victims (N=38), severe and intense violent episode without warning, long periods without violence, married with children, 4-30 incidents, usually upper middle or upper social class, staying together for children or status, and no alternative support system. Level 4, Chronic and Predictable: victims (N=160), severe repetitive incidents, frequent, predictable patterns, duration of abuse 5 to 35 years, often drugs or alcohol involvement, married with children, usually several hundred violent acts per woman, usually lower socioeconomic or lower middle

class, often devout Catholic, school age children, husband is blue collar, skilled or semiskilled. Level 5, Homicidal; victims (N=105), violence escalates to homicide, murder, precipitated by death threats and life-threatening abuse, weapons in home, cohabitating or married, numerous violent and severe acts per woman. Usually lower socioeconomic class, high long-term unemployment limited education, majority of women dropped out of high school, woman suffers from PTSD, traumatic bonding, or Battered Woman Syndrome. Crisis assessment is ongoing and Roberts utilizes his seven-stage crisis intervention model with abused women. The seven stages are: assessing lethality, establishing rapport and communication, identifying the major problems, dealing with feelings and providing support, exploring possible alternatives, formulating an action plan and follow-up measures. This study provides a framework for evaluating abused woman to determine whether they have a low, moderate, or high risk of continued battering, life-threatening injuries and/or homicide.

Costa, Canada and Babcock (2007) developed an assessment tool to measure the construct of accountability in domestic violence situations. The Accountability Scale (AS) was designed to measure attitudes about past abuse that may be open to change. The AS is a brief, Likert scale designed to assess the degree to which abusers acknowledge and accept responsibility for their violent behavior. The Accountability Scale was developed from a précis of clinical work done by Barbara Hart and in collaboration with the Pennsylvania Coalition Against Domestic Violence. The research was divided into two studies. In the first study consisted of 108 men and women who were arrested for domestic violence and had participated in domestic violence intervention programs; they completed a preliminary version of the scale. For the purpose

of item reduction, exploratory factor analysis was utilized to determine emergent subscales. In addition to the AS, The University of Rhode Island – Change Assessment-Domestic Violence (URICA-DV) was used to assess the current stage of change. This 5 point Likert scale provides subscale scores for how individuals move through the five stages of change. The five stages of change are Precontemplation, Contemplation, Action, and Maintenance stages as well as a Readiness to Change Index, defined as Contemplation + Action+ Maintenance – Precontemplation. The two subscales of the AS were correlated with the subscales of the URICA-DV and there was no difference in the pattern of correlation between the AS and the URICA-DV comparing male and female abusers.

The second study was 109 couples who reported some type of domestic violence in the past year. The same AS used for the first study was administered in the first study. Both members of the study completed the Conflicts Tactic Scale –Revised independently. The female partner completed the Danger Assessment Scale to assess for lethality. The men completed the Balanced Inventory of Desirable Responding (BIDR) assessing self-deceptive enhancement and impression management. For convergent validity the men completed the Interpersonal Reactivity Scale (IRS) measuring empathy and containing four subscales: perspective taking, fantasy, empathetic concern and personal distress. The AS was created to measure attitudes about past abuse that may be agreeable to change. Analysis suggests that this measure may be useful in assessing both male and female abusers. The scale appeared to generate two internally consistent factors; acknowledgement of harm caused by the violence and internalization of responsibility. These two factors are an important first step for changing behavior.

Prevalence of domestic violence by type in a large, clinic based, nurse administered screening and intervention services was the focus of a study conducted by Coker et al. (2007). The researchers were also interested in data to support domestic violence screening, if screening is harmful, whether interventions improve outcomes for women and if domestic violence screening can be adopted in busy clinical settings. Women who sought care in rural health care clinics in low income areas in South Carolina between April 2002 and August 2005 were invited to participate. A total of 4,945 eligible women were approached, 281 refused domestic violence screening and 3,664 women received domestic violence screening. The Women's Experience with Battering (WEB) scale was used to assess physical or sexual abuse in current or most recent relationship, abuse in any other past relationships.

The women participating in the study 13.3% were scored as experiencing abuse in the last 5 years. Among those experiencing violence 65.6 % experiences both assault and psychological abuse. 10.1% reported assault only and 24.3% reported psychological abuse only. Women who were psychologically abused only (37%) were no more likely than women who were assaulted only (36.9%) to acknowledge domestic violence as a problem in their current relationship. Women who were both psychologically and physically abused (85.5%) were more likely to view domestic violence as a problem. The relationship between past and current domestic violence as a risk factor reports that physical abuse in the past was not associated to assault by a current partner. However, past assault was associated with current psychological abuse alone and past abuse was associated with current physical and psychological abuse. In addition to their findings, the researchers indicated that clinic-based domestic violence screening is feasible, even in

clinics that are understaffed and small. There were no reports of participants being offended by the screening. The importance of intervention for women experiencing psychological abuse may provide prevention of physical abuse as well as physical health problems.

Women

Bonomi et al. (2007) studied the prevalence, types, duration, frequency, and severity of domestic violence in elderly women 65 years or older. Due to a lack of knowledge in these areas, the researchers hoped to address this information gap. In a cross-sectional telephone interview randomly sampled a total of 370 women, age 65 and older, from a health care system. To assess a woman's exposure to domestic violence, five questions from the Behavioral Risk Factor Surveillance System (BRFSS) and 10 questions from the Women's Experience with Battering (WEB) was utilized.

The results indicated that 26.5% of women indicated domestic violence of any type in their lifetime. 90% of abused women reported only one partner was abusive in their lifetime. 18% reported physical or sexual domestic violence in their adulthood and 21.9% reported psychological and adults and controlling behavior. 88.5% Of victimized women reported experiencing controlling behavior also experienced some other type of abuse. 95% of the women with experience of sexual abuse in the relationship had been exposed to other abuses as well. Frequency and duration were very high 18.2% and 61.2% reported experiencing 20 or more episodes or controlling behavior, respectively. Duration ranged from 3 years (forces sexual contact) to 10 years (controlling behavior). The results indicated a need for domestic violence screening and prevention plans for older adults.

A longitudinal study by Taft et al. (2007) 61 participants from shelter and nonresidential community agencies had examined the association between relationship abuse, coping variables and mental health outcomes. The researchers hypothesized that both physical assault and sexual aggression would longitudinally predict poorer mental health. In addition, they also hypothesized the utilization of coping variables would be predictive of positive mental health whereas disengagement of coping variables would be associated with poorer mental health.

The researchers measured relationship abuse, coping strategies, and depression severity, hopelessness, anxiety and post traumatic stress disorder symptoms. The results indicated sexual aggression was a stronger predictor of mental health issues than physical abuse. Engagement coping skills were correlated with more positive mental health. Disengagement coping strategies were associated with mental health problems. These results suggest that the importance of identifying between engagement and disengagement strategies of coping that women are utilizing to cope with their situations. Mental Health workers can use engagement strategies with their clients as to help their clients avoid possible mental health issues in the future.

Summary

This chapter explored three basic forms of assessment tools used for crisis; rapid assessment instrument (RAI), the interview and general personality assessments. The Vulnerability Model (Hoff, 1995), Comprehensive Model (Slaikue, 1990) and the Triage Assessment Model (Myer et al., 1992) for crisis intervention was examined. Lastly, current research on domestic violence was reported. This research included crisis, the batter, assessment and women experiencing the violence.

CHAPTER THREE

METHODOLOGY

The purpose of this research was to determine the validity and reliability of the Triage Assessment Form: Families (TAF: F), developed by Myer & Conte, (2006). The TAF: F (Appendix A) measures the impact of a crisis on the family. Specifically the TAF: F measures the affective, behavioral, and cognitive reactions that crisis has on the family. This chapter will describe the research design, setting, sample, the instrument being used, the procedure, data analysis, and hypotheses for this study will be described.

Research Design

This research uses a one-way, between subject experimental design. The research participants were exposed to the entire treatment (X). Each participant read the four scenarios based on mild, moderate, marked and severe crisis situation and responded to the TAF: F for each scenario (see Appendix C). Participants had a random chance of being exposed to 1 of 24 possible scenario combinations as presented in Table 1. For example, one possible combination of the four scenarios (independent variable) would be receiving the severe scenario first, followed by the mild scenario, then moderate scenario and lastly the marked scenario. After the participants read all four crisis scenarios and responded with a TAF: F for each, the total scores make up one observation of the dependent variable (O). Another observation of the dependent variable is the subscale scores. This research design duplicates Conte's (2005) Triage Assessment Survey for Organizations.

Table 1

Research Design

R (Random assignment)	X1 (Response to the TAF: F after reading the mild crisis scenario).	O1 (Score on TAF:F after reading the mild crisis scenario)
	X2 (Response to the TAF:F after reading the moderate crisis scenario).	O2 (Score on TAF:F after reading the moderate crisis scenario)
	X3 (Response to the TAF:F after reading the marked crisis scenario).	O3 (Score on TAF:F after reading the marked crisis scenario)
	X4 (Response to the TAF:F after reading the severe crisis scenario).	O4 (score on TAF:F after reading the severe crisis scenario)

Sampling

A convenience sample of 152 students was selected from several universities colleges, and trade schools in a metropolitan area in a mid-Atlantic state. Selection criteria included men and women who were (a) 18 years of age or older, (b) enrolled as students in a variety of programs or majors such as, education, human services, criminology, business and law.

Instrument

The Triage Assessment Form: Families (TAF: F) was designed to measure a family's affective, behavioral, and cognitive, reaction to crisis (R. Myer, personnel communications, May 16, 2006). A rational-theoretical approach (Lanyon & Goldstein, 1997) was used to design this instrument. The instrument's authors believed that the questions presented in the assessment tool represent the constructs to be measured (Lanyon & Goldstein). For example, item number 1 "No one has any energy" represents an individual's affective response to a family's reaction to a crisis situation. Specifically,

the item asks participants about emotions that circuitously reflect the constructs of a family's affective response via their perception of whether or not "anyone has energy".

Content validity was established for the TAF: F through this rational theoretical approach. Gay & Airasian, (2006) define content validity as "the degree to which a test measures an intended content area" (p. 136). There is no formula or statistics to determine content validity only expert judgment. Experts in the topic being studied carefully evaluate the process used to develop the test, and determine whether the items represent the content area (Gay & Airasian). Specifically, The TAF: F was developed using research, experience, and consultation to accurately represent universal responses to affective, cognitive and behavioral responses to crisis situations.

Edwards (1957) suggested criteria to be used in the construction of qualitative attitude scales. The items developed by Myer & Conte (2006) utilized Edwards criteria including: (a) writing items in the present tense as opposed to past tense; (b) avoiding statements that are factual or may be interpreted in more than one way; (c) avoiding statements that are irrelevant to a family in crisis; (d) language used to construct the items is simple, clear and direct, not exceeding 20 words; (e) statements contain one complete thought avoiding terms such as all, always, none, and never.

TAF: F is a 33 item, 5 point Lickert rating scale. The responses range from *Strongly Disagree* to *Strongly Agree* for each item; scores range from 1 to 5. Points are assigned as follows: *Strongly Disagree*, 1 point; items marked *Disagree*, 2 points, items marked *Agree*, 4 points, and items marked *Strongly Agree* are assigned 5 points. For all items, *Not Sure* is assigned 3 points (R. Myer, personal communication, May 31, 2007).

Understanding the basis for assigning items marked Strongly Disagree 1 point can be understood by examining item number 1 “No one has any energy.” Family members who perceive that their family has energy post crisis event will mark *Strongly Disagree*. Those who perceive family members have no energy post crisis event will mark *Strongly Agree*. Therefore, the more items marked *Strongly Disagree* on the assessment form will have a lower composite score indicating the family is perceived to be experiencing less of a crisis. The more items marked *Strongly Agree* will produce a higher composite score indicating the family is perceived to be in a more severe crisis state. Reverse scoring occurs in items numbered 2, 5, 8, 22, 23, and 26. Reverse scoring is used to establish reliability and consistency in scoring (Gay & Airasian, 2006).

The total score for the TAF: F would range from 33 – 165; Table 2 shows the expected score ranges for mild, moderate, marked and severe reactions to crises. A total score within the 33 – 65 range would indicate a mild response to the crisis situation. A total score within 66 – 99 would equal a moderate response to the crisis situation. A score within 100 – 132 would equal a marked response to the crisis situation. A score within 133 – 165 would equal a severe reaction to the crisis situation (R. Myer, personal communication October 16, 2006).

Table 2

Scoring range for categories of the TAF: F

Mild	33 – 65
Moderate	66 – 99
Marked	100 - 132
Severe	133 – 165

The TAF: F has three subscales that were analyzed (Myer, 2002). The subscales are the affective, behavior and cognitive response to the crisis event. There are 33 items, each subscale has 11 items. Items 1, 6, 9, 11, 13, 18, 19, 24, 29, 30, and 31 are specific to

affective responses. Items 2, 4, 7, 14, 15, 17, 22, 25, 26, 28, and 32 are specific to behavioral responses. Items 3, 5, 8, 10, 12, 16, 20, 21, 23, 27, and 33 are specific to cognitive responses. The higher the score in each subscale provides an indicator that an intervention focused on that subscale is necessary to begin the intervention process with the family (R. Myer, personal communication October 16, 2006).

This research examined an individual's perception of a family crisis situation and the TAF: F ability to distinguish between mild, moderate, marked and severe reaction to crisis. Participants in the study were given four scenarios related to domestic violence. The participants were asked to rate the scenario according to their reactions (Appendix C). Participants rated the scenarios mild, moderate, marked or severe. An analysis of covariance or ANCOVA was performed to determine if the TAF: F can distinguish between mild, moderate, marked or severe reactions to crisis situations.

Procedure

Scenario Development

The scenarios were developed independently by the researcher. An evaluation of the scenarios was performed using 30 students from a Crisis Intervention class. The students rated the scenarios mild, moderate, marked and severe. Adjustments to the scenarios were then completed. A second evaluation of the scenarios was performed at a conference; a group of 15 psychologists rated the scenarios mild, moderate, marked and severe. No further adjustments to the scenarios were made.

Administration

Personal contact was made with instructors of technical, college, and university courses and permission to sample their students was obtained. Instructors were made

aware that the survey would take approximately one half hour to complete. Survey packets included a description of the research, participant consent form, and administration instructions were provided for the classroom instructor who administered the survey and collected the documents. The students were given the participant consent form and instructed that participation was voluntary. The instructor's specific instructions to the participants were as follows:

“Your packet contains four case scenarios for you to read, a Triage Assessment Form: Families (TAF: F) survey instrument, and four scantron sheets which are attached to the scenarios. Please be careful not to separate the scantron sheet from the scenario until you are ready to use the TAF: F. Included is a demographic survey form. Please take out the TAF: F and the demographic sheet and set them aside. Each scenario describes a family experiencing a crisis, specifically a domestic violence situation. Please read the scenario as if you were a member of this particular family. Please mark your answers with a number 2 pencil on the scantron answer sheet. After completing the scantron sheet please fill out the demographic sheet. If you need to refer back to the scenarios to further answer the questions you may do so. Responses are confidential and anonymous. You are free to withdraw from the study at any time. Does anyone have any questions? If you have any questions while you are taking the survey, feel free to raise your hand. You can take as much time as needed to complete the survey, thank you.”

Scenario and scantron sheets were assigned a tracking number to match the randomly numbered scenario with the scantron sheet. Completed surveys are kept by the researcher in a secure, locked drawer accessible only to the researcher. Consent forms are kept separate from the survey documents to insure anonymity and are stored in a secure locked drawer.

Data Analysis

The data collected in this study was analyzed in order to establish the reliability and validity of the TAF: F. According to Friedenberg (1995) a good test is reliable and valid. Reliability is a consistent measure of the same domain; for example, knowledge, skills, or characteristics (Gravetter & Wallnau, 2004 & Friedenberg). Because reactions to crises change quickly, the TAF: F was administered to subjects one time. A Spearman-Brown formula split-half reliability, Guttman split-half and total item correlation was performed. Spearman Brown formula, Guttman split-half and total item correlation analyzes the correlation between each item and total test score (Friedenberg, 1995). Since the TAF: F utilizes a summated scale and requires a single admission; a Cronbach's Alpha test also was used to further determine reliability.

Validity focuses specifically on the variables producing true score differences (Friedenberg, 1995). To determine the validity of the TAF: F a repeated measures ANOVA was run on the total score to determine whether or not mean differences exist among the four scenarios (independent variable). To check for differences between the scores, affect, behavior, and cognitive subscales (dependant variable) a multivariate analysis of variance (MANOVA) was intended. However, correlations between the independent variables and the dependent variables were low. In addition, there were high

correlations between dependent variables in each scenario which reduces statistical efficiency and indicates redundant dependent measures.

Confirmatory factor analysis requires a larger sample size and a Structural Equation Model which has been tested for adequacy of model fit to the data (Suhr, 2006). Since sample size for this application was relatively low, $n=152$, and no structural equation model existed, a confirmatory factor analysis was not done. However, the researcher did want to determine how the survey data loaded on various factors. Therefore, an exploratory factor analysis was done. To test the construct validity of the TAF: F, exploratory factor analysis was used to determine validity of the TAF: F. Specifically, analysis was performed on the data to determine to what degree the three factors (affect, behavior and cognitive) are represented in an individual's perception of the family's response to a mild, moderate, marked and severe crisis. Data was analyzed using the SPSS 12.0 RELIABILITY and FACTOR ANALYSIS programs (Norusis, 1988).

Hypothesis

1. The TAF: F will be a reliable instrument based on a Cronbach's Alpha score of at least .70 or higher or a Spearman-Brown coefficient of .70 or higher or a Guttman Split half of .70 or higher.
2. Data collected from TAF: F will indicate a construct of the three proposed factors affect, behavior and cognitive.
3. The TAF: F will distinguish differences between mild, moderate, marked and severe crisis scenarios.
4. The TAF: F will have internal consistency of .70 or greater for the predicted affective, behavioral and cognitive subscale.

Null Hypothesis

1. The TAF: F will not be a reliable instrument based on Cronbach's Alpha score and the Spearman Brown.
2. Data collected from the TAF: F will not indicate a construct of the three proposed factors affective, behavioral and cognitive.
3. There TAF: F will not distinguish among mild, moderate, marked and severe crisis scenarios.
4. The TAF: F will not have internal consistency of .70 or greater for the predicted affective, behavioral and cognitive subscales.

Summary

This chapter described the research design of this study. Reliability was reported in terms of internal consistency utilizing Cronbach's Alpha, Spearman-Brown formula, and Guttman split-half and total item correlation. The use of exploratory factor analysis was discussed for the validity of the TAF: F. This chapter also discussed the sampling, the instrument, data collection and the hypothesis.

CHAPTER FOUR

RESULTS

The purpose of this chapter was to present the data which describes the structure of the Triage Assessment Form: Families (TAF: F), developed by Myer & Conte (2006). Construct validity for the TAF: F was determined using factor analysis. Reliability was tested using an internal consistency model. This research also analyzed the TAF: F ability to distinguish among mild, moderate, marked and severe reactions of families to crisis. In this chapter, the results of the data analysis for this study will be discussed.

Demographic Information

A convenience sample of 152 students was selected from several universities in a metropolitan area in a mid-Atlantic state; 97 participants were female, 39 participants were male and 16 participants did not report their gender. Participants in the study ranged in age from 18 – 69. The data indicated that 81 participants were between the ages of 18 – 29, 28 participants were between the ages of 30 – 39, 17 participants were between the ages of 40- 49, 7 participants were between the ages of 50 -59 and 1 participant reported in the 60-69 age range, 16 participants did not report their age as presented in Table 3.

Table 3

Gender by Age

Age	NR	Gender		Total
		Female	Male	
	16	0	1	17
18-21	0	1	0	1
18-29	0	62	18	80
18-39	0	1	0	1
30-39	0	19	9	28
40-49	0	7	10	17
50-59	0	6	1	7
60-69	0	1	0	1
Total	16	97	39	152

Race was reported as follows: 13 African Americans, 3 Asians, 1 bi-racial, 115

Caucasian, 3 other and 16 participants did not report their race.

The participant's educational backgrounds consisted of 12 business majors, 30 education majors, 16 law majors, 75 social services and 18 participants did not report their field of study. United States citizenship was reported by 135 participants, 1 participant was a non United States citizen and 16 participants did not report their citizenship.

Domestic violence history was reported by 40 participants, 96 participants reported they were not victims of domestic violence and 16 participants did not indicate whether or not they were victims. Included is the breakdown by gender presented in Table 4.

Table 4

Victimization by Gender

Gender		NR	Victim		Total
			No	Yes	
		16	0	0	16
	Female	0	64	33	97
	Male	0	32	7	39
Total		16	96	40	152

Out of the 40 reported victims, 10 participants reported they had been perpetrators of domestic violence, 126 participants reported they were not perpetrators and 16 participants did not report whether or not they were perpetrators. Included is the breakdown by gender as shown in Table 5.

Table 5

Perpetrator by Gender

Gender		NR	Perpetrator		Total
			No	Yes	
		16	0	0	16
	Female	0	90	7	97
	Male	0	36	3	39
Total		16	126	10	152

Out of the 10 reported perpetrators 7 were female and 3 were male. The 10 reported perpetrators 9 participants indicated they were also victims of domestic violence, 7 were female and 2 were male, 1 participant reported not being a victim.

Identifying Information

Participants were asked with whom they identified with in the scenarios. In the mild scenario, males identified primarily with Michael (father), Susan (mother), and the son or with nobody or did not report. Females identified primarily with Susan (mother), the daughter or with nobody or did not report. In the mild scenario 20.5% of male

participants and 2.1 % of female participants identified with Michael (father), 17.9% of male participants and 61.8% of female participants identified with Susan (mother), 10.3% of male participants and 0% of female participants identified with the son in the scenario, 0% of male participants and 3.1% of female participants identified with the daughter. Of male participants and 17.5% of female participants indicated they identified with nobody 2.6 % of male participants and 1% of female participants indicated they identified with Susan, Son and the daughter. 17.9% of male participants and 14.4% of the female participants did not indicate who they identified with in the mild scenario. Mild Scenario identification is shown in Table 6.

Table 6

Mild Scenario Identification

Identified With	Male	Female
Michael (Father)	20.5%	2.1%
Susan (Mother)	17.9%	61.8%
Son	10.3%	0
Daughter	0	3.1%
Nobody	30.8%	17.5%
Susan, Son and Daughter	2.6%	1.0%
Did not Report	17.9%	14.4%

In the moderate scenario, Table 7, males identified primarily with Bob (father), Jenny (mother), Tom (son), or nobody. Females identified primarily with Jenny (mother),

Tina (daughter), Tom and Tina, nobody or did not report. The moderate scenario 5.1 pct of male participants and 0% of female participants identified with Bob (father), 23.1% of male participants and 37.1% of female participants identified with Jenny (mother), 12.8% of male participants and 0% of female participants identified with Tom (son), 0% of male participants and 22.6 pct of female participants identified with Tina (daughter), 2.6% of male participants and 8.2% of female participants identified with both Tom and Tina, 38.5% of male participants and 16.5 pct of female participants indicated they identified with nobody and 17.9% of male participants and 14.4% of female participants did not indicate who they identified with

Table 7

Moderate Scenario Identification

Identified With	Male	Female
Bob (Father)	5.1%	0%
Jenny (Mother)	23.1%	37.1%
Jenny, Bob	0%	1.0%
Tina (Daughter)	0%	22.6%
Tom (Son)	12.8%	0%
Tina, Tom	2.6%	8.2%
Nobody	38.5%	16.5%
Did not Report	17.9%	14.4%

In the marked scenario, Table 8, males primarily identified with Peter (father), Sue (mother), Erika (daughter), Paul (son), nobody, or did not report. Females primarily identified with Peter (father), Sue (mother), Erika (daughter), Paul (son), Paul and Erika, Sue, Erika and Paul, nobody or did not report. The marked scenario 5.1% of male participants and 15.5% of female participants identified with Peter (father), 33.3% of male participants and 26.8% of female participants identified with Sue (mother), 2.6% of male participants and 12.4% of female participants identified with Erika (daughter), 17.9% of male participants and 15.5% of female participants identified with Paul (son), 0% of male participants and 1% of female participants identified with Paul and Erika, 0% of male participants and 1% of female participants identified with Sue, Erika and Paul, 25% of male participants and 24.7% of female participants indicated they identified with nobody in the scenario, 15.4% of male participants and 16.5% of female participants did not indicate who they identified with.

Table 8

Marked Scenario Identification

Identified With	Male	Female
Peter (Father)	5.1%	1.0%
Sue (Mother)	33.3%	26.8%
Erika (Daughter)	2.6%	12.4%
Paul (Son)	17.9%	15.5%
Erika, Paul	0	1.0%
Paul, Sue	0	1.0%
Sue, Erika, Paul	0	1.0%
Nobody	25.6%	24.7%
Did not Report	15.4%	16.5%

In the severe scenario, Table 9, males primarily identified with Rick (father), Barb (mother), Timmy (son), Sarah and Timmy, Barb, Rick, Sarah, and Tim, nobody or did not report. Females primarily identified with Barb (mother), Sarah (daughter), Timmy (son), nobody or did not report. The severe scenario, 5.1% of male participants and 0% of female participants identified with Rick (father), 25.6% of male participants and 46.4% of female participants identified with Barb (mother), 0% of male participants and 8.2% of female participants identified with Sarah (daughter), 10.3% of male participants and 1% of female participants identified with Timmy (son), 2.6% of male participants and 0% of female participants identified with both Sarah and Timmy, 2.6% male participants and

0% of female participants identified with Barb, Rick, Sarah and Tim, 2.6 % of male participants and 0% of female participants identified with Barb, Sarah and Tim. 35.9% of male participants and 30.9% of female participants indicated they identified with nobody in the scenario, 15.4% of male participants and 13.4% of female participants did not indicate who they identified with.

Table 9

Severe Scenario Identification

Identified With	Male	Female
Rick (Father)	5.1%	0%
Barb (Mother)	25.6%	46.4%
Sarah (Daughter)	0 %	8.27%
Timmy (Son)	10.3%	1.0%
Sarah, Timmy	2.6%	0%
Barb, Rick, Sarah, Timmy	2.6%	0%
Nobody	35.9%	30.9%
Did not Report	15.4%	13.4%

Victims

In the severe scenario, (see Table 10), the participants who reported themselves as victims 0% identified with Rick, 45% identified with Barb, 10% identified with Sarah, 2.5% identified with Timmy, 27.5% identified with nobody.

Table 10

Victims Identifying with Each Character in the Severe Scenario

<u>Character</u>	<u>Percentage Identifying with each Character</u>
Rick (Perpetrator)	0%
Barb (Victim)	45%
Sarah (Child)	10%
Timmy (Child)	2.5%
Nobody	27.5%

In the marked scenario, Table 11, participants who reported themselves as victims 15% identified with Paul, 37.5% identified with Sue, 12.5% identified with Erika and 20% identified with nobody.

Table 11

Victims Identifying with Each Character in the Marked Scenario

<u>Character</u>	<u>Percentage Identifying with each Character</u>
Paul (Child)	15%
Sue (Victim)	37.5%
Erika (Child)	12.5%
Nobody	20%

In the moderate scenario, Table 12 participants who reported themselves as victims 0% identified with Bob, 40% identified with Jenny, 25% identified with Tina, 2.5% identified with Tom and 10% identified with nobody.

Table 12

Victims Identifying with Each Character in the Moderate Scenario

<u>Character</u>	<u>Percentage Identifying with each Character</u>
Bob (Perpetrator)	0%
Jenny (Victim)	40%
Tina (Child)	25%
Tom (Child)	2.5%
Nobody	10%

In the mild scenario, Table 13, 5% identified with Michael, 60% identified with Susan, 5% identified with the daughter, and 2.5% identified with the son and 12.5% identified with nobody.

Table 13

Victims Identifying with Each Character in the Mild Scenario

<u>Character</u>	<u>Percentage Identifying with each Character</u>
Michael (Father)	5%
Susan (Mother)	60%
Daughter	5%
Son	2.5%
Nobody	12.5%

Perpetrators

In the severe scenario, Table 14, 20% of perpetrators identified with Rick, 20% identified with Barb, 10% identified with Sarah, 10% identified with Timmy and 30% identified with nobody.

Table 14

Perpetrators Identifying with Each Character in the Severe Scenario

<u>Character</u>	<u>Percentage Identifying with each Character</u>
Rick (Father)	20%
Barb (Mother)	20%
Sarah (Daughter)	10%
Timmy (Son)	10%
Nobody	30%

In the marked scenario, Table 15, participants who reported as perpetrators 0% identified with Peter, 30% identified with Sue, 20% identified with Paul, 10% identified with Erika and 25% identified with nobody.

Table 15

Perpetrators Identifying with Each Character in the Marked Scenario

<u>Character</u>	<u>Percentage Identifying with each Character</u>
Paul (Father)	10%
Sue (Mother)	30%
Erika (Daughter)	10%
Nobody	25%

In the moderate scenario, Table 16, 0% of perpetrators identified with Bob, 10% identified with Jenny, 30% identified with Tina, 20% identified with Tom and 0% identified with nobody. See Table 14.

Table 16

Perpetrators Identifying with Each Character in the Moderate Scenario

<u>Character</u>	<u>Percentage Identifying with each Character</u>
Bob (Father)	0%
Jenny (Mother)	10%
Tina (Daughter)	30%
Tom (Son)	20%
Nobody	0%

In the mild scenario, Table 17, 10% of perpetrators identified with Michael, 30% identified with Susan, 20% identified with son, and 10% identified with the daughter and 0% identified with nobody.

Table 17

Perpetrators Identifying with Each Character in the Mild Scenario

<u>Character</u>	<u>Percentage Identifying with each Character</u>
Michael (Father)	10%
Susan (Mother)	30%
Son	10%
Daughter	0%
Nobody	25%

Reliability

The TAF: F will be a reliable instrument based on a Cronbach's Alpha score of at least .70 or higher for the TAF: F a Spearman-Brown and Guttman coefficient of .70 or higher.

To determine the reliability for the TAF: F, several statistical analyses were done. Using SPSS 12.0 reliability was reported using Cronbach's Alpha, Spearman Brown, and Guttman split half co-efficient on each scenario. The mild scenario reports Cronbach's Alpha equals .8076, Spearman Brown .8062 and Guttman split half is .7969. These scores indicate strong reliability and internal consistency by all measures. The moderate scenario reports Cronbach's Alpha equals .9039, Spearman Brown .8923 and Guttman split half is .8909. These scores indicate strong reliability and internal consistency by all

measures. The marked scenario reports Cronbach's Alpha equals .8802, Spearman Brown .8763 and Guttman split half is .8722. These scores indicate strong reliability and internal consistency by all measures. The severe scenario reports Cronbach's Alpha equals .8598, Spearman Brown .8492 and Guttman split half is .8442. These scores indicate strong reliability and internal consistency by all measures. Reliability is reported in Table 18.

Table 18

Reliability of the TAF: F

<i>Scenario</i>	<i>Cronbach's Alpha</i>	<i>Spearman-Brown</i>	<i>Guttman</i>
Mild	.8076	.8062	.7969
Moderate	.9039	.8923	.8909
Marked	.8802	.8763	.8722
Severe	.8598	.8492	.8442

Items 1, 6, 9, 11, 13, 18, 19, 24, 29, 30 and 31 comprise the affective subscale. Cronbach's' alpha for the affective subscale in the mild scenario equals .7666, in the moderate scenario the Cronbach's alpha equals .8305, in the marked scenario the Cronbach's alpha equals .7866, in the severe scenario the Cronbach's alpha equals .7819. The results indicate good reliability in the affective subscale.

Items 2, 4, 7, 14, 15, 17, 22, 25, 26, 28 and 32 comprise the behavioral subscales. Cronbach's' s alpha for the behavioral subscale in the mild scenario equals .4415, in the moderate scenario the Cronbach's alpha equals .6919, in the marked scenario the Cronbach's alpha equals .6552, in the severe scenario the Cronbach's alpha equals .4997.

The results indicate there is not high internal consistency pertaining to the behavioral subscales.

Items 3, 5, 8, 10, 12, 16, 20, 21, 23, 27, and 33 comprise the cognitive subscales Cronbach's α in the mild scenario equals .5785, in the moderate scenario the Cronbach's α equals .6772, in the marked scenario the Cronbach's α equals .6141, in the severe scenario the Cronbach's α equals .6732. The results indicate there is not high internal consistency pertaining to the cognitive subscales. See Table 19

Table 19

Cronbach's Alpha for Subscales

	Scenarios			
	<u>Mild</u>	<u>Moderate</u>	<u>Marked</u>	<u>Severe</u>
Affective	.7666	.8305	.7866	.7819
Behavioral	.4415	.6919	.6552	.4997
Cognitive	.5785	.6772	.6141	.6732

The affective subscale results indicate acceptable internal consistency. The behavioral subscale indicates low internal consistency. The moderate and marked scenarios appear to be closer to acceptable than the mild and severe scenarios. The cognitive subscales indicate low internal consistency; the moderate and marked scenarios appear to be closer to acceptable compared to the mild and severe.

Scenario Ratings

The TAF: F will distinguish differences between mild, moderate, marked and severe crisis scenarios.

Using a scale of 1 through 8 participants were asked to rate each scenario according to the severity of the crisis. The number one would indicate a less severe crisis and the number eight indicating a more severe crisis. In the mild scenario, 45% of the

participants rated the scenario four and below and 55% of the participants rated the scenario a five and above. The mean score of the mild scenario is 4.6 with a standard deviation of 1.957. In the moderate scenario, 12% of the participants rated the scenario four and below and 88% rated the scenario five and above. The mean score for the moderate scenario is 6.12 with a standard deviation of 1.836. The marked scenario, 9% of the participants rated the scenario four and below and 91% of the participants rated the scenario five and above. The mean score for the marked scenario is 6.49 and a standard deviation of 1.674. The severe scenario, 7% rated the scenario four and below and 93% rated the scenario five and above. The mean score for the severe scenario is 7.2 with a standard deviation of 1.745. The results of the ANOVA indicate these differences were not significant. The mild scenario $F = .850$, $p = .720$, the moderate scenario $F = .747$, $p = .751$, the marked scenario $F = 5.643$, $p = .326$, and the severe scenario $F = 6.130$, $p = .313$. Table 18 indicates the researchers hypothesized scoring of the TAF: F compared to the Actual Scoring. It is important to note the actual mean and standard deviation for each of the scenarios appear to be quite different from the hypothesis. Table 20 presents the results.

Table 20

Comparison of Hypothesized Range and Actual scoring of the TAF:F Means

	Hypothesized Range	Actual Score (Mean / Standard Deviation)
Mild	33 – 65	114.5 M / 15.3 SD
Moderate	66 - 99	98.8 M / 16.7 SD
Marked	100 - 132	116.7 M / 16.5 SD
Severe	133 – 165	108.3 M / 15.6 SD

These results were unexpected. The researcher hypothesized that the means would increase as the severity of the scenarios increased. The mean for the mild scenario was

hypothesized to fall within the range of 33 – 65, the actual mean was 114.5. The actual mean was more inline with the marked scenario. The mean for the moderate scenario was 98.8 which fell with in the upper limit of what was hypothesized; but was less than the mean for the mild scenario. The mean for the marked scenario was 116.7 which fell with in the range this researcher hypothesized it to be. The mean for the severe scenario was 108.3 lower than the mean for the marked and mild scenario within the range of the marked scenario but not the severe scenario.

Correlation Data

The Pearson correlations between the scene ratings indicates moderate to weak correlations in all cases. Weak correlations were found between marked scenario and mild scenario are $r = .302$, $p = .001$, correlations between mild scenario and severe scenario $r = .237$, $p = .007$, correlations between mild scenario and moderate scenario are $r = .414$, $p = .000$, correlations between severe scenario and moderate scenario $r = .425$, $p = .000$. Moderate correlations were found between marked scenario and severe scenario $r = .563$, $p = .000$, correlations between marked scenario and moderate scenario $r = .588$, $p = .000$.

Correlations were calculated between the scene ratings and the total score for the scenario. Correlations between mild scenario rating and mild scenario total score are very weak $r = -.034$, $p = .722$. Correlations between moderates scenario rating and moderate scenario total score are also very weak $r = .049$, $p = .602$. Correlations between marked scenario rating and marked scenario total score are weak $r = .175$, $p = .057$. Correlations between severe scenario rating and severe scenario total score are also very weak $r = -.048$, $p = .604$.

The TAF: F will have internal consistency of .70 or greater for the predicted affective, behavioral and cognitive subscale.

Correlations between the subscales and the scenarios were also calculated. The correlations between mild scenario rating and the affective, behavior and cognitive subscales were very weak. Correlation between mild scenario rating and affective subscale $r=.018$ the correlation mild scenario rating and behavioral subscale $r=-.033$, the correlation between mild scenario and cognitive subscale $r=-.084$. None were significant for $p<.05$.

The correlations between moderate scenario rating and the affective, behavior and cognitive subscales were very weak. Correlation between moderate scenario rating and affective subscale $r=.061$, the correlation moderate scenario rating and behavioral subscale $r=.037$, the correlation between moderate scenario and cognitive subscale $r=.052$. None were significant for $p<.05$.

The correlations between marked scenario rating and the affective, behavior and cognitive subscales were very weak. Correlation between marked scenario rating and affective subscale $r=.110$ the correlation marked scenario rating and behavioral subscale $r=.139$, the correlation between marked scenario and cognitive subscale $r=.158$. None were significant for $p<.05$.

The correlations between severe scenario rating and the affective, behavior and cognitive subscales were very weak. Correlation between severe scenario rating and affective subscale $r=-.037$ the correlation severe scenario rating and behavioral subscale $r=-.088$, the correlation between severe scenario and cognitive subscale $r=.012$. None were significant for $p<.05$.

Correlations were calculated between the subscales within each scenario and generally found to be moderate to strong as shown in Table 21. Correlations within mild scenario the correlation between affect and behavior subscales $r=.544$, the correlation between affect and cognitive subscales $r=.716$, the correlation behavior and cognitive $r=.492$ all were significant for $p<.05$. Correlations within moderate scenario the correlation between affect and behavior subscales $r=.792$, the correlation between affect and cognitive subscales $r=.785$, the correlation behavior and cognitive $r=.752$ all were significant for $p<.05$. Correlations within marked scenario the correlation between affect and behavior subscales $r=.725$, the correlation between affect and cognitive subscales $r=.807$, the correlation behavior and cognitive $r=.768$ all were significant for $p<.05$. Correlations within the severe scenario the correlation between affect and behavior subscales $r=.665$, the correlation between affect and cognitive subscales $r=.681$, the correlation behavior and cognitive $r=.628$ all were significant for $p<.05$. The correlations between scene ratings and total scores were surprisingly weak. The correlations between the subscales were stronger than but not as strong as expected.

Table 21

Correlations by scenario

		Correlations by Scenario			
		SCENE1 (Marked)	SCENE2 (Mild)	SCENE3 (Severe)	SCENE4 (Moderate)
SCENE1 (Marked)	Pearson	1	.302(**)	.563(**)	.588(**)
	Correlation				
	Sig. (2-tailed)	.	.001	.000	.000
	N	128	126	127	124
SCENE2 (Mild)	Pearson	.302(**)	1	.237(**)	.414(**)
	Correlation				
	Sig. (2-tailed)	.001	.	.007	.000
	N	126	127	127	124
SCENE3 (Severe)	Pearson	.563(**)	.237(**)	1	.425(**)
	Correlation				
	Sig. (2-tailed)	.000	.007	.	.000
	N	127	127	128	125
SCENE4 (Moderate)	Pearson	.588(**)	.414(**)	.425(**)	1
	Correlation				
	Sig. (2-tailed)	.000	.000	.000	.
	N	124	124	125	126

** Correlation is significant at the 0.01 level (2-tailed).

Factor Analysis

Data collected from TAF: F will indicate a construct of the three proposed factors affect, behavior and cognitive.

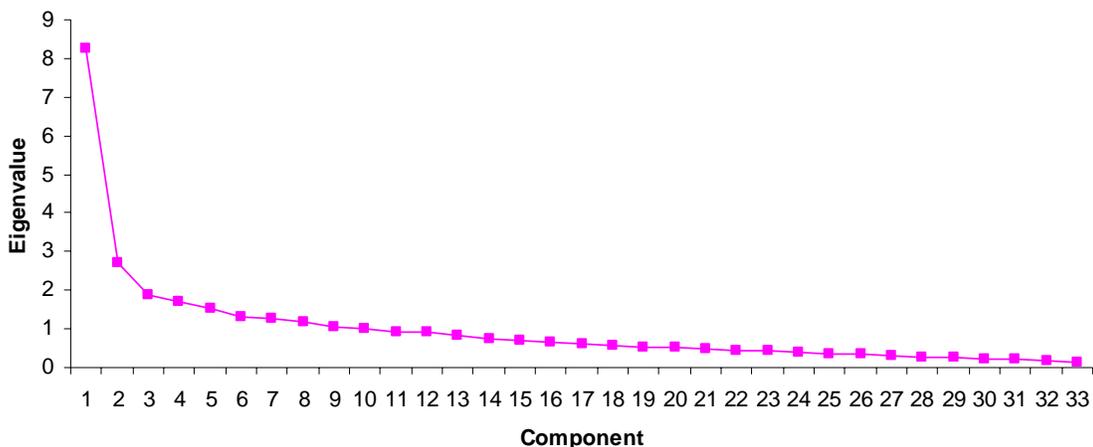
Exploratory Factor Analysis on the severe scenario indicated through Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy equaled .813 confirming that factor analysis is appropriate. Barlett's Test of Sphericity is significant $p=.000$. Confirming that the correlation matrix is not an identity matrix, therefore factor analysis is appropriate. Consider components with initial Eigenvalues greater than one indicates 10 components explaining 66.472% of the variance. The first component explains 25.001% of the variance, the second explains 8.231%. The three and four component explains 5.713% and 5.176% respectively. The remaining components five through 10

explain 4.649%, 3.996%, 3.813% , 3.613%, 3.227%, and 3.053% of the variance. These 10 components are confirmed in the Scree Plot. See Table 22.

Table 22

Severe Scenario

**Scenario 3 Severe
Scree Plot - Unrotated**



The unrotated solution identified 21 variables in component one. Also, nine variables were affective related, six were behavior and six were cognitive. These questions were split between all three subscales. The mixing of the subscales reduces the clarity of what is being measured. Component two consists of three variables two behavioral and one cognitive. This component does not appear to align particularly strongly with any subscale. There are two other variables that also load on component one as well. A third component consisted of 4 variables but only 1 variable loaded on this component. The other three variables loaded highly on component one. These three components explain 38.946% of the variance in the unrotated solution. The remaining seven components had no more than one variable in each that loaded only on one component with loadings greater than .4, except for component eight. Component eight

had two variables that loaded greater than .4; one cognitive variable and one behavioral. Components six and 10 have not variables with factor loading greater .4. This solution appears to be inconsistent with the hypothesized subscales.

The rotated solution, KMO and Barlett's test remain unchanged the total variance explained is unchanged for 10 components. However, component one explains 12.409% of the variance, component two is 9.396%, component three, 7.252%, component four is 7.212%, component five is 6.607%, component six is 5.326%, component seven is 4.805% and component eight is 4.756%, component nine is 4.671% and component 10 is 4.037%.

The rotated solution failed to converge in both 25 and 50 iterations. The solution converged in 100 iterations still explaining 66.472% of the variance with 10 components. The rotated solution, component one consisted of seven variables, four affective, one behavioral and two cognitive. These variables seem to be more aligned with the affective subscale, but not as many variables loaded on this component as hypothesized. The second component consists of variables, two affective, two behavioral and two cognitive. This component does not appear to be consistent with any subscale. One variable also loaded on component one. The third component consists of three variables, one affective and one behavioral and one cognitive. One variable also loads on components one. The measure of this component seems to be unclear as well. These three components explain 29.057% of the variance in the rotated solution. Component four consists of two variables, one behavioral and one affective inconsistent with any subscale. Two additional variables also load on factor one. Component five and six consist of three variables that only load on this component, one behavioral one affective and one

cognitive. Component seven loads on two variables, one behavioral and one cognitive. Component eight consists of one variable which is affective subscale; in addition there is one variable that loads on component five. Component nine and ten consists of two variables each, one behavioral and one cognitive. The rotated solution appears to be very inconsistent with the three hypothesized subscales. Limiting the factor analysis to three factors and rotating the solution shows no considerable improvement to the explained variance.

Factor analysis on the marked scenario indicated through Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy equaled .823 confirming that factor analysis is appropriate. Barlett's Test of Sphericity is significant $p=.000$. Confirming that the correlation matrix is not an identity matrix, therefore factor analysis is appropriate. Consider components with initial Eigenvalues greater than one indicates eight components explaining 61.918% of the variance. The first component explains 26.073% of the variance, the second explains 10.585%. The components three and four explain 5.508% and 5.212% respectively. The remaining components five through eight explain 4.209%, 3.925%, 3.291% and 3.114% of the variance. These eight components are confirmed in the Scree Plot. See table 23.

14.553% of the variance, component two is 10.614%, component three, 10.248%, component four is 6.433%, component five is 6.000%, component six is 5.760%, component seven is 4.225% and component eight is 4.086%.

The rotated solution, the first component consisted of 10 variables, five affective, one behavioral and one cognitive. These variables seem to be more aligned with thoughts and feelings rather than any specific subscale since only five affective variables loaded on this component. The second component consists of five variables, four affective and one cognitive. While this is more aligned with the affective subscale, since only four variables loaded on this component, it is not as strongly aligned with the affective subscale as hypothesized. The third component consists of seven variables, five behavioral and two cognitive. This component appears to be more behavioral related than the other two components, but more weakly related to the cognitive subscale than hypothesized. These three components explain 35.414% of the variance in the rotated solution. Components four and five have only three variables with loadings greater than .4 while component five has only two variables loading greater than .4. Components seven and eight have only one variable loading greater than .4, so components four through eight seem to explain very little.

Limiting the factor analysis to three factors and rotating the solution increases the variance explained to 42.167% compared to the rotated solution with eight factors. The first component consists of eight affective variables, three behavioral and seven cognitive. The results are inconsistent with a single subscale. The second component consists of nine variables, five behavioral, two affective and two cognitive. While this is more related to behavioral subscale more than any other, it is clearly not as strongly

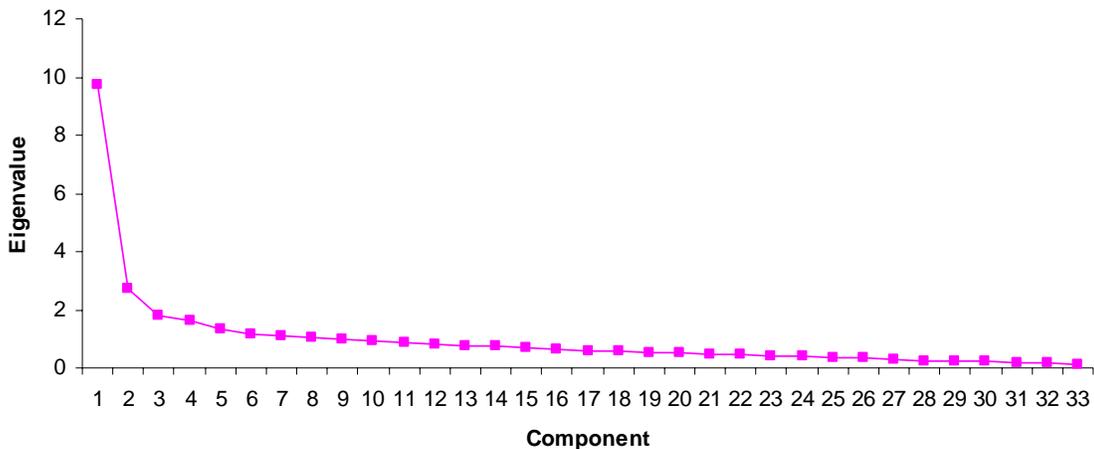
related as hypothesized. The third component consists of a single variable from each subscale which is very inconsistent. This solution only explains 42.167% of the variance.

Factor analysis on the moderate scenario indicated through Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy equaled .860 confirming that factor analysis is appropriate. Barlett's Test of Sphericity is significant $p=.000$. Confirming that the correlation matrix is not an identity matrix, therefore factor analysis is appropriate. Consider components with initial Eigenvalues greater than one indicates nine components explaining 65.209% of the variance. The first component explains 29.483% of the variance, the second explains 8.221%. The components 3 5.405% and four explains 4.856% The remaining components five through nine explain 4.030% 3.599%, 3.419% 3.159% and 3.036%. These nine components are confirmed in the Scree Plot in Table 24.

Table 24

Moderate Scenario

**Scenario 4 Moderate
Scree Plot - Unrotated**



The unrotated solution identified 23 variables in component one; 10 variables were affective related, six were behavior and seven were cognitive. The mixing of affective and cognitive variables reduced the clarity of the subscales. Component two consists of four variables one behavioral, one affective and two cognitive. This component does not appear to align particularly strongly with any of the subscale. The third component consisted of one variable. These three components explain 43.109% of the variance in the unrotated solution. The remaining six components only had three variables in each that loaded component four with loadings greater than .4 except for component six and seven. Component six and seven had no variables with loadings greater than .4. Components five, eight and nine had only one variable in each greater than .4. This solution appears to be inconsistent with the hypothesized subscales.

The rotated solution, KMO and Barlett's test remain unchanged. The total variance explained is unchanged for nine components. However, component one explains 11.753% of the variance, component two is 10.418%, component three, 9.478%, component four is 7.3722%, component five is 7.251%, component six is 6.061%, component seven is 4.594% and component eight is 4.181%, component nine is 4.1%.

The rotated solution, the first component consisted of seven variables, three affective, two behavioral and two cognitive. These components do not appear to predominately align with any subscale. The second component consists of seven variables, one affective, two behavioral and four cognitive. This component does not appear to be consistent with any subscale but is more aligned with the cognitive subscale than any other. One variable also loaded on component five. The third component consists of four variables, one affective and behavior and two cognitive. One variable

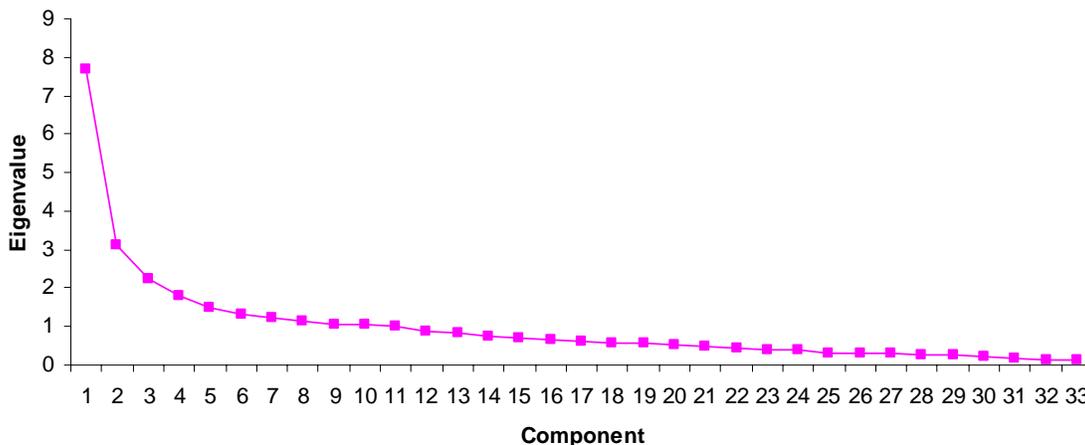
also loads components two. The measure of this component seems to be unclear as well. These three components explain 31.649% of the variance in the rotated solution. Component four consists of three affective variables. One variable also loads on component one. Component five consists of three variables two affective, one behavioral and no cognitive. One variable also loads on component two. Component six consists of three variables, one affective, one behavioral and one cognitive. Also, Component seven loads on two variables; one behavioral and one cognitive subscale. Component seven and eight consists of two variables, one from behavioral and one from the cognitive subscale. Component nine has two variables one affective and one behavioral. The rotated solution appears to be very inconsistent with the three hypothesized subscales. Limiting the factor analysis to three factors and rotating the solution shows no improvement to the explained variance.

Factor analysis on the mild scenario indicated through Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy equaled .772 confirming that factor analysis is appropriate. Barlett's Test of Sphericity is significant $p=.000$. Confirming that the correlation matrix is not an identity matrix, therefore factor analysis is appropriate. Consider components with initial Eigenvalues greater than one indicates 10 components explaining 66.914% of the variance. The first component explains 23.234% of the variance, the second explains 9.478%. The components three and four explain 6.732% and 5.392% respectively. The remaining components five through 10 explain 4.587%, 3.940%, 3.694% , 3.494%, 3.223%, and 3.139% of the variance. These 10 components are confirmed in the Scree Plot presented in Table 25.

Table 25

Mild Scenario

**Scenario 2 Mild
Scree Plot - Unrotated**



The unrotated solution identified 19 variables in component one. Eight variables were affective related, four were behavior and seven were cognitive. These questions were split between the cognitive, seven variables, and affective, eight variables, subscales. The mixing of affective and cognitive variables reduced the clarity of the subscales. Component two consists of six variables three behavioral, one affective and two cognitive. This component does not appear to align particularly strongly with any subscale. There are three other variables that also load on component one as well. A third component consisted of five variables but only one variable loaded only on this component. The other four variables loaded highly on components one or two. These three components explain 39.444% of the variance in the unrotated solution. The remaining seven components only had one variable in each that loaded only on one component with loadings greater than .4, except for component seven. Component seven

had three variables that loaded greater than .4, two cognitive variables and one behavioral. This solution appears to be inconsistent with the hypothesized subscales.

The rotated solution, KMO and Barlett's test remain unchanged the total variance explained is unchanged for ten components. However, component one explains 9.225% of the variance, component two is 9.150%, component three, 8.238%, component four is 7.772%, component five is 7.312%, component six is 6.198%, component seven is 5.951% and component 8 is 4.564%, component nine is 4.538% and component 10 is 3.966%.

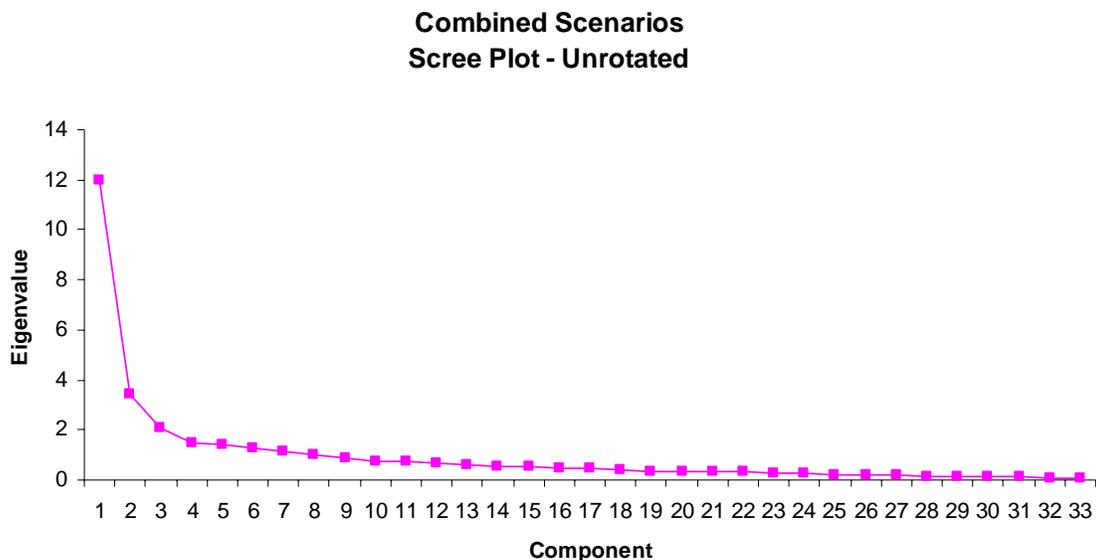
The rotated solution, the first component consisted of five variables, four affective, one behavioral. These variables seem to be more aligned with the affective subscale, but not as many variables loaded on this component as hypothesized. The second component consists of five variables, one affective, two behavioral and two cognitive. This component does not appear to be consistent with any subscale. One variable also loaded on component one. The third component consists of four variables, two affective and two cognitive. One variable also loads on both components two and three. The measure of this component seems to be unclear as well. These three components explain 26.613% of the variance in the rotated solution. Component four consists of four variables, three behavioral and one cognitive, inconsistent with any subscale. Component five consists of three variables that only load on this component, two behavioral and one cognitive. One variable also loads on component two. Component six consists of two variables, one affective and one cognitive. Component seven loaded on four variables; three affective and one behavioral. Component eight consists of three variables, one from each subscale. The remaining two components have

less than three variables that with factor loadings greater than 4. The rotated solution appears to be very inconsistent with the three hypothesized subscales. Limiting the factor analysis to three factors and rotating the solution shows no improvement to the explained variance.

The researcher calculated a factor analysis utilizing all 152 variables. The KMO and Bartlett failed to calculate indicating the factor analysis is not appropriate. Any results are viewed with some reservation because the number of variables is roughly equivalent to the number of participants. This researcher attempted to rotate the solution which failed to converge in 25, 50 and 100 iterations. The solution did converge at 200 iterations. The total variance explained is 82.528% with 35 components; however, the first three components explained 20.261% of the variance. The first component is comprised of 19 variables all from the moderate scenario; variables on all three subscales were included. This component is comprised of 10 affective, four behavioral and five cognitive. In this analysis, the first component had mixed results from each subscale.

This researcher calculated a final factor analysis combining the responses for each question on all four scenarios separately into a single response. The KMO for this solution equaled .852 and Bartlett's test is significant for $p=.000$. Therefore factor analysis is appropriate. The seven components explained 69.123% of the variance. Component one explains 36.295%, component two explains 10.417% , component three explains 6.329% , component four explains 4.453% , component five explains 4.258% , component six explains 3.865% and component seven explains 3.507%. The results of the scree plot are shown in Table 26

Table 26

Combined Scenario

On the first component, 23 variables were loaded; 10 affective, four behavioral and 9 cognitive. Four variables loaded on other components as well. There were four variables that loaded on the second component; one affective, two behavioral and one cognitive. The remaining components had no more than two variables loading on any component; two components had one variable and component six had no variables with loadings greater than .4.

In the rotated solution, KMO and Bartlett's remained the same and seven components explained 69.123% of the variance. In component one explains 16.297%, component two 14.592%, component three 13.798%, component four 8.909%, component five 5.966%, component six 4.794%, and component seven 4.768% of the variance. The first component consisted of 10 variables, three affective, three behavioral and four cognitive variables. Five other variables loaded on other components as well. Component two had three variables which loaded exclusively on that component; one

from each subscale. In addition eleven other variables loaded on other components in addition to component two. Component three had four variables which loaded exclusively on that component; one affective, two behavioral and one cognitive. In addition five other variables loaded on other component in addition to component three. Component four had three variables which loaded exclusively on that component; one behavioral and two cognitive. Also, three other variables loaded on other components in addition to component four. The remaining components had only one variable with loadings greater than .4 that loaded exclusively to that variable. The results suggest none of the components align with the subscales.

Based on these analysis there are mixed results. The Triage Assessment Form: Families has been proven to be a reliable tool, however the validity is weak. In Chapter 5 this researcher makes recommendations to strengthen the validity of the tool for future research.

CHAPTER FIVE

Introduction

This study investigated the reliability and validity of the Triage Assessment Form: Families (TAF: F). The TAF is a 33-item instrument designed to measure a family's affective, behavioral and cognitive reaction to a crisis situation. Reliability was tested using an internal consistency model. Validity of the TAF: F was evaluated using exploratory factor analysis. In addition, this research analyzed the capacity of the TAF: F to distinguish among mild, moderate, marked and severe reactions of families to a crisis situation. In this chapter, a discussion of the results and further recommendations will be described.

The results of this researched indicated the TAF: F is a reliable instrument for use in measuring an individuals response to a crisis, however, other results was confounding. The difference between hypothesized and actual scenario scores suggests that the results for this study should not be used to generalize. In addition, since the results of the Exploratory Factor Analysis failed to demonstrate conclusively that the survey data aligned consistently with the affective, behavioral, and cognitive subscales, it appears that further work on the survey instrument may be required if it is to be used in this particular application for families in crisis.

Discussion

Demographic Information

The sample was taken from students at local universities and technical schools. The sample of 152 participants consisted of 97 females and 39 males ranging in age from 18 to 69. The sample was largely Caucasian, n=115. Only 13 participants self-reported as

African – American. Only one participant reported that they were not a US Citizen, 135 reported as US Citizens.

Participants in the study were asked to identify whether they were victims of domestic violence. Out of n=152 participants, 97 participants were female; 33 females reported they were a victim of domestic violence. The results of this researched indicated one out every three women were victims of domestic violence. These results were expected since the National Coalition Against Domestic Violence (2008) reports that one out of every four women is a victim of domestic violence. Very little is known statistically regarding men treated violently in relationships. Often times violence against men goes unreported (Cook, 1997). This research found that seven of the 39 male participants experienced being a victim of domestic violence in their lifetime. The low number may reflect the current attitude toward not reporting or due to the small sample of males included in the study.

The research asked participants if they had ever been perpetrators of domestic violence. The results indicated that 10 participants reported they had been perpetrators; seven were female and three were male. The researcher did not define the term *perpetrator*. Therefore the participants indicated whether or not they were perpetrators based on their own definition of the term *perpetrator*. The result, indicated that 70% of the perpetrators were female was unexpected but could be the result of the large ratio of female participants to male participants. Of the 10 participants who reported being a perpetrator of violence, nine indicated they were also victims. Unfortunately the participants were not asked if then had witnessed domestic violence as children. This data might have confirmed the current research of the risks involved in children witnessing

domestic violence. Witnessing domestic violence between one's parents or caretakers is the strongest indicator for repeating the violence as a victim or a perpetrator in adulthood (National Coalition Against Domestic Violence, 2008).

Scenario Identification

Scenarios differed in severity from mild, moderate, marked and severe. Each scenario posed different characters in specific roles as either, father, mother, son, or daughter, with first names used to identify each role.

Participants were asked with whom they identified with in each scenario. In the mild, moderate, and severe scenarios, more participants identified with nobody than with any individual character. In each scenario, at least one out of four participants identified with nobody. A lack of an operational definition of the term "*identify*" may have caused confusion for the participants resulting in their inability to answer the question. Future research may want to include an operational definition of the term identify or the use of a different term. For example, terms such as empathy, sympathy, connection, or the character that is most like the participants own experience would help define "*identify*". Also participants were asked who they identified with after all the scenarios were read and scored. Perhaps asking the question directly following the reading of the scenario may provide a stronger response from the participants.

The victims identified primarily with the mothers in the scenarios. Those results were not unexpected. Victims tend to identify with other victims (Walker, 1979) because their experiences are similar. Future research might include a male victim, same sex couples, or actors not identified by names that imply ethnicity or gender, only their role as perpetrator, victim or child witness. This change in research design might eliminate

victim gender and ethnicity as confounding variables. Similarly, perpetrator identification might be impacted by gender, role, or name identification. Nearly one out of three perpetrators in the severe scenario identified with none of the characters in the scenario. In the mild and marked scenarios one out of four identified with none of the characters in the scenario. These results are unexpected. The researcher expected the perpetrator to identify with the perpetrator in the scenario or the victim. In the moderate scenario the perpetrator identified primarily with the daughter. Future research might have the participants provide character identification immediately after reading each scenario rather than waiting until all the scenarios were read and the TAF: F was completed. Participants may have experienced fatigue resulting in inaccurate identification.

Ranking of Scenarios

If the TAF: F is a reliable and valid measure of a family's reaction to the crisis of domestic violence, it is logical to assume that scores on TAF: F would increase as the violence in the scenarios increased in severity from mild to moderate, to marked, to severe. However the results are perplexing. Scenarios ranked in severity as moderate (m=98.8) severe (m=108.3), mild (m=114.5), and marked (m=116.7) as shown in Table 20. These results could have been impacted by of the nature of the scenarios. There may need to be greater demarcation of the scenarios as to mild, moderate, marked, and severe. It may have been difficult for participants to determine the severity of each scenario due to the sensitive nature of domestic violence. Participants history may have confounded their ability to rank order the scenarios. Participants might rank order the scenarios first as mild, moderate, marked and severe followed by the severity scale. Would the results be different if the scenarios were more generic in nature such as job loss, car accident or

death in the family? Future research might focus on crisis scenarios that are less emotional charged.

Conclusions

Reliability of Scenarios TAF: F

This researcher hypothesized that the TAF: F is a reliable instrument based on a Cronbach's Alpha score of at least .70 or higher or a Spearman-Brown coefficient of .70 or higher or a Guttman Split half of .70 or higher. The internal consistency tested reliability of the TAF: F using Cronbach's Alpha, Spearman-Brown, and Guttman measures. Reliability across all scenarios is strong ranging from a low of .7969 on the mild scenario using Guttman to .9039 on the moderate scenario measured by Cronbach's Alpha as shown in table 20. Although the instrument appears to be reliable, the ranking of scenarios by severity is inconsistent with expected rankings. This incongruity could be caused by many factors such as the length of the survey, topic of domestic violence, or the sample population itself. The instrument failed to distinguish severity by scenario; therefore future research might focus on revising the scenarios using a less sensitive topic or more significant differentiation between severity levels which may allow for a more clear identification of severity. Also, having participants put the scenarios in order from mild to severe may control for the extraneous variable of history of the participant.

Reliability of Subscales

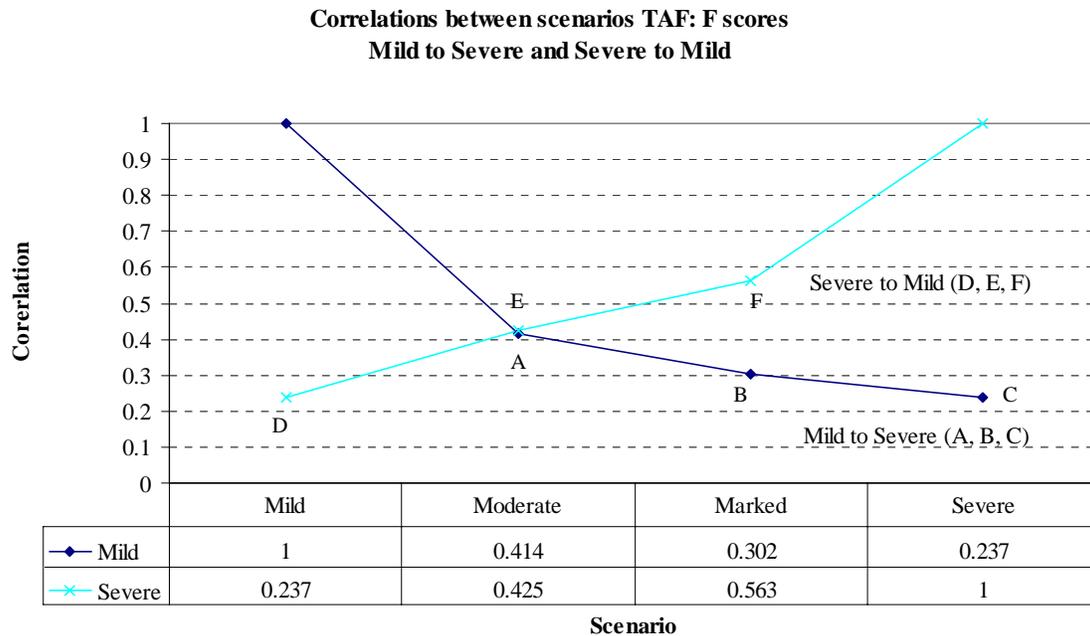
The researcher hypothesized that data collected from TAF: F will indicate a construct of the three proposed factors affect, behavior and cognitive. Reliability for the affective subscale is consistent across scenarios as measured by Cronbach's Alpha ranging from .7666 for the mild to .8305 for the moderate scenario; the marked and

severe scenarios scored within this range at .7866 and .7819 respectively. The results for the behavioral subscale are less consistent across scenarios ranging from .4415 for the mild scenario to .6919 for the moderate scenario; the marked scenario scored .6552 and the severe scored .4997. The results for the cognitive subscale are also less consistent than desired across scenarios ranging from .5785 for the mild scenario, to .6772 for the moderate scenario; the marked scenario scored .6141 and the severe scored .6732. The affective subscale indicates acceptable internal consistency. The Behavioral & Cognitive subscales indicate low internal consistency; this may be due to the emotionally charged nature of domestic violence situations. Future research may include a better induction to reading the scenarios

Scenario Correlations

The researcher graphed the correlations between TAF: F scores reported in Table 27. The graph indicates a negative slope of correlations between the mild – moderate scenarios, mild-marked, and mild – severe scenarios (data points A, B, and C on graph) (see Table 30). All correlations are moderate to weak ranging from .414 to .237. Similarly, a positive correlation is indicated between the severe – mild, severe – marked, severe – moderate scenarios (data points D, E, and F on graph). All correlations are weak as well ranging from .237 to .563.

Table 27

Correlations between Scenarios

The correlations between the moderate scenario and the other scenarios and the marked scenario and the other scenarios is a bit incongruous, suggesting that there might need to be even greater demarcations between scenarios.

A possible explanation for the differential between the mild, moderate, marked, and severe scenarios and the mixed results of this research is Kerlinger's MAXMINCON Principle (Kerlinger, 1973). To allow for the research design to control the variance observed in the dependent variable, Kerlinger's MAXMINCON principal for successful statistical outcomes focuses on three premises: Maximize the variance associated with the relationship between the predictor and criterion variables; minimize error variance associated with measurement of the criterion variables and control for extraneous variables attributable to other variables which were omitted in the investigation. To check

for differences in both independent variables, the researcher checked differences in the independent variables on victim, perpetrators, age, areas of study, race and gender. No level of the independent variable was found to be statistically significant.

In regards to minimizing error variance, the instrument was found to be reliable. The researcher used a standardized procedure to administer the instrument and the research sample size, $n=152$ was a large enough sample size. There was no attempt to match samples because of the limited time and resources available. For this study, matched samples would have been impractical.

The use of a covariate attempts to control for differences not eliminated in the research design. A covariate requires a strong correlation between the covariate and the dependent variable. All correlations between scenario scores and the scores on the TAF: F was extremely weak. Controlling for extraneous variables in this research design may not have been possible. The use of random assignment was not utilized because matched samples were not utilized. There may have been an Order Effect in the distribution of the scenarios, but that data was not collected. The Novelty Affect may have occurred. A participant responded to a total of 152 questions. They may have given their best responses in the beginning and as time continued the participants may have had a lessened desire due to fatigue to give an appropriate response due to the length of the survey.

Recommendations

This study is the first attempt to statistically analyze the TAF: F. The results indicate the TAF: F is a reliable instrument. However, further modification of the research design is necessary to strengthen the validity of the TAF: F. Utilizing the

MAXMINCON Principals to strengthen the design of the research will increase the opportunity to accurately determine the reliability and validity of the tool.

Having strong psychometric properties is important in understanding a families affective, behavioral, and cognitive reactions to a crisis situation. Understanding a family's reaction to a crisis provides the clinician with the tools necessary to utilize appropriate intervention to return the family to a pre-crisis state.

The author of the instrument intended that the TAF: F describes a family's affective, behavior, and cognitive reaction to a crisis situation. Although the research suggest the instrument may have validity further research is needed to confirm this.

To control for Order Effect a larger scale study with matched samples and random assignment of those matched samples would be required. After data collection a ANOVA by order of scenario, one through 24 possible combinations, would be conducted.

For this research domestic violence scenarios were used. One consideration is to revise the scenarios to exclude the possible effects of gender or ethnicity and reflect the characters simply by their role. Future research could utilize other types of crisis situations. Lastly, assessing whole family as a unit rather than an individual's perception of their family may yield different results.

Finally, the research demonstrated the TAF: F is a reliable instrument. However, since the results of the exploratory factory analysis were not as expected, this research design might be duplicated with a different sample or scenarios not specific to domestic violence. In addition, future research may utilize this research design, develop a set of a priori assumptions and a hypothesized model, perhaps even using that model to develop a set of structural analyses and ultimately performing a confirmatory factor analysis. Such

subsequent studies may confirm both reliability and validity for this instrument which appears to hold promise.

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Appendix A

Triage Assessment Form: FAMILIES

Please respond to the following items based on your perception of crisis scenarios.

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1. No one has any energy.					
2. Everyone is doing their chores around the house.					
3. Our friends are talking about what happened.					
4. No one can get any thing done because of what happened.					
5. Our family is closer than before.					
6. We are yelling at each more than usual.					
7. Everyone's schedule is different.					
8. Communication in the family has not changed.					
9. What happened to us does not seem fair.					
10. I feel all alone.					
11. No one listens to anyone.					
12. No one can make decisions about what to do.					
13. I have to do everything.					
14. No one knows what to do.					
15. We cannot seem to get anything done.					
16. Our family will never be the same.					
17. We do not talk about what happened.					
18. No one listens to anyone.					
19. We are worried about what is going to happen.					
20. Our values are different.					
21. No one wants to help anyone.					
22. Our daily routine is the same.					
23. Everyone thinks they know best.					
24. We are isolated from our friends.					
25. No one is doing anything around the house.					
26. Nothing really happened.					
27. What is important has changed.					
28. No matter what we try, it does not help.					
29. No one pays any attention to me.					
30. Everyone seems angry about what happened.					
31. We keep asking why this happened.					
32. We have run out of options.					
33. There is no one who can help.					

Appendix B

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

- TITLE:** Examination of the Reliability and Validity of the Triage Assessment Form: Families
- INVESTIGATOR:** Leslie A. Slagel
2535 Fox Hollow Drive
Pittsburgh, PA 15237
412-977-3823
- ADVISOR:** Rick A. Myer, Ph.D.
Counselor Education Department
(412)396-4036
- SOURCE OF SUPPORT:** This study is being conducted as partial fulfillment of the requirements for the Ph.D. degree in Counselor Education and Supervision at Duquesne University.
- PURPOSE:** You are being asked to participate in a research project that seeks to investigate a family's perception of a crisis. You will be asked to read 4 scenarios about a family in crisis, and then you will fill out a 33- item survey after each scenario. In addition, you will be asked to rate the scenerios on a scale of 1 through 8, 1 being mild to 8 being the most severe.
- RISKS AND BENEFITS:** There are no risks or benefits to participate in this study.
- CONFIDENTIALITY:** Your name will not appear on any survey or research instruments. No identity will be made in the data analysis. Your responses to the survey will only appear in statistical data summaries. All written materials and consent forms will be stored in a locked file in the researcher's home. All materials will be destroyed within 5 years of this research.
- RIGH TO WITHDRAW:** You are under no obligation to participate in this study. You are free to withdraw your consent to participate at any time.
- SUMMARY OF RESULTS:** A summary of the results of this research will be supplied to you, at no cost, upon request.
- VOLUNTARY CONSENT:** I have read the above statements and understand what is being asked of me. I also understand that my participation

Is voluntary and that I am free to withdraw my consent at any time, for any reason. On these terms, I certify that I am willing to participate in this research project.

I understand that should I have any further questions about My participation in this study, I may call Dr. Paul Richer, Chair of the Duquesne University Institutional Review Board (412-396-6326).

Participant's Signature

Date

Appendix C

Mild Crisis Scenario

Susan and Michael have been married for several years. They have two children a boy and a girl. Susan has decided to return to work now that the children are older. She notices Michael is somewhat irritated and distant towards her. He questions her as to whether she is going to wear what she has laid out on the bed. Susan tries to explain to him where she bought the outfit but Michael acts disinterested in what she is saying. Susan makes several attempts to talk with Michael but has little success. As Susan turns towards the door to leave for the day, Michael annoyed, questions Susan again about what she is wearing. He wonders if it appropriate for a mom to wear a skirt that is slightly above her knee and a blouse which reveals a camisole underneath. He wondered aloud if she needed to impress anyone in particular or maybe she wanted to draw attention to herself so she could feel sexy. As Michael asked the questions his irritation turned into anger and he began to yell in Susan's face. Michael demands that Susan change her clothes. She begins to cry asking him to stop, telling him that she did not need an argument on her first week back at work. Crying and shocked Susan runs out the door and drives to work. At work she feels confused and wonders if she was dressed inappropriately for a being a mom and questions if her customers feel the same way. When Susan nervously arrives home from work, Michael had dinner and a dozen of roses waiting for her.

Moderate Crisis Scenario

Jenny sends her two children Tom and Tina to bed for the night. Her husband, Bob is due to come home any minute and Jenny quickly tries to pick up the children's things and put the laundry away before Bob arrives. It has been a month since Bob has been angry and yelled about how messy the house can be with the children's school books and computer games laying around. For the last two days Bob has been stressed and irritated when he gets home from work. As Jenny is picking up the computer games and straightening the family room Bob slams the front door. Bob hears Tommy and Tina laughing and watching Television in their room. Bob looks around the family room shaking his head asking Jenny if she has done anything all day. Angrily, he asks Jenny why the children are still awake. As Bob punches the wall he tells Jenny he has had a hard day and the last thing he needs is the hearing the children and Television and looking at a messy house. Tina climbs into Tom's bed as they listen to their father screaming at their mother. He tells her she is a bad mother who can't control her children and she better learn how to take care of the house. The children hear glass breaking and their mother crying. They turn the television up and wait for the screaming to stop. A little later Jenny checks on the kids and tells them everything is all right and they finally fall asleep.

Marked Crisis Scenario

Sue is at the park with her two children Erika and Paul. She has lost track of the time and her husband Peter will be home in thirty minutes. She arrives home to find Peter pacing in the house, angry because dinner is not ready. Sue tries to tell him they were having such a great time playing at the park that she had lost track of time. Peter tells her to shut up and begins pushing her down on the sofa. Erika begins to cry and Paul yells at his father to stop hurting and screaming at his mother. Peter looks at Paul and tells him to keep his mouth shut and stay out of it or he will be next. Peter then grabs Sue by the hair and drags her into the kitchen yelling at her to get dinner ready. Peter pushes Sue up against the wall and puts his hands around her neck telling her that he could mess her up if he wanted to. Erika runs up to her room sobbing and Paul reaches for the phone and calls the police. The police arrive and Peter tells them they were just having an argument that everything is fine. There are no physical injuries. The police ask Peter to take a walk and cool off.

Severe Crisis Scenario

Barb is feeding her two children Sarah and Timmy breakfast before they go to school. Rick, her husband enters the kitchen and asks Barb where his favorite white shirt is. Barb tells him that she forgot to pick it up from the cleaners. Rick irritated takes his cup of coffee and throws it all over Barb because he wants to show her it is not hot and he likes hot coffee. Stunned, Barb says "Not today Rick, please not today". Rick punches Barb in the face yelling that maybe next time that will remind her to pick up his clothes from the cleaners when he asks. Barb begs Rick to stop and he grabs her by the arm, twisting it behind her back so hard she screams out in pain. Rick continues to scream and throws Barb across the room. Barb hits the china cupboard and breaks the glass. He grabs her and slaps her several more times across the face. The kids are crying begging their dad to stop. Rick hears car doors slamming and notices police cars have pulled up to the house. Rick shoves Barb one last time and tells her "Your done" and runs out the back door. Barb's oldest child sobbing answers the door. As Barb sits on the couch crying, holding her broken arm she tells the police what happened. They ask her where he might have gone. Scared, she tells the police she has no idea. The police suggest she take her children to the nearest domestic violence shelter and file for a protection order as soon as possible.

Appendix D

Age: _____ 18 – 29 _____ 30 – 39 _____ 40 – 49 _____ 50 – 59 _____ 60 – 69 _____ 70+

Gender: _____ Male _____ Female

Race: _____ Caucasian _____ African American _____ Latin American

_____ Asian American _____ Bi-Racial _____ Other

Field of Study: _____ education _____ Law _____ Business _____ Social Services

Are you a U.S. Citizen: Yes No

Domestic violence is defined as pattern of behavior in which one intimate partner uses physical violence, coercion, threats, intimidation, and isolation, emotional, sexual or economic abuse to control and change the behavior of the other partner.

Have you ever been a victim of domestic violence? Yes No

Have you ever committed domestic violence? Yes No

Please mark how you would rate the scenarios as a crisis for you using the 1 – 8 scale provided.

	Mild						Severe
Sue/Peter shopping scenario	1	2	3	4	5	6	7 8
Who did you identify with?	Sue	Peter	Erika	Paul	Nobody		
Susan/Michael return to work scenario	1	2	3	4	5	6	7 8
Who did you identify with?	Susan	Michael	Son	daughter	Nobody		
Barb/Rick breakfast scenario	1	2	3	4	5	6	7 8
Who did you identify with?	Barb	Rick	Sarah	Timmy	Nobody		
Jenny/Bob home from work scenario	1	2	3	4	5	6	7 8
Who did you identify with?	Jenny	Bob	Tina	Tom	Nobody		