ADVOCACY INTERVENTION WITH ABUSED CHINESE CANADIAN WOMEN

BY

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in Partial Fulfillment of the Requirements
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MASTER OF SOCIAL WORK

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A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University of Manitoba in partial fulfillment of the requirements of the degree

of

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Abstract

This report presents findings of a practicum focused on a ten-week advocacy intervention with eight abused Chinese women. The practicum aimed at developing an effective and culturally appropriate intervention in working with abused Chinese women. To help abused women, research has shown that Advocacy Intervention is effective in assisting them to obtain necessary resources, in increasing social support, and in reducing their unpleasant emotions resulting from the abuse. To address the cultural issues, Lee (1997) developed a Cultural Dynamics Model that helps to understand how one's cultural dynamics shape one's beliefs and behaviors. As well, Roberts (1996) identified the special needs of abused women and developed a Crisis Intervention Model aimed at making certain of the safety of the women and their children

The intervention in this practicum integrated the Advocacy Intervention Model with the Cultural Dynamics Model and the Crisis Intervention Model. The effectiveness of the intervention was evaluated through both quantitative and qualitative approaches. Quantitative data included single-subject designs (B – A intervention-follow-up designs), a cross-sectional post-intervention assessment and a one group pre-test post-test design. Qualitative data were collected through an open-ended interview with the participants and helping professionals. The results from the post-intervention assessment indicated that all women reported being effective in obtaining necessary resources. Findings from the Single-subject Designs demonstrated a continuing decrease of both non-physical and physical abuse among some women from intervention into follow-up. At the 6-week follow-up, four women (50%) had separated from their assailants. Five women (62.5%) were abuse-free. Results from the Group Design showed no significant change. This might be due to the large variation of changes among the women.

Regarding social support, the results from the Group Design indicated that, as a group, all women showed a significant increase of social support across the total scale and all subscales during the intervention. However, the results from the Single-subject Designs only showed some improvement of family and significant other support among a

different woman for each type of support in the intervention phase. The results from both evaluation designs indicated that there was a decrease in family support for some of the women during the intervention. Due to the lack of unequivocal statistical evidence to support the effectiveness of the intervention, the qualitative data were collected to provide more information. The qualitative data suggested that the intervention was able to enhance the women's social support, to provide necessary information and resources, and to address their cultural needs. It was also found that a hospital based advocacy intervention was able to provide continuity of health care and outreach to women, who were abused and not involved with other systems.

In addition to the casework, the practicum included a seminar on the topic of "Cross-cultural practice with abused Chinese-Canadian women". Thirty-six helping professionals from health care and social services attended the seminar. The seminar was well received and achieved its goal of promoting effective cross-cultural practice by enhancing the participants' knowledge and competence in working with abused Chinese women.

I shared this poem with all the women I worked with during this practicum, and I would like to share it with other women, who are victims of abuse.

This life is yours

Take the power
To choose what you want to do
and do it well
Take the power
To love what you want in life
and love it honestly
Take the power
To walk in the forest
and be a part of nature
Take the power
To control your own life
No one else can do it for you
Nothing is too good for you
You deserve the best
Take the power
To make your life
Healthy
Exciting
Worthwhile
And very happy
While you reach for your dreams

By Susan Polis Schutz

Acknowledgements

I dedicate this report to my mother who taught me to endure suffering and persist in the goals of my life.

Grateful acknowledgement is extended to the members of my practicum committee. To Kathleen Mackay who gave me endless encouragement, and shared with me her precious work experience. She also edited and proofread my work keenly and passionately. To Kathryn Levine who helped me develop a sound theoretical orientation and gave me insightful advice in writing this paper. To Sid Frankel who inspired me to pursue excellent academic standards and patiently guided me to exceed myself.

Warm thanks to Vicki Lymburner of the Domestic Violence Program at Vancouver General Hospital for her immeasurable assistance.

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Chapter I

INTRODUCTION

1.1 Overview

Studies have shown that abused women[1] remain in abusive relationships because they have difficulty in accessing needed resources, lack knowledge of available legal protection, have limited social support[2], fear further abuse, and have low self-esteem. (Canadian Center for Justice Statistic, 1994; Canadian Panel on Violence Against Women, 1993; Wiebe, 1985). Abused women of color[3] have been found to be in a more disadvantaged position because of language barriers, isolation, and discrimination encountered in a new country (Canadian Panel on Violence Against Women, 1993; MacLeod & Shin, 1990; Pratt, 1995; Tran & Wright, 1986). Research shows that Advocacy Intervention[4] for abused women is effective in helping them to obtain desired resources and increase social support, self-esteem, and a sense of personal control. It is also effective in reducing levels of fear, anxiety, and depression; as well as the negative experience of dealing with the prosecution process (Boyd, 1985; Department of Justice Canada, 1990; Filinson, 1993; Sullivan, 1991; Sullivan, Tan, Basta, Rumptz, & Davidson, 1992; Sullivan, Campbell, Angelique, Eby & Davidson, 1994; Tan, Basta, Sullivan & Davidson, 1995; Tutty, 1996). This report of practice discusses the

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[1] Abused women are those, who are assaulted physically, emotionally, or sexually by men with whom they have, or have had an ongoing or intimate relationship, whether or not they are legally married or living together at the time of the assault or threat (Ministry of Attorney General, 1996).

[2] Social support for the purpose of this practicum refers to material, instrumental, educational, social, and psychological assistance received by an individual. It consists of both formal and informal elements. The former is support provided to an individual by someone paid to provide that assistance, whereas the latter refers to assistance provided by unpaid people; such as kin, friends, and peers as part of their evolving relationships (Cameron & Vanderwoerd, 1997).

[3] Women of color refers to all women in Canada who do not identify themselves as white. They may come from Asia, Africa, the South Pacific, the Caribbean, the Middle East, South or Central America or they may be Aboriginal people. They may be immigrant or refugee women of color; or women of color who were born in Canada and whose families have been here for generations (Canadian Panel on Violence Against Women, 1993, p.70).

[4] Advocacy Intervention for the purpose of this practicum is defined as helping abused women to access necessary resources, experience empowerment, expand social support; as well as assisting women to live without violence (Boyd, 1985; Sullivan, 1991; Sullivan, Tan, Basta, Rumptz, & Davidson, 1992; Sullivan, Campbell, Angelique, Eby & Davidson, 1994; Tan, Basta, Sullivan & Davidson, 1995; Tutty, 1996).

effectiveness of applying the Advocacy Intervention Model with abused Chinese Canadian women. In addition to this, the report comments upon the applicability of the Advocacy Intervention Model, which had been integrated with a cultural dynamics dimension (Lee, 1997) and a crisis intervention dimension (Slaikue, 1990; Roberts, 1996), to meeting the cultural and emergency needs of abused Chinese Canadian women. This report also discusses some policy issues that are related to abused women, especially abused Chinese immigrant women.

1.2 Learning Goal and Objectives

The goal of this practicum was to develop an advanced level of social work knowledge and skill in working with abused Chinese Canadian women. More specifically, the student was interested in developing competence in culturally appropriate and effective intervention with these women. The knowledge and skill which the student wanted to advance were practiced through the implementation of the Advocacy Intervention Model (Sullivan, 1991; Sullivan, Tan, Basta, Rumptz and Davidson, 1992; Sullivan, Campbell, Angelque, Eby & Davidson, 1994; Tan, Basta, Sullivan & Davidson, 1995) and the Cultural Dynamics Model (Lee, 1997). The student wanted to examine how the Advocacy Intervention Model could be used in a more culturally appropriate way by integrating it with the Cultural Dynamics Model. The student also wanted to develop an effective intervention in working with abused women, who had sought medical treatment at the emergency department in a hospital setting. More than that, the student wanted to examine how the Advocacy Intervention Model could be used in an emergency by integrating it with the Crisis Intervention Model (Slaikeu, 1990; Roberts, 1996).

To achieve this learning goal, the student identified five learning objectives:

1. To develop advanced social work knowledge.
2. To develop advanced clinical skills.
3. To develop advanced skills within the professional context, such as social work values and ethics, acting professionally and clinical evaluation.

4. To understand policies related to the abuse of Chinese Canadian women and their implications for service delivery and clients.

5. To evolve a personalized approach to reflection on professional practice.

Chapter II

REVIEW OF LITERATURE

Despite an extensive search of current literature, the student found little research about abused Chinese women and their social support networks. However, studies on women abuse, social support, social support and abused women, advocacy intervention, violence against Asian women, and crisis intervention with abused women provided relevant insights.

2.1 The Problem of Women Abuse

A national survey on violence against women conducted by Statistics Canada in 1993 included interviews with 12,300 women aged 18 or over. According to this survey, 51.0% of Canadian women have experienced at least one incident of physical or sexual assault since the age of 16; and 59.0% have been victims of emotional abuse. The most common forms of violence experienced by women in this sample were pushing, grabbing and shoving, followed by threats of hitting, slapping, having objects thrown at them, kicking, biting, and hitting with fists. The most common forms of emotional abuse experienced by these women were name-calling, put downs and the expression of jealousy by partners in preventing the woman from having contact with other men (Canadian Center for Justice Statistics, 1994). Most abused women come into contact with the health care system at some point in their abusive relationship, and therefore the response that these women receive is very critical (Canadian Panel on Violence Against Women, 1993). However, studies have documented the inadequacy of medical responses to women who have been abused (Campbell, Paliska, Tylor and Sheridan, 1994; Hotch, Grunfeld, Mackay and Ritch, 1996). Providing adequate services to abused women was one of the reasons behind the design of this practicum.

2.2 Social Support and Abused Women

Social support not only accelerates recovery from illness and promotes psychological well being (Auerbach & Kilmann, 1977; Cassel, 1976; Cobb, 1976; Whitcher & Fisher, 1979); but also acts as a buffer offsetting the negative effects of wife abuse (Barnett, Martinez & Keyson, 1996; Tan, Basta, Sullivan, and Davidson, 1995; Tutty, 1996). However, women of color often lack social support due to physical, psychological and social isolation, language barriers, subordination, powerlessness, and discrimination (Chan & Leong, 1994; Lee & Cochran, 1988; MacLeod & Shin, 1990; Masaki & Wong, 1997; McGee, 1997; Pratt, 1995; Wiebe, 1985). Many immigrant women left their own social support systems behind at the time of emigration. The resulting lacunae may affect these women's ability to cope with an abusive relationship.

Research on social support experienced by abused women has shown that they have significantly less social support in terms of frequency of contact, network size, and perceived support (Barnett, Martinez & Keyson, 1996; Mitchell & Hodson, 1983). Bowker (1993) pointed out that abused women try numerous strategies to cope with the violence. However, studies have shown that many abused women return to their abusive spouses or partners (Canadian Center for Justice Statistics, 1994; Cannon & Sparks, 1989; Gondolf, 1988; Synyder & Scheer, 1981). In the national survey on violence against women, 70.0% of the female victims returned to their homes temporarily after staying in a shelter or with friends or relatives (Canadian Center for Justice Statistics, 1994). Mitchell and Hodson (1983) explained that the reason why abused women remain in an abusive relationship is the lack of social support. They pointed out that supportive social networks could provide people with material and instrumental assistance and emotional support. Lacking such resources, abused women are less likely to see leaving an abusive relationship as a viable alternative when they take into consideration their children, economic dependency and family commitments (Canadian Panel on Violence Against Women, 1993; Strube & Barbour, 1993; Wilson, Baglionni & Downing, 1989).

2.3 Advocacy Intervention

Research has shown that advocacy intervention for abused women is effective in helping them to obtain desired resources, to increase social support, self-esteem and a sense of personal control, and to reduce their level of fear, anxiety, and depression. As well, advocacy can reduce their negative experience with the prosecution process. (Boyd, 1985; Department of Justice Canada, 1990; Filinson, 1993; Sullivan, 1991; Sullivan, Tan, Basta, Rumptz & Davidson, 1992; Sullivan, Campbell, Angeligue, Eby & Davidson, 1994; Tan, Basta, Sullivan, and Davidson, 1995; Tutty, 1996). The long-term effects of advocacy intervention in reducing abuse and helping abused women to leave an abusive relationship have not been substantiated. However, the above studies have argued that advocacy intervention is an inexpensive way to assist abused women to reduce the stress from an abusive experience; and that it helps them to obtain necessary resources.

It is difficult to define what "advocacy" means. There is no clear definition of advocacy for abused women. Rather, the term "advocacy" for abused women is defined in accordance with the mandate and service provision of an organization. For example, the London Battered Women's Advocacy Clinic in London, Ontario describes its overall advocacy function as speaking out in favor of and interceding on behalf of abused women (Boyd, 1985). The Women's Advocacy Program (WAP) in Winnipeg, Manitoba defines its goals as to "assist spousal assault victims within the court process and to generally reduce the incidence and consequences of spousal violence" (Department of Justice Canada, 1990). Tutty (1996) conducted exploratory research on the efficacy of post-shelter services for abused women in Canada. In this research, advocacy service was defined as educating abused women on available resources and options to end a violent relationship, connecting and lobbying with social services and legal systems, providing supportive counseling, and making referrals to appropriate community services.

Peled and Edleson (1994) conducted a national survey of 379 advocacy services in the United States. The results of this survey indicate that the definition of advocacy for abused women can be classified into two main categories: outcome goals and process

goals. The outcome goals are: 1/ to meet the needs of abused women through direct service, 2/ to empower abused women, 3/ to meet the needs of abused women through system change, and 4/ to end violence. The process goals include providing direct services to abused women, representing abused women, working as their liaison with other systems, and initiating community education and policy work.

Although the ways to define advocacy for abused women are diverse, most of the advocacy services are developed under the influence of the feminist perspective that emphasizes empowerment. Empowerment is achieved through development and mastery of a wide range of interpersonal and life skills, identifying personal strengths, and validating personal feelings. As well, empowerment is aimed at helping clients to make informed decisions, to take charge of personal matters, to challenge societal and institutional inequality and injustice; and to maintain equal relationships between women and men as well as between clients and therapists. (Dutton, 1992; Lerman & Porter, 1990; Walker, 1984, 1994; Worell & Remer, 1992). Studies on advocacy intervention, which were mentioned above, have shown the significance of empowerment to abused women, in general. The question of how advocacy intervention could be used with a particular client group and its effectiveness with that particular client group motivated the student to design this practicum.

2.4 Socio-demongraphic Changes of the Chinese in Canada

The Chinese population had a remarkable increase in the last three decades. Chinese accounted for only 4.0% of the immigrant population who arrived between 1961 and 1970. The Chinese population, however, has been experiencing rapid growth since the 1980's due to increased immigration, particularly from Hong Kong, the People's Republic of China and Taiwan (Statistic Canada, 1997). In the 1996 Census, 860,000 individuals identified themselves as Chinese, the largest visible minority[5] population. The Chinese accounted for 3.0% of Canada's total population. In British Columbia, there

[5] Visible minority refers to persons, other than Aboriginal people, who are non-Caucasian in race or non-white in color (Statistics Canada, 1996).

were approximately 300,000 persons of Chinese ancestry. In addition, Chinese became Canada's most common language spoken at home, after English and French. Between 1991 and 1996, the number of people who reported Chinese as their mother tongue increased 42.0% to 736,000. Chinese mother tongue was reported by 2.6% of the total population in 1996 (Statistic Canada, 1997). The increased Chinese population and the more frequent use of spoken Chinese suggest that the multilingual nature and linguistic diversity of Canada had changed in comparison to three decades ago. This may suggest a need to develop culturally appropriate services in order to meet the needs generated by increased diversity.

2.5 Demand for Domestic Violence Services by Chinese Canadian Women

Official statistics about the Chinese population in Canadian regarding domestic violence are unavailable. The national survey on violence against women conducted by Statistics Canada in 1993 did not include minority groups as a separate category in their analysis. However, there are some other documents on the demand for domestic violence services by Chinese Canadian women. First, the number of spouse-abuse cases handled by the Chinese Family Life Services of Metro Toronto had increased from less than 10 cases in 1986 to 118 cases in 1996 (Lee & Au, 1998). Second, statistics from S.U.C.C.E.S.S. (United Chinese Community Enrichment Services Society), the largest social services organization that serves the Chinese in Greater Vancouver, showed that there was an increasing demand for domestic violence services by Chinese women. According to S.U.C.C.E.S.S., the number of intakes for family and youth counseling services jumped to 732 between April 1, 1997 to March 31, 1998 compared with the figure of 543 between April 1, 1996 to March 31, 1997. Among the intakes in between April 1, 1997 to March 31, 1998, there were 182 cases, which fell into the family violence category. This represented a 10.0% rise in comparison with the figures of the same category in between April 1, 1996 to March 31, 1997 (S.U.C.C.E.S.S., 1998). These two agencies serve two of the three largest Chinese communities in Canada. Their experience might be a valid indication of increasing demand for domestic violence services by Chinese Canadian women.

2.6 The Culturally Responsive Model and its Application with the Chinese Clients

Studies have documented that theories developed under a western or Euro-Anglo dominated culture, to some extent, are inapplicable in eastern or Asian culture (Congress, 1997; Lee, 1997; Ho, 1990; Kanuha, 1994; Kim, 1995; Yamashiro & Matsuoka, 1997). Therefore, we need to search for a model, which helps to enhance culturally sensitive knowledge related to ethnic clients. Courtland Lee (1997) developed a Cultural Dynamics Model that can be used as a guide to conduct assessments and to formulate intervention plans. Lee's model and its application to the Chinese are briefly explained below.

The Relationship between Ethnic Identity and Degree of Acculturation

Each individual has a unique sense of ethnic identity[6] and degree of acculturation[7] due to his or her age, gender, ethnic group, length of residence in the host country, level of education, extent of experience with racism, and socio-economic status. Lee uses a two-by-two matrix and identifies four types of relationships between the sense of ethnic identity and the degree of acculturation. These four types of relationships are: strong sense of ethnic identity/high degree of acculturation, weak sense of ethnic identity/high degree of acculturation, strong sense of ethnic identity/low degree of acculturation, weak sense of ethnic identity/low degree of acculturation (Lee, 1997, p.20-22). He adds that both ethnic identity development and acculturation are dynamic processes, and that an individual's experience may move throughout the matrix.

The Chinese Canadian group is one of the largest visible immigrant groups in Canada; but its members also come from very diverse backgrounds or homelands. Lai and Yue (1990) point out that the majority of the Chinese originated from China, Hong Kong, and

[6] Ethnic identity refers to an individual's sense of belonging to an ethnic group and the part of an individual's personality that is attributable to ethnic group membership (Rotheram & Phinney, 1987 as cited in Lee, 1997).
[7] Acculturation refers to the degree to which an individual identifies with or conforms to the attitudes, lifestyles, and values of the host country (Lee, 1997).

Taiwan. However, there are also Chinese who emigrated from Vietnam, Cambodia, Indonesia, Laos, Malaysia, Thailand, Singapore, Fiji, Africa, and the West Indies. In Chinese migration history, the ancestors of the Chinese came to Canada as cheap labor in the late 1800's. Since the implementation of the "point system" in 1962, some Chinese immigrants were skilled workers, professionals, entrepreneurs, and family members. The rest of the population was refugees and young descendents of the early settlers (Lai & Yue, 1990; Li, 1988). Studies have shown that some Asian people who were born and/or educated in North America, and have fluent English language skills are more likely to identify themselves as Americans or Canadians and to internalize as well as practice mainstream values (Atkinson & Gim, 1989; Lee, 1997). On the contrary, immigrants/refugees are more likely to preserve their heritage and expect the younger generations to continue their traditions. Consequently, the diversity in backgrounds, reasons for immigration, ethnic group, length of residence in Canada, mastery of language, socioeconomic status, and extent of experience with racism suggests the need for a careful examination of each individual's ethnic identity and level of acculturation (Congress, 1997; Lee, 1997).

Language

An appreciation of and sensitivity to the language differences between client and counselor facilitate a responsive counseling process (Lee, 1997, p.23). Language differences include language fluency, accent, the meaning of words in a cultural context, dialect, and the use of nonverbal communication (e.g. eye contact, body language, facial expressions, and emotional expressions). Successful response to language differences may prevent misunderstanding and help clients from ethnic minority cultural backgrounds to tell their stories in a comfortable manner (Sue, Arredondo, & McDavis, 1992 as cited in Lee, 1997).

For abused Chinese women, accessing helping professionals is extremely difficult when they do not have highly developed English or French communication skills. They encounter difficulty in seeking assistance from police, the legal system, the health care

system, financial aid programs, counseling services, transition houses, and child care services, as most of these services are available only in English or French (Lai & Yue, 1990; MacLeod & Shin, 1990; Masaki & Wong, 1997). In addition, Campbell, Masaki, and Torres (1997, p.82) point out that "even if a woman of color is bilingual, it may be difficult for her to express feelings or details of abuse when she is under stress. She may not understand professional jargon." Language competency is an important consideration when an abused Chinese woman is considering leaving an abusive relationship (Wiebe, 1985). She may worry about whether her language skills are sufficient for her to access the labor market, especially when the unemployment and underemployment rates are high in Canada. Regarding nonverbal communication, among the Chinese, indirect eye contact may be a sign of respect and body contact beyond a hand shake is uncommon, especially with strangers (Lai & Yue, 1990; Lee, 1997).

Kinship Influences

Lee (1997) considers immediate and extended family members, friends, and community cultural resources as primary resources in providing resolution to individuals' situational and developmental problems. Maximizing the use of these natural support networks may keep an individual from needing to seek formal assistance. However, some studies have found that family ties and obligations may prevent an abused woman from leaving an abusive relationship (Ho, 1990; Lee & Cochran, 1988). Culturally responsive practice, therefore, must include an understanding of and appreciation for the role of kinship dynamics in an individual's well being. As well, there must be an adequate assessment of the family's hierarchical structures, gender roles, and the distribution of decision making power that directly or indirectly affects an individual's functioning (Ho, 1990; Kim, 1995; Lee, 1997).

Chinese immigrant/refugee women experience physical, psychological, and social isolation as their support networks have been cut off due to immigration (Canadian Panel on Violence Against Women, 1993; MacLeod & Shin, 1990; Masaki & Wong, 1997; Wiebe, 1985). Asian women, including the Chinese, used to seek material/instrumental

assistance, advice, conflict resolution, and emotional support from their family members and friends in their country of origin (Dilworth-Anderson & Marshall, 1996). However, most of these women came to Canada leaving their extended family members and friends behind. It is very difficult for abused immigrant women to seek immediate help from their family members or friends who are living abroad (MacLeod & Shin, 1990; Wiebe, 1985). In some cases, the only support or relative an abused woman has in the new country is her husband or partner, who is abusing her. Some abused Chinese women find themselves lacking competent English language skills, preoccupied by low-paying jobs and working long hours that confine them to a very small social circle and prevent them from meeting with new friends, obtaining necessary information and accessing community resources (MacLeod & Shin, 1990; Wiebe, 1985).

Sex Role Socialization

Lee (1997) points out that there are different gender perceptions across cultures, and that these perceptions may influence how an individual perceives and behaves in response to situational and developmental issues. These perceptions of self and others may also influence how one considers what is appropriate or inappropriate behavior. A culturally appropriate intervention for abused women may need to take into account an individual's social setting and gender role, given a particular cultural background, and how this changes when that individual lives in a community which has very different sex role expectations.

In Chinese history, Confucianism has had a prominent influence on social relationships. The predominance of Confucianism in China can be traced to its origin 3,000 years ago (Bond and Hwang, 1985). Confucianism is a moral philosophy. It clearly defines how people should behave in family and society by emphasizing the duties and responsibilities of an individual (Bond, 1986; Lee, 1997; Masaki & Wong, 1997). Human relationships are constructed in hierarchical patterns. In the family, the senior is accorded a wide range of prerogatives and power over the junior, man enjoys privilege over woman and husband has a dominant position over wife.

The male dominated Chinese culture puts immigrant women in a powerless position. Within the Chinese family system, Confucianism clearly defines the ascribed roles between superiors and juniors. Such a vertical power hierarchy puts women in a position subordinate to men. Men are usually the undisputed heads of the households and make decisions in relation to work, marriage, property, and discipline. Women in these families may be perceived as possessions and must relinquish their own interests for the sake of the family. Loyalty to the family and one's elders is essential and takes precedence over personal interests or feelings (Dilworth-Anderson & Marshall, 1996; Lai & Yue, 1990; Lee, 1997; Masaki & Wong, 1997). Such heavy sex role expectations (Jenkins, 1990; Johnson, 1996) together with lack of support from family members and close friends foster loneliness and powerlessness among abused Chinese women.

Religious/Spiritual Influences

Lee (1997) adds that religion and spirituality not only influence individual behavior; but also play an essential role in defining the structure and functioning of a family and a society. As well, religious or spiritual leaders offer guidance, psychological support and dispute resolution. Likewise, religious and spiritual faith may influence an abused woman's decisions in response to her abusive relationship (Homma-True, 1997; Yamashiro & Matsuoka, 1997). Culturally responsive practice for abused women may require an understanding of the relevant religious and spiritual influences, and an assessment of an individual's level of commitment.

Under the influences of Confucianism, the Chinese are taught to place priority on the well being of the family, including the extended family, while personal needs and wants are secondary (Ho, 1990; Lai & Yue, 1990; Lee, 1997; Masaki & Wong, 1997; Yamashiro & Matsuoka, 1997). Maintaining family unity takes precedence over personal interests. In the case of woman abuse, leaving an abusive relationship means breaking the family unity and brings in the stigma of "broken family". Consequently, there is often pressure for the abused woman to stay in her relationship even if there is abuse. Evelyn Lee (1997, p.55) points out that individual behavior or expressions of emotion that might

disrupt family harmony are discouraged. Domestic violence is, in general, viewed as shameful to the family, and therefore there is often pressure to keep it secret (Masaki & Wong, 1997). Ho (1990) conducted a study on traditional Asian values of harmony, close family ties, and order. The results of this study showed that traditional Asian values not only fail to discourage violence; but also reinforce the minimization and hiding of domestic violence incidents.

Statistical data regarding religious beliefs of Chinese Canadians are unavailable. Lai and Yue (1990) documented that large Buddhist temples were built in the three most populous Chinese communities in Toronto, Montreal and Vancouver. This suggests that the influence of Buddhism remained strong even when the Chinese immigrated to a new country. In addition, some Chinese may not have identified themselves as Buddhist; but they may have practiced some of the Buddhist theology.

The main Buddhist theology outlines the means of liberation from suffering in human life (Yeung & Lee, 1997). Under Buddhism, life is suffering. All human beings encounter unavoidable suffering. This suffering includes birth, aging, sickness, death, separation from loved ones, association with unpleasant people, or conditions, and not getting what one desires. All suffering is rooted in a cause and effect relationship (karma) (Yeung & Lee, 1997). Things people do are causes and things people experienced are results. All that people experience now is the result of what people did in the past. To eliminate the suffering, one should take responsibility for one's own actions, serve others sincerely, discipline oneself, endure, endeavor, calm one's mind, and remove evil thinking (Yeung & Lee, 1997).

Under the idea of karma in Buddhism, the experience of violence in one's life is part of human suffering. It is the effect of something one did in the past. One has to endure the suffering and develop more discipline for oneself so that one can be liberated in one's next life. The idea of karma and endurance of suffering may keep abused women in abusive relationships.

Immigration Experience

Lee (1997) refers to immigration experience as the reason for immigration and the process of immigration. Immigrants, refugees or refugee claimants, who came from a country with political upheaval, might experience trauma or torture before and after leaving their homeland. They face the same cultural shock as the other immigrants; but encounter additional difficulties due to the residual impact of such traumatic experience (MacLeod & Shin, 1990; Masaki & Wong, 1997; Pratt, 1995; Wiebe, 1985). Gathering information on clients' immigration experience may assist in drawing a more comprehensive picture of how past and current events interact and affect an individual's behavior.

As mentioned earlier, some refugees from Vietnam, Laos, Cambodia, and Indonesia are ethnic Chinese. Many of them experienced the trauma of war, exploitation, rape or torture by public officials, racism, horrific living conditions in refugee camps, and a humiliating screening process for refugee status (Lee, 1997; Waxler-Morrison, Anderson & Richardson, 1990). Such experience may prevent an abused woman from trusting public officials and make a decision to leave an abusive relationship more difficult because the future seems more uncertain and beyond her comfort zone (MacLeod & Shin 1990; Masaki & Wong, 1997; Pratt, 1995; Wiebe, 1985).

Historical Hostility

Historically, the dominant groups opposed to the ethnic minority groups in North America have practiced racism, discrimination and oppression overtly or covertly (Christensen, 1995; Fleras & Elliott, 1992; Kanuha, 1994; Lee, 1997). Women, who do not speak English as their first language and are members of a visible minority, experience sexism in addition to racism, discrimination, and oppression (MacLeod & Shin, 1990; Wiebe, 1985). Racism, discrimination, oppression, and sexism are factors that foster hostility between dominant and minority groups (Lee, 1997; Kanuha, 1994).

Together with culturally insensitive social services agencies and/or direct service providers, hostility may introduce resistance into the helping process.

Many Chinese abused women are reluctant to publicize their problems beyond their families or communities. This is because of the long-term discrimination, racism, and anti-immigrant sentiment that characterize Chinese immigrant history in Canada (Christensen, 1995; Fleras & Elliott, 1992; Kanuha, 1994; Li, 1988; MacLeod & Shin, 1990; Canadian Panel on Violence Against Women, 1993; Wiebe, 1985). Kanuha (1994, p.436) asserted that:

> "Because most legal, social, and cultural institutions are dominated primarily by white males and/or white male perspectives, many battered women of color are reluctant to bring their problems to communities outside their ethnic groups for fear of further contributing to the stigmatization and stereotyping of people of color as pathological" (Kanuha, 1994, p.436).

In a patriarchal society of white domination, women of color are those particularly discriminated against and faced with additional barriers in confronting violence (Ho, 1990; Kim, 1995). Campbell, Masaki, and Torres (1997, p.71) stated that "racism, anti-immigrant sentiment, and strategies that do not match the needs of women of particular ethnic groups, create an environment that effectively silences battered women and obstructs the potential for change in public perceptions of domestic violence in their communities." Homma-True (1997) added that although native-born Asian women are freer of the basic survival needs faced by immigrant women, many are still experiencing some degree of racism and discrimination.

In sum, Lee's cultural dynamics model provides a very useful framework for better understanding clients from diverse cultural backgrounds. What is required is an understanding of how clients' cultural dynamics shape an individual's beliefs and behaviors, facilitate the helping process and provide a proper reference for designing intervention strategies. The spirit of Lee's model is about individualization instead of

generalization. Helping professionals should assess the cultural influence individually rather than making assumptions based upon the particular thoughts and/or behaviors of a specific ethnic group.

2.7 Crisis Intervention

General Crisis Intervention

Slaikeu (1990, p.98) defines the primary goal of crisis intervention as helping an individual to regain the level of functioning that existed immediately prior to the crisis event. He develops a comprehensive crisis intervention model, which includes first-order crisis intervention and second-order crisis intervention. The goals of first-order crisis intervention include immediate assistance by providing support, reducing lethality, and providing linkages to helping resources. The goals of second-order crisis intervention may be reached by helping a person work through her or his feelings and gain cognitive mastery of the situation. He points out that a successful experience in working through a life crisis may help an individual learn new ways of coping and how to use such skills in future problem situations. However, some special needs of abused women require additional attention.

Crisis Intervention for Abused Women

Roberts (1996, p.162) identifies crisis as an upset in a steady state that creates disequilibrium. A crisis disturbs the emotional and behavioral stability of an individual, creates a vulnerable state, and interrupts a person's coping ability. Roberts shares similar views with Slaikeu in that crisis intervention focuses on here and now and aims at assisting a person to regain his or her equilibrium and to learn new coping skills. For abused women, the primary goal of crisis intervention is to make certain of the safety of the woman and her children (Roberts, 1996, p.165). The safety issues can be managed by providing information about a local women's shelter, acknowledging the laws concerning violence against women, applying for injunctions/restraining orders, and developing

escape plans (Dutton, 1992; Roberts, 1996). Attention should be paid to women with extreme distress or in a suicidal situation. Freeman and White (1989 as cited in Dutton, 1992) stress that some women, who have been repeatedly abused, may perceive themselves as hopeless and helpless, and therefore choose suicide as a solution for their pain. Use of medication and brief hospitalization may be necessary for extremely distressed women. For cases with suicidal risk, Dutton (1992) suggests that one assess the level of risk by measuring feelings of hopelessness, level of self-esteem, and specific intent to act. Creating a hope of change together with other crisis intervention strategies is crucial for helping clients with suicidal ideas.

In short, Advocacy Intervention is an effective intervention to help abused women access needed resources, expand social support, and hopefully remove some of the obstacles that prevent them from leaving an abusive relationship. Advocacy Intervention is considered particularly useful to help abused women of color, who desperately lack resources, information, and support. In addition to this, the reviewed Cultural Dynamics Model and Crisis Intervention Models provide a comprehensive and systematic framework to understand and work with abused women of color, whose safety is in danger. Based on this theoretical framework, the student would like to advance her knowledge and skill more specifically by applying the selected approaches in working with abused Chinese Canadian women and by examining their effectiveness.

Chapter III

INTERVENTION

3.1 Setting

This practicum was completed under the auspicious of the Domestic Violence Intervention Program (DVIP) of St. Paul's Hospital (SPH) in Vancouver, British Columbia. The DVIP began in 1995 and started a universal screening policy in the Emergency Department (ER) at SPH. The DVIP expanded to the Obstetrics Department in 1998. The DVIP is a program of care for persons who come in for treatment and are identified as abused. A universal screening question about domestic violence is asked of all patients in the ER and Obstetrics, regardless of their presenting illness. Those who disclose abuse and want further assistance are referred to a social worker for necessary services. The protocol of DVIP defines domestic violence as a health care concern and is committed to providing immediate and appropriate intervention to clients who have reported abuse. The objectives of the DVIP are to increase identification, to provide early intervention and to prevent domestic violence by education. In 1997, the Vancouver/Richmond Health Board took over funding of the program. Currently, the DVIP is staffed with 0.5 social worker and 0.5 nurse educator. Both the social worker and the nurse educator are responsible for staff training and program implementation. From October 1995 up to February 1999 approximately 400 abused persons have been served.

The DVIP provided extensive learning opportunities for the student to explore and understand the needs of people in abusive relationships and to develop an integrated resource network with other helping professionals. The student had opportunities to attend various seminars, training workshops and case conferences. This practicum setting, however, did not produce a large enough demand from Chinese Canadian women. The reason for this was that SPH was located in the downtown area of Vancouver, while most Chinese were not living in that area. Due to the relatively small demand for health care by the Chinese women at SPH, the student may have found it

difficult to recruit the required caseload. To maximize the scope of learning and ensure a large enough caseload, the student accepted case referrals from other community organizations. These organizations were the Domestic Violence Program (DVP) at Vancouver General Hospital (VGH), a Transition House, and the Vancouver Domestic Violence/Criminal Harassment Team of the Vancouver Police Department. Ethnical approval for the evaluation of the practicum was obtained from both St. Paul's Hospital and Vancouver General Hospital and the Faculty of Social Work at the University of Manitoba (Appendix One).

3.2 Clients

The selected client group for this practicum was abused Chinese Canadian women. "Chinese Canadian women" refers to those who were of Chinese descent. They could be immigrant, refugee or native-born Chinese Canadians. Clients could choose among Mandarin, Cantonese or English as the language being used in the interviews. Clients were referred from nurses, medical social workers, women's crisis line workers, and community counselors.

3.3 Demographic Characteristics of the Clients

Eight clients were served in this practicum (see Table 1).

Source of referral. The clients were referred from the Domestic Violence Program at Vancouver General Hospital (37.5%), the Vancouver Domestic Violence/Criminal Harassment Team (25.0%), a Transition House (12.5%), a medical social worker at St. Paul's Hospital (12.5%) and, through self-referral (12.5%).

Age distribution. Seven women (87.5%) were aged between 25 and 44, and the other one (12.5%) was above 60 years of age. The mean age was 35.75 years old, and the standard deviation was 11.73 years.

Table 1: Summary of Case Demographic Characteristics

	Fanny	Betty	Eve	Mabel	Nancy	Brenda	Rose	Sandy
Source of referral	Emergency Dept.	Transition House	Medical Social Worker	Self	Domestic Violence/Criminal Harassment Team		Emergency Dept.	
Age	30	29	26	25	35	61	40	40
Marital status	Married (4 yr.)	Married (6 yr.)	Married (4 yr.)	Single	Married (6 yr.)	Married (40 yr.)	Married (13 yr.)	Married (10 yr.)
Nos. of children	1	0	Pregnant	2 (live in China)	2	4 (3 live in China)	1	0
Homeland	Northern part of China	Southern part of China			Northern part of China			Hong Kong, China
Use of Language(s)	Mandarin		Cantonese		Mandarin			English
Education	University degree from China		High school from China			Elementary fr. China	University from China	High school in Canada
Yr. in Canada	3 yr.	6 mth.	4 yr.	5 yr.	9 yr.	3.5 yr.	1 yr.	20 yr.
Immigration status	Immigrant		Citizen	Immigrant	Citizen	Immigrant		Citizen
Employment	Professional	Studying ESL	Semi-skilled worker	Non-skilled worker		Retired	Employment Insurance	Para-professional
Onset of abuse	1.5 yr. ago in Canada	3 yr. ago in China	6 months ago in Canada		3.5 years ago in Canada		3 yr. ago in China	5 yr. ago in Canada
Types of abuse	1 & 2	1, 2, & 3	1 & 2		1, 2, & 3		1, 2, 3, & 4	
	Key: 1 – physical, 2 – psychological, 3 – financial, 4 – sexual							
Abuser	Husband			Ex-boyfriend	Husband	Son-in-law	Husband	
Status with the abuser in Follow-up	Stayed in the relationship			Separated				Stayed

Martial status. Seven women (87.5%) were married at the time the intervention began. The other one (12.5%) was single.

Status in Canada. Four women (50.0%) were landed immigrants, three women (37.5%) were Canadian citizens and one women (12.5%) was recently converted to landed immigrant status from refugee status.

Home language. Five women (62.5%) spoke Mandarin, two women (25.0%) spoke Cantonese, and the other one (12.5%) spoke both English and Cantonese.

Education. Three women (37.5%) had a university degree; four women (50.0%) had completed high school and another one (12.5%) had several years of elementary equivalency.

Employment. Three women (37.5%) worked full time at the time of intervention. Two women (25.0%) worked part-time. One women (12.5%) lived on savings and another one (12.5%) recently left her job after the last episode of abuse in order to stay away from the abuser.

Stay in Canada. Two women (25.0%) had lived in Canada for less than one year. Four women (50.0%) had been here for three to five years. One women (12.5%) had resided here for nine years and another one (12.5%) for 20 years. The mean stay was 5.75 years and the standard deviation was 6.32 years.

Number of children. Twenty-five percent of clients had each of no children, one child and two children. One client had four children (12.5%) and one client (12.5%) was pregnant. The mean was 1.13 children. The standard deviation was 1.4 children.

Onset of abuse. Two women (25.0%) had experienced the abuse for six months. One woman (12.0%) had experienced abuse for 1.5 years. Four women (50.0%) had experienced abuse for 3 to 3.5 years. Another women (12.5%) had experienced abuse for 5 years. The mean was 2.56 years and the standard deviation was 1.59 years.

Types of abuse. Eight women (100%) experienced more than one types of abuse. All of them experienced both physical and psychological abuse. Three women (38.0%) reported a combination of physical, psychological and financial abuse. There were two women (25.0%) who indicated an experience of physical, psychological, financial and sexual abuse.

The women did not report sexual abuse verbally; but it was indicated on two women's self-report measures. Lee and Au (1998) pointed out that some women believed that marriage is a license for man to have sex with them, even if the sex is not consensual. Because of their belief in male dominance, some women do not realize the existence of sexual abuse. The self-report measures on experience of abuse did play a role in stimulating the women to think about their sexual relationship and helped them to articulate the experience of sexual abuse.

Abuser. Six women (75.0%) were abused by their husband, one woman (12.5%) by her son-in-law and another woman (12.5%) by her former boy friend.

Relationship with the abuser at follow-up. Four women (50.0%) separated from the abuser and the other four (50.0%) remained in the relationship at follow-up.

3.4 Intervention Model

For the purposes of this practicum, Advocacy Intervention (Sullivan, 1991; Sullivan, Tan, Basta, Rumptz, & Davidson, 1992; Sullivan, Campbell, Angelique, Eby & Davidson, 1994; Tan, Basta, Sullivan & Davidson, 1995) was used as the central model of intervention. Intervention strategies designed for this practicum were largely adopted from the original model formulated by Sullivan and associates, who reported effectiveness of the ten-week Advocacy Intervention. The intervention in this practicum was also 10 weeks in duration with weekly contact.

Intervention goals in this study were: to expand social support, to eliminate abusive experience, to ensure safety of the woman and her child(ren), to obtain necessary

resources, to lessen unpleasant emotions as resulting from the abusive relationship, and to enhance empowerment.

Intervention strategies in this practicum were focused upon helping the women: to recognize their strengths and available resources, to explore options including leaving an abusive relationship, to develop safety plans, to provide emotional support, to provide relevant information and awareness of legal rights, to offer language interpretation, to help women to develop effective problem-solving or decision making skills, and to provide counseling (Lerman & Porter, 1990; Mulligan, 1991; Walker, 1984; Walker, 1994; Worell & Remer, 1992). Counseling services focused on validating the woman's experience, discussing causes of violence against women and helping the woman to combat self-destructive feelings or thoughts. Needs of visible minority women were addressed in order to facilitate an effective intervention. Such needs were social isolation, language barriers, difficulties in adjusting into a new country, and the experience of any overt or covert discrimination. Roles of the practicum student included being an educator, a listener, a liaison, a support person, an interpreter, a counselor, and a case manager.

The intervention process included assessment, intervention, on-going evaluation, and termination. Assessment was the rapport building stage designed to assure confidentiality and establish the helping relationship, identify the client's needs, explain the Advocacy Intervention, and formulate intervention goals. In this practicum, the student used an open-ended interview (Dutton, 1992) together with a structured interview guide for victims of abuse (Roberts, 1996) to conduct the assessment of abuse and violence. Dutton (1992) described open-ended interviews as a useful tool to establish rapport, as the client is encouraged to tell her story freely. Skills of active listening, empathic responding and providing validation were used in the interviewing process. Roberts' interview guide (Appendix Two) consists of seven categories, and provides a comprehensive framework to identify a range of concerns relevant to abused women. These seven concerns are: the nature and circumstances of the assault, post-assault interactions, the victim's initial reaction, current status, course, attributions, and future orientation.

Crisis intervention models (Slaikeu, 1990; Roberts, 1996) were integrated with the intervention strategies for women, whose safety and/or whose children's safety was compromised. The intervention was monitored through on-going evaluation. Necessary modifications of intervention strategies and/or re-formulation of intervention goals were carried out in order to meet the clients' needs adequately.

Termination began at about week seven of the ten-week intervention. The student played a less and less active role in the intervention activities and focused more on helping clients to transfer their learned experience and knowledge into actions that in the future could be attempted on their own. A six-week follow-up without intervention was included for the purpose of evaluation.

3.5 Duration of Intervention

The practicum commenced on February 1, 1999 and all clinical work was completed by July 15, 1999.

3.6 Recording

Each case was documented through a case progress and summary report for on-going supervision. Report contents included: source of referral, background information, presenting problems, assessment, goals of intervention, intervention strategies, and follow-up (Appendix Three). Other written records including intake forms, case recordings and closing summaries were completed as requested by the agency.

3.7 Supervision

A three-member practicum committee including two faculty members of the Faculty of Social Work at the University of Manitoba and the social worker of the Domestic Violence Intervention Program at St. Paul's Hospital supervised this practicum. Roles of the practicum committee were: to approve the student's practicum proposal; to examine the completed practicum report, to generally advise and assist the student on the progress

and completion of her practicum and to assess the quality of the practicum intervention and report. The practicum committee chairperson and the on-site practicum supervisor provided the on-going monitoring and evaluation of the student's progress.

3.8 Seminar

The practicum included a seminar on the topic of "Cross-cultural Practice with Abused Chinese Canadian Women". The goal of the seminar was to promote effective cross-cultural practice with abused Chinese women. Courtland Lee's (1997) Cultural Dynamics Model was selected as a framework in developing the presentation materials. Contents of the presentation included a brief overview on the Chinese in Canada, a description of diversity among the Chinese, a description of cultural characteristics of the Chinese, a statement of difficulties encountered by abused Chinese immigrant women, and approaches to culturally appropriate practice. Presentation aids included: the first twenty minutes of a video, "Under the Willow Tree – Pioneer Chinese Women in Canada" (National Film Board of Canada, 1997), handouts (Appendix Four), and transparencies. The handouts were a summary of the presentation materials, while the transparencies were highlight of the presentation contents. Both materials aides aimed at helping the attendees to gain better understanding of the topic. In addition, a Chinese guest speaker shared her experience as a survivor. The presentation was opened to all health care professionals at St. Paul's Hospital and other helping professionals who work in the field of violence against women in relationships.

Thirty-six people attended the seminar. Two-thirds of the participants were nurses and social workers, while the others were counselors, services coordinators, office administrators and a transition house worker (see Table 2). The median year of work experience was 9.88 years (see Table 3). The mean was 11.96 years and the standard deviation was 7.76 years.

Table 2: Occupations of Seminar Participants

Occupation	Frequency	Percentage
Nurse	10	35.7%
Social Worker	9	32.1%
Counselor	4	14.3%
Social Services Coordinator	2	7.1%
Office Administrator	2	7.1%
Transition House Worker	1	3.6%
	Total = 28	100

Table 3: Longevity of Work Experience (N = 28)

Year intervals	Frequency	Percentage	Cumulative frequency
> 25	2	7.1%	28
21 – 25	4	14.3%	26
16 – 20	4	14.3%	22
11 – 15	3	10.7%	18
6 – 10	8	28.6%	15
1 – 5	7	25.0%	7

One interesting finding from the seminar was that no physicians participated despite a wide recruitment campaign throughout the hospitals. One simple explanation could be the heavy workload of the physician. The student, however, believed the perceptions of roles their and responsibilities among physicians had more influence on their motivation to attend this training. The physicians were trained to treat illness. They were more concerned about the patients' medical conditions rather than socio-cultural factors. Nurses and social workers might be perceived to be more responsible to look after the patients' socio-cultural needs. The fact is that many abused women sought medical treatments because of complaints, which actually resulted from abuse. If the physician was more sensitive and more knowledgeable about the needs of patients from diverse cultural backgrounds, she or he may provide earlier and more appropriate intervention.

3.9 Case Summaries

The following section describes the interventions with the eight clients involved in the practicum. All names and personal data of the clients were disguised in order to protect their identities. Only significant information drawn from the Roberts' Interview Guide and the Cultural Dynamics Model was reported.

1) Fanny (pseudonym)

Source of referral. This case was referred by the DVP at VGH. It was a follow-up contact after the client's visit to the Emergency Department (ER) seven months prior for a minor injury on her forehead. The DVP did not provide follow-up contact to this client due to language barriers. The student was requested to explore whether this client was still in need of any services.

Background information. Fanny, 30, was married and had been in her relationship for four years. She emigrated here with her husband from the northern part of Mainland China in 1996. The couple had a child. Fanny spoke Mandarin as her home language and some English. She had a university degree and was able to find a job in Canada, which

was related to her professional training. Her husband, however, was underemployed and failed to find a job related to his qualification in Canada. Fanny had no other family members in Canada.

1a/ Assessment with reference to Robert's Interview Guide

Nature and circumstances of the abuse. The nature of the abuse was both psychological and physical. The onset of the abuse occurred about one and a half years ago in Canada. The precipitating factor was arguments over trivial family matters, starting with psychological abuse. Fanny's husband became more critical and easily lost control of his temper. Fanny was hit by her husband once with his fist and once by her father-in-law, who threw an object at her. In the second incident, Fanny sought treatment at ER at VGH.

Post-abuse interactions. Fanny acted after the second incident of physical assault. She went to the ER at VGH and sought medical treatment. As the ER at VGH also had a universal screening policy to ask each patient a question about domestic violence, Fanny revealed the abuse and was seen by a social worker. Fanny declined shelter or other immediate intervention, but she accepted a community resource card, with which she could obtain necessary services in Chinese. The day after attending the ER, Fanny went to a Chinese family service center and explored available resources. Possible options for abused women was discussed, Fanny received some information on divorce proceedings. Fanny declined follow-up service and preferred to contact the agency again if she was in need. Her in-laws were leaving within the week and she felt the situation would get better. In addition, she had friends who could provide her shelter for a few days.

Post-abuse problems. Fanny reported a number of emotional and physical disturbances because of the abusive experience. She felt angry, fearful and ashamed. She also experienced sleep disturbances and loss of appetite. Despite the emotional and physical distress, Fanny was able to maintain her daily functioning, which included work and child care.

Current status and future orientation. At the time the intervention began, Fanny had not experienced any physical assaults for about seven months. The experience of psychological distress was less intense during the last seven months. She coped by avoiding direct confrontation with her husband. Despite the absence of physical abuse, Fanny found that the differences with her husband widened. Therefore, she was considering a divorce.

1b/ Assessment with reference to the Cultural Dynamic Model

Relationship between ethnic identity and degree of acculturation. Fanny had a strong sense of ethnic identity and low degree of acculturation. Fanny grew up, received university education, and got married in China. She identified and conformed to many attitudes, lifestyles and values typical of the Chinese. Due to her relatively short duration of residence in Canada and her English language limitation, she did not integrate very extensively into the larger community.

Language. Fanny spoke Mandarin as her home language. She mastered some English in daily conversation; but encountered difficulties in expressing complicated ideas or understanding unfamiliar professional terminology. Due to the language barriers, she had difficulties in accessing necessary resources. For instance, she needed help to understand divorce proceedings in Canada.

Kinship influence. Fanny's social support was cut off due to immigration. It was difficult for her to seek help from family members and friends who were living abroad. She had a small social network in Canada. These friends could provide her temporary emotional support; however, they reinforced traditional values. They convinced Fanny to consider the welfare of her child and to give her husband a chance. These friends believed that Fanny's husband's bad temper was caused by his frustration from underemployment in Canada. The husband could not secure suitable employment, as his foreign university qualification was not recognized. Taking these factors into account, Fanny reconciled with her husband after a week's stay with her friend.

Sex role socialization. Male dominance and belief in male privilege to use force to discipline a wife or daughter-in-law was a probable cause of Fanny's experience of physical assault. In addition, Fanny's economic independence and her successful integration in the new country possibly threatened the husband. In coping with the abuse, Fanny was bounded by the female sex role of maintaining a successful marriage and family unit; as well as behaving as a submissive and dutiful wife.

Religion. Fanny did not identify herself with any particular religion; however, she was affected by the Confucianism value of placing priority on the well being of the family while putting personal needs secondary. She tried to protect her family's name and to avoid the stigma of a "broken family". These values placed pressure on Fanny to stay in her relationship even though she was being abused.

Immigration experience. Fanny came to Canada as an independent immigrant looking for a better life and more freedom. Despite the fact that she had a stable job and a stable income, she felt lonely and experienced culture shock.

1c/ Intervention

The intervention goals were to ensure safety; to expand social support; to eliminate abusive experience; to access necessary resources; to remove unpleasant emotion; and to enhance empowerment. As there had not been acute physical abuse for seven months before the intervention, there was no need for crisis intervention.

The intervention provided to Fanny included: emotional support, validation of her experience, discussion of risk of further assault, overview of safety planning, provision of information about community resources and legal information, recognition of strengths, and challenging self-destructive thoughts.

1d/ Clinical achievement

This was a brief intervention case. Fanny requested mainly legal information on divorce, child custody, child support, and legal aid service. Related information was provided. Despite the offer of continuous support, Fanny declined because she was largely able to manage her situation at that moment. Also, she was not ready to engage in a therapeutic relationship as she did not want to re-visit her experience or go into further depth about her personal matters with non-family members or non-close relatives. Furthermore, she felt that meeting regularly outside her work hours would increase her husband's suspiciousness and might cause her trouble. She preferred to call if she was in need.

A follow-up call was made six weeks later. Fanny remained in her relationship. She reported no further abuse and the conflict with her husband had decreased to a tolerable level. Fanny declined any form of service; however, she was assured that support would be available whenever she was in need. The case was closed.

2) Betty (pseudonym)

Source of referral. The case was referred from a transition house.

Background information. Betty, 29, was married and had been in the relationship for six years. She came from the southern part of Mainland China with her husband in 1998. She had a university degree, spoke Mandarin as her home language, as well as some English. Betty had no close relatives in Canada.

2a/ Assessment with reference to Robert's interview guide

Nature and circumstances of the abuse. The onset of the physical abuse occurred around the third year of the marriage after an argument in China. The abuse included punching and kicking. Arguments accelerated after the couple came to Canada. The husband

accused Betty of spending too much time and money on long distance calls, and he was jealous of her contact with male friends. Arguments were the precipitating factor of the second assault, in which Betty was punched and kicked again.

Post-abuse interactions. The day after the assault, Betty telephoned a woman's crisis line and was admitted into a transition house. Betty did not tell her family of origin about the abuse because they were living in China. The person Betty could talk to in Canada was a friend of her husband. The friend considered the assault to be the husband's fault. This friend also tried to mediate the couple's relationship. The friend attributed the husband's loss of temper to his frustration and stress during his adjustment period in Canada. The friend encouraged Betty to give her husband a chance. The husband also asked his friend to convey his apology to Betty.

In contrast, Betty found that people in the transition house were more supportive of her leaving the abuser. Betty agreed that her husband was experiencing a great deal of transitional stress; but she also believed that her husband was responsible for his violent act. So she, however, did not think that leaving her husband was the decision she wanted to make. Leaving her husband meant that she would be alone in Canada. She did not want such a situation to happen after less than a year in Canada.

Post-abuse problems. Betty experienced some emotional distress resulting from the assault. She was angry, confused and unable to sleep well. In the first few days stay in the transition house, Betty did not go anywhere and wanted some quiet time.

Current status. When the intervention started, Betty's condition had improved. Emotionally, Betty was still angry and uncertain about the relationship with her husband. She, however, was able to present herself in an organized manner and reported better sleep and appetite. On some occasions, she expressed a sense of humor. Physically, a bruise remained on Betty's arm. Socially, Betty was able to function adequately. She participated in some activities in the transition house, made some friends and had some time on her own.

Future orientation. Betty reconciled with her husband after a three-week stay in a transition house. She wanted to give her husband another chance.

2b/ Assessment with reference to the Cultural Dynamics Model

Relationship between ethnic identity and degree of acculturation. Betty had a strong sense of ethnic identity and a low sense of acculturation. She grew up, received university education and got married in China, which provided a prominent influence on her identity. Due to her short residence in Canada and her limited English language skills, she had not integrated extensively into the mainstream society.

Language. Betty spoke Mandarin as her home language. Although she spoke some English, she encountered difficulties in listening and expressing complicated ideas. The language barriers limited her access to resources or employment.

Kinship influence. Betty lacked social support in Canada. She did not have other family members or close friends in Canada. Her original support networks had been cut off due to immigration. The only support was her husband, who abused her. Although there was a friend with whom Betty could share her difficulties, she was asked by this friend to give her husband, who was experiencing situational stress, a chance.

Sex role socialization. The husband, who used to be the head of the family, may have been threatened by Betty's more dominant role in Canada. As Betty had more English language ability than her husband did; she became the one to make more contacts outside of the family. The husband had to depend on Betty in some respects as he barely spoke any English at all.

Religious/Spiritual influence. Betty did not identify with any particular religion. However, she was influenced by Confucian theology. She believed that the extended family's well being should be taken into consideration. Therefore, she considered divorce

as not a matter between her and her husband, but a matter involving her family of origin and his.

Immigration experience. Betty came to Canada as an independent immigrant. Due to her short period of stay, she was still enjoying excitement in a new environment. At the same time, she was trying to overcome cultural difference, loneliness and language barriers.

2c/ Intervention goals

The intervention goals for Betty were to ensure safety, to expand social support, to eliminate abusive experience, to obtain necessary resources, to better adapt in the new country, and to enhance empowerment.

The interventions provided to Betty were: discussion of risk of future abuse, safety planning, emotional support, validation of her experience, provision of community resource and legal information, visiting community facilities, recognition of strengthens and documentation of the abuse. In addition, an individual session was provided to the husband to discuss his views and responsibilities in the assault and to discuss the possible consequences of violent behavior. Options, such as individual or couple therapy, to deal with personal or martial problems were introduced. The husband, however, was not ready for further counseling service, as he did not feel comfortable talking about personal and family matters with a non-family member or close friend.

2d/ Clinical achievement

Betty received a complete ten-week Advocacy Intervention. She reconciled with her husband after three weeks of her stay in a transition house. Since then, no reports of abuse have been made. At the point the case was closed, both Betty and her husband were taking English language classes in order to help themselves integrate into the larger community. Betty started to establish a new social network. She was more stable emotionally and had confidence about her future. She learned how to access resources

and knew where and how to get help in case of an emergency. She had better knowledge about legal rights in Canada, which were different than in her home country. Her situation was stable and the case was closed with no follow-up service requested.

3/ Eve (pseudonym)

Source and reason for referral. Eve was referred by a medical social worker from St. Paul's Hospital. The reason for referral was to ensure Eve's safety and to provide support as her husband, who had a psychiatric problem and a history of violence, was going to be discharged soon.

Background information. Eve, 26, was an immigrant from the southern part of Mainland China. She came to Canada in 1996 through an arranged marriage after a brief acquaintance with her husband. She spoke Cantonese as her home language and some English. She worked full-time as a semi-skilled worker in Canada. Financially, she was self-supporting; but she had to pay a mortgage and support her family in China. At the time of the intervention, she was pregnant and expected her baby in six months. She had no family members in Canada other than her husband and her in-law's family. She applied for her parents and two young siblings to come to Canada. Unfortunately, her mother died suddenly, coincident with her husband's hospitalization for his psychosis. Eve did not know about her husband's mental problem before the marriage.

3a/ Assessment with reference to Robert's interview guide

Nature and circumstances of abuse. The nature of abuse was both physical and psychological. Eve's husband had a history of violence using a weapon against his own mother and Eve. In addition to this, he would exhibit restless behavior or complain of delusions that put Eve's safety in danger, particularly as she was pregnant at that time. The psychological abuse came from Eve's in-law family, who accused her of being "mad", when Eve queried about her husband's mental health.

Post-abuse interactions. Eve did not have anyone to turn to for her husband's mental problem and violent behavior. Eve's husband and her in-laws' family deceived her about his mental problem. Eve did not tell her family members in China about her difficulties as her mother passed on coincidentally at the time her husband was in hospital. Eve did not want to provide additional stress for her grieving family members. Eve did not seek help from her friends either as she thought that a mental problem was a matter of shame that she did not want to reveal.

Post-abuse problems. Eve could not remember much about the threat by her husband with a knife because that happened years ago; but she could remember that it was frightening. Eve felt more distress from being accused by her in-laws. She was also angry about being deceived regarding her husband's mental problem. Despite all this, Eve was able to maintain her daily functioning. She continued working and performed the household chores.

Current status and future orientation. Eve had a strong ability to maintain her mental balance despite a series of significant crises that occurred at the same time. On the other hand, she suppressed most of her pain, grief, anxiety, and anger. She had a clear short-term goal that was to reunite with her father and young siblings, who would immigrate to Canada soon.

3b/ Assessment with reference to the Cultural Dynamics Model

Relationship between ethnic identity and degree of acculturation. Eve had a strong sense of ethnic identity and a low degree of acculturation. She grew up and received an education in China. In her upbringing, she was socialized in a Chinese community and family. After she immigrated to Canada, she continued practicing most of her traditions and values. Her connections and daily activities in Canada were mostly around the Chinese.

Language. Eve spoke Cantonese as her home language. She spoke some English; but she encountered difficulties in expressing or understanding complicated conversations. Very often, she had to rely on her husband to deal with external communication when speaking English was required. Due to language barriers, Eve could only find herself a semi-skilled job. As she had a heavy financial burden, she worked very hard and could spare little time to interact with the larger community or to advance her English or vocational skills.

Kinship influence. Eve had little social support in Canada. She could not get enough support from her family of origin in China and was experiencing the sudden loss of her mother at the time when she needed most help. Eve's closest family connection in Canada was her in-law's family, but the latter was abusive. Eve had some friends in Canada; but she could not share her husband's mental problem or the abuse because she felt ashamed.

Sex role socialization. Eve was taught to be a dutiful daughter and a caring sister when she was young. As she was the eldest daughter, she was told to give up her studies after completion of high school and started working in order to allow her younger brother to go to university. As the eldest daughter, she was obligated to cooperate with an arranged marriage and immigrated to Canada with a man she barely knew. Being the eldest, she was responsible to work very hard and earn enough money in order to sponsor her parents and young siblings to come to Canada. Being a wife, Eve believed one of her duties was to give birth and became a mother. She said, "it is the road you have to experience as a woman".

Religious/Spiritual influences. Eve did not identify with any particular religion. She, however, was influenced by the theology of Buddhism and Confucianism. She believed in fate under Buddhism. She believed that an external force determined everything. Eve thought she could do little to change whatever happened to her or her family. Although she experienced a series of unexpected events, including her pregnancy, the acknowledgement of her husband's mental problem and her mother's death, she accepted

then and believed that this was her fate. The good side of such beliefs was that she could externalize the problems and eliminate personal blame. The down side was that she could be passive towards any change and might put herself in a dangerous situation.

Under the influence of Confucianism, Eve always put her family needs before her personal interests, for example stopping further study and agreeing to an arranged marriage. More than that, she chose to stay in the marriage because she did not want to jeopardize her family's application to immigrate to Canada.

Immigration experience. Eve came to Canada shortly after her wedding. Her husband and in-laws soon abused her. She experienced oppression mainly from her in-laws, who deceived and accused her. In the beginning, she stayed because her status was a family class immigrant. Later, she stayed because her family members' application for immigration had not been confirmed.

3c/ Intervention

The intervention goals for Eve were to ensure safety, to eliminate abusive experience, to strengthen social support, to access necessary resources, to increase knowledge on mental illness and to enhance empowerment.

The services provided to Eve were: discussion of the risks of future abuse, development of safety measures, provision of social support, validation of her experience, provision of information about community resources, explanation of legal and immigration information, education about the causes and treatment of psychosis, coordination with health care professionals, exploration of childcare services, recognition of her strengths, and discussion of options to leave an abusive relationship.

3d/ Clinical achievement

The intervention was particularly successful in offering help to Eve at a time when she most needed it. The student became a person with whom Eve could share her concerns and ask for help. Upon the husband's discharge from the hospital, he continued to exhibit some restless behavior that made Eve very worried. She shared her concern with the student. Through liaison work between the student and the Community Health Nurse, the husband's situation was improved by properly adjusting the medication treatment. In addition, access was arranged for Eve so that she had an opportunity to communicate with the Community Health Nurse. She was assured that she could contact the Community Health Nurse, who could speak Cantonese, in case there was any change in her husband's situation.

From Eve's feedback, all the written information given or explained to her was very relevant and helpful. Eve learned more about what choices she could make and where to seek help.

Eve's father and two young siblings immigrated to Canada and lived with Eve in the eighth weeks of the intervention. The family reunion was very important to them all, as they could provide support to each other. As the family members would be living with her, they could help with the childcare because she who was expecting her baby in two months.

Follow-up service for continued support was discussed; but Eve declined as she thought that the arrival of her family members would be a good support to her. In addition, she had already gathered information about where to seek help if she was in need. Furthermore, the Community Health Nurse would continue to closely monitor the husband's health progress. Therefore, Eve did not think she needed any follow-up service at that time. The case was closed.

4/ Mabel (pseudonym)

Source of referral. Mabel telephoned for services after she learned about the DVP at VGH from a physician in another ER.

Background information. Mabel, 25, was a single mother of two young children. She came to Canada in 1993 from the southern part of Mainland China as a refugee claimant. She was a high school graduate from China. She spoke both Cantonese and Mandarin as her first languages and some English. She took two jobs and worked as a non-skilled worker in Canada. Both her children were living with their grandparents in China. Mabel had no other close relatives in Canada. She, however, had some close friends.

4a/ Assessment with reference to Robert's Interview Guide

Nature and circumstances of the abuse. The nature of the abuse was both psychological and physical. The onset of the abuse was soon after Mabel broke up with her boyfriend. Since then, he stalked and harassed her. The incident that led to the intervention was that Mabel was stabbed by the former boyfriend.

Post-abuse interactions. Before the stabbing, Mabel did not report the stalking and harassment incidents to the police. She was admitted into the ER right after the stabbing. In the hospital, she revealed the assault to the physician. A report was made to the police. Later, the former boyfriend was arrested and held in custody. Before leaving the hospital, Mabel was provided with information for abused women, including information about the DVP at VGH. The next day, she called the DVP and sought help.

Post-abuse problems. Mabel was shocked and was very frightened for her safety. She described the ex-boyfriend's behavior as unpredictable and horrible. She was afraid to go home or to work. She was afraid that the ex-boyfriend might harm her again when he was released from custody. Therefore, she took a leave from work and decided to stay in a transition house for a few days.

Current status and future orientation. Physically, Mabel recovered quickly. Psychologically, the traumatic experience remained very vivid in her memory. In the first month after the incident, she had nightmares on several occasions. When Mabel knew that the ex-boyfriend would remain in custody, she left the transition house, returned home, and resumed working. Interpersonally, Mabel learned from this incident and decided to have a better understanding of a person before entering courtship. Her short-term goal was personal safety and returning to work. Her long-term goal was to move to a new place in order to stay further away from the ex-boyfriend.

4b/ Assessment with reference to Cultural Dynamics Model

Relationship between ethnic identity and degree of acculturation. Mabel identified herself as Chinese and practiced many Chinese traditions. In her six years of residence in Canada, she maintained her main contacts with the Chinese community, in which she worked, and associated mostly with the Chinese. Her acculturation with the host country was limited.

Language. Mabel spoke both Cantonese and Mandarin as her home languages. She completed some English secondary language courses and could engage in simple conversation. She, however, was unable to comprehend complication expression in English. The language barriers prevented Mabel from accessing resources and integrating into the community.

Kinship influence. Mabel lacked family support in Canada as all her family members were living in China. Regarding friends' support, Mabel had a small, but supportive network. Mabel's friends provided her with both material and emotional support.

Sex role socialization. Mabel worked hard to fulfil her roles as a responsible mother. Being a single mother and having no other family members to rely on, she chose to keep her children in China, where her parents could help. Then she took two jobs and tried to

save up enough money so that she could rent an apartment and bring her children when they reached school age.

Religious/Spiritual influence. Mabel sometimes went to a Protestant church. She told her minister about the assault and asked for prayers. She also tried to pray for her safety and the well being of her children.

Immigration experience. Mabel left China because of the undesirable political, social and economic conditions. She came to Canada as a refugee claimant. In the refugee screening process, she was happy that her case was heard and a humanitarian discretion was applied to her so that she could stay in Canada as a landed immigrant.

4c/ Intervention

The intervention goals for Mabel were to ensure safety, to eliminate abusive experience, to strengthen social support, to access necessary resources, to lessen unpleasant emotions, and to enhance empowerment.

The services provided to Mabel were referring her to a transition house, co-ordinating with the staff of the transition house, providing interpretation services, discussing a safety plan, co-ordinating with the police victim service, helping her to become familiar with the prosecution process and her legal rights, offering emotional support, validating her experience, and counseling.

4d/ Clinical achievement

Mabel's stay in a transition house provided her with a safe environment to heal from the traumatic experience. The shelter service also provided her support. While she was residing in the transition house, liaison work with the police was done to ensure proper charges were laid and a no contact order was in place. Mabel's safety concerns were drawn to the attention of the police. The advocacy work with the police resulted in

extraordinary success. In this case, the ex-boyfriend was held in custody for two months without bail. When he was in custody, Mabel developed a safety plan and worked on her psychological distress, which resulted from the assault. After the ten-week Advocacy Intervention, Mabel still experienced some fear; but her emotions were calmed down. She had more confidence and knowledge about how to seek help. She moved into a new place during the follow-up phase and hoped staying further away from the former boyfriend would help. The staff of the woman's shelter continued to provide on-going support to Mabel.

5/ Nancy (pseudonym)

Source of referral. The Domestic Violence/Criminal Harassment (DV/CH) Team of the Vancouver Police Department referred the case. The DV/CH Team is mandated to provide follow up and support services to victims known to the police for domestic violence or criminal harassment matters. As the team did not have a Chinese speaking worker, the case was referred to the student for services.

Background information. Nancy, 35, was an immigrant from the northern part of Mainland China, and had been in Canada for about 10 years. She was married and had been in the relationship for six years. She had two children. She spoke Mandarin as her home language and had mastered some English. Nancy worked part-time as a non-skilled worker. Her parents came to join the family in late 1994, and had been living with the family since then.

5a/ Assessment with reference to Robert's Interview Guide

Nature and circumstances of the abuse. The nature of the abuse included physical, psychological and financial. Nancy's husband started abusing her psychologically and financially soon after her parents' arrival. The husband became verbally abusive and threw objects, which frightened her. He also stopped giving Nancy money for household

maintenance. The physical abuse occurred following an argument. The husband slapped Nancy's face. That led to a crack on her lower lip.

Post-abuse interactions. Nancy was active in response to the assault. She called the police right after the incident. The husband was arrested and served with a no contact order. The day after the police investigation, Nancy had a medical examination. With help from Chinatown victim services, she filed a victim impact statement with the police and got a legal aid lawyer to help her apply for custody of the children. Nancy's parents fully supported her to leave the relationship. However, her in-laws' family and some of the husband's friends blamed Nancy for calling the police.

Post-abuse problems. Nancy was angry, uncertain, anxious, confused, and guilty. She was angry for being abused. She was uncertain about a livelihood for herself, two young children and ageing parents. She was anxious about the impact of witnessing abuse on the children. She was confused and did not know what the future held. She felt guilty for failing to protect her mother, who was also assaulted (case discussed separately).

Current status. Although Nancy's physical injury was mild, she was overwhelmed by work, responsibilities for caring for both her children and her parents and meetings with the lawyer. Her children were frightened by witnessing the assault and the arrest of their father. Nancy needed to spend more time and effort to comfort her children. She found that the mental burden of looking after and supporting the whole family was very heavy.

Future orientation. Nancy's goals were to settle the custody of her children and to divorce.

5b/ Assessment with reference to the Cultural Dynamics Model

Relationship between ethnic identity and degree of acculturation. Nancy was strongly identified with the Chinese. She practiced and conformed to Chinese traditions and values. Although she had been in Canada for about 10 years, she demonstrated low

acculturation with the host country. She linked her work and most of her daily or social activities with the Chinese community.

Language. Nancy spoke Mandarin as her home language. She learned some English in second language training. She was able to comprehend simple conversations; but she encountered difficulties in understanding complicated expressions both in written or verbal form. This resulted in barriers accessing resources.

Kinship influence. Nancy's parents played important roles in providing her with instrumental and emotional support. The parents helped with childcare, gave her advice and supported her decision to leave her husband. Nancy, however, did not tell her siblings in China about her difficulties because they were unable to help due to the distance.

Sex role socialization. Nancy's husband may have felt that his role as the head of the family was threatened by the arrival of the in-laws, who were supposed to have more power than him in the traditional hierarchical structure of the Chinese family. Therefore, the husband may have used verbal attacks, financial control and violence to regain his control and power in the family.

Religious/spiritual influence. Despite the fact that Nancy did not identify herself with any particular religion, the Confucian theology regarding being a daughter, a wife and a mother influenced her. She was taught to be filial to her parents. This means to respect, obey and take care of her parents. She was also taught to maintain the family unity, to protect the family's name and to relinquish her own interests for the sake of the family. Therefore, she tried to stay in the relationship even though there was psychological and financial abuse. It was the physical abuse against her and her mother, in particular, that Nancy could not accept. Violence against seniors is unacceptable in the Chinese community; and is considered as not filial.

Immigration experience. From Nancy's experience in her home country, China, public officials exercise the authority and power. She learned to respect people who work for the government or large institutions. She, therefore, misinterpreted that the student was working for the government. This misinterpretation might result in the client's over submissive or passive behaviour in the intervention process. The client might do something, such as giving favourable comments, in order to maintain a harmonious relationship with the worker. The client might keep distance from the worker, hampering the intervention process.

5c/ Intervention

The intervention goals for Nancy were to ensure her and her family's safety, to eliminate the abusive experience, to strengthen social support, to obtain necessary resources, to lessen unpleasant emotions, and to enhance empowerment. The intervention also aimed at helping Nancy's children to overcome their emotional distress and to adjust to the transition.

The intervention began with a clarification of the student's roles and sharing of mutual expectations in order to build a trustful working relationship. Equally important, in the beginning phase, the intervention provided Nancy with emotional support, validating her experience and identified needs. A safe and supportive atmosphere was provided during the interviews to allow Nancy to expresses her feelings and concerns. Then Nancy was helped to prioritize her needs and to explore possible alternatives to achieve her goals. She was also assisted to evaluate the risk of future abuse and to develop a safety plan. Related community resources, legal information on child custody, child support and divorce; as well as legal prosecution proceedings were explained to Nancy. The intervention also helped Nancy to recognize her strengths and to eliminate self-destructive thoughts, such as guilt and shame. As Nancy's children were very young and attached to their mother, the intervention was focused on teaching Nancy skills to comfort her children and to help her children express their fear.

5d/ Clinical achievement

The intervention was extended to 11 weeks from 10 due to the special needs of this client. The reason was that at the time of around week seven, Nancy received an order from the Supreme Court of British Columbia regarding a child access arrangement. The order allowed her estranged husband to have overnight visits with the children. This was very disappointing to Nancy. She believed that the overnight visits would cause considerable adjustment problems for her children, who were young and had been shocked by the incident. Nancy believed that a gradual transition would be better for her children. She needed continued support and additional legal information on child custody and access matters, as well as channels for appeal.

As Nancy had a clear goal to end an abusive relationship, she actively participated in the intervention process. She prepared her questions and documents for interpretation during each session. She was able to complete tasks promptly by herself when some information or guidance was given. She showed improvement in organizing her thinking and managing her emotions; as well as confidence in taking charge of her life.

After 11 weeks of intervention, the case was referred to a multicultural organization for continued support, interpretation services, and follow-up for the coming court hearing on child custody.

6/ Brenda and Tom (pseudonym)

(Tom was included in this report because his situation reflects some difficulties encountered by other senior immigrants.)

Source of referral. This case was referral by the Domestic Violence/Criminal Harassment (DV/CH) Team of the Vancouver Police Department. The DV/CH Team was mandated to provide follow up and support services to victims who were known to the police as domestic violence or criminal harassment cases. As the team did not have a Chinese speaking counselor, the case was referred to the student for needed services.

Background information. Brenda, 61, and Tom, 66, were immigrants from the northern part of Mainland China. Their married daughter (Nancy – case above) sponsored them to immigrate to Canada. In 1994, they came to live with their daughter, son-in-law, and two young grandchildren. They had no family members or close friends in Canada other than their daughter's family. They, however, had three married sons, relatives, and friends in China. They spoke Mandarin, but no English. They were capable of self-care and enjoyed good mobility. However, Brenda had diabetes and required regular medication.

6a/ Assessment with reference to Robert's Interview Guide

Nature and circumstances of the abuse. The onset of the abuse began soon after Brenda and Tom's arrival. Their son-in-law abused them both psychologically and financially. He ignored them, was rude to them, threw objects, frightened them, rarely spoke to them, seldom went out with them, and did not provide financial support to them. The couple was so frightened of the son-in-law that they spent most of their time in their basement bedroom, including having meals there, when the son-in-law was at home. Physically, Brenda was abused by the son-in-law on the same day he abused Nancy. Brenda was slapped on her face and was pushed onto the ground, which caused her to lose bladder control for about ten days.

Post-abuse interactions. As the incident was reported to the police, the police interviewed Brenda. The day after, she went to have a medication consultation. The only support Brenda had was from her husband and daughter. Brenda did not reveal the assault incident or other abusive experiences to her children in China, because they were unable to help due to the distance.

Post-abuse problems. Emotionally, Brenda was shocked, angry and anxious. She could not believe that she was assaulted by her son-in-law. Also, she was anxious about their livelihood as she and her family might be requested to move out of the house, which belonged to the son-in-law. Physically, her sleep was disturbed and her blood pressure increased as a result of the incident.

Current status and future orientation. Brenda's physical condition improved after receiving medication treatment. She slept better and her emotions were less disturbed. She supported her daughter's decision to divorce and looked for an early settlement at the child custody hearing. Brenda also looked forward to the end of the court hearing against her son-in-law, in which she was to be called as a witness. She found meeting the police and going to court stressful.

6b/ Assessment with reference to the Cultural Dynamics Model

Relationship between ethnic identity and degree of acculturation. Brenda was strongly identified with Chinese traditions and values, while her degree of acculturation was low. Due to strong ties to her ethnic identity and limited integration with the host country, she differed in her response to the child access decision by the Supreme Court of British Columbia. From her experience in China, mothers usually gain custody of their children and access by a violent father would be limited. In addition, Brenda would rather not go to court, because there is a Chinese proverb which says: "A good person would not go to Court when she or he is alive and would not go to hell after death".

Language. Brenda spoke Mandarin as her home language and spoke no English at all. Due to language barriers, she attained most services and necessities within the Chinese community in Canada. She also encountered difficulties in accessing resources, such as meeting an advocate at the Canadian Diabetes Association. Brenda needed a bilingual worker to go with her; otherwise she could not present her situation and apply for the government's medical allowance. She also had difficulties in reporting the abuse to the mainstream organizations.

Kinship influence. Brenda's natural social support was cut off due to her immigration. She believed that it was very unlikely that she would experience an assault by her son-in-law if she were in China, due to the fact that she had strong social support there. Also, social norms would prevent an assault against a senior from happening.

Sex role socialization. There were role expectation differences between the couple and their son-in-law. The arrival of Brenda and Tom, perhaps, threatened the son-in-law's power and status as the head of the family. To maintain control and power in the family, the son-in-law abused Brenda and Tom. Brenda and Tom were supposed to have more power in the extended family and enjoy more respect, and privilege as seniors in Chinese society.

Religious/spiritual influence. Brenda and Tom experienced the Cultural Revolution (1966 – 1976) in China in which Confucianism and religion were largely banned. Therefore, they did not practice any religion. The influence of Confucianism, however, was preserved because of its prominence in Chinese history. Brenda and Tom believed that the family unity was important in a marriage. Therefore, they tried to keep the extended family together even though there was psychological and financial abuse. They were reluctant to see their daughter's marriage fall apart.

Immigration experience. Brenda and Tom came to Canada under the family sponsorship category. Their son-in-law was one of the financial sponsors. Afraid of losing their immigrant status, Brenda and Tom tolerated the abuse. Other than this the couple was used to the hierarchical power structure in the Chinese community. Therefore, they held a very respectful attitude toward public officials. In the beginning of the intervention, they considered the student as someone who worked for the government, and therefore they told their daughter to cooperate as much as possible.

6c/ Intervention

The intervention goals for Brenda and Tom were to ensure safety, to eliminate abusive experiences, to lessen unpleasant emotions, to strengthen social support, to obtain necessary resources, and to enhance empowerment.

Individual, couple and family interviews were provided to Brenda and Tom. The services provided to the couple included emotional support, validation of their experience,

discussion about the risk of future abuse and safety plans, provision of community resource information, explanation of the immigration law which protected their status, explanation of the police prosecution process, provision of interpretation services, clarification of some of the child custody and child access policies in Canada, recognition of their strengthens and contributions to their daughter's family, and counseling on self-defeating thoughts such as shame, guilt, and fear.

6d/ Clinical achievement

A total of 11 weeks of intervention were provided in this case, as they needed more support. Brenda and Tom showed significant progress in terms of their emotional stability and knowledge about community resources, child custody issues, legal rights, and the police prosecution process. In particular, Brenda expressed that explanation of the police prosecution process was very helpful to her. She felt much relief about meeting the crown counsel or going to court. Both Brenda and Tom said that they slept better and were less worried after receiving the student's information and support. They were also less fearful about their status. Tom also expressed that the student was different from those public officials with whom he encountered in China. He had the confidence and trust to share his difficulties with the student and felt that the intervention was meaningful to his family.

After 11 weeks of intervention, the case was referred to a multicultural organization for continuous support and interpretation services.

7/ Rose (pseudonym)

Source of referral. This case was referred from the DVP at VGH. Rose was admitted into the ER at VGH after a serious physical assault. After medical treatment, she was admitted into a transition house. A follow-up was requested to look into any service needs.

Background information. Rose, 40, was an immigrant from the northern part of Mainland China. She was married and had been in the relationship for 15 years. She came to Canada with her husband and child in 1997. She spoke Mandarin as her home language and some English. She had no other family members or close friends in Canada. She had a university degree from China. In Canada, she worked as a semi-skilled worker, but not in the professions for which she was trained.

7a/ Assessment with reference to Robert's Interview Guide

Nature and circumstances of the abuse. Rose had been abused physically, psychologically and financially for about three years. The physical abuse was so serious that the client always had bruises and experienced pain in her body, face, and head. She attributed part of the blame to herself because of a brief affair that triggered the onset of the abuse.

Post-abuse interactions. Police were called once in China; but they just gave Rose's husband a verbal warning as they considered the assault as a family matter. Police were called in Canada; but Rose denied the assault as she had just immigrated and did not want to impact her immigration status. In the latest incident, Rose was seriously assaulted by her husband. She was punched, beaten, hit, and pushed. Bruises and injuries were seen around her head, forehead, eyes, hands, and elbows. An anonymous person called police and Rose was sent to hospital. After treatment, Rose and her child were admitted into a transition house. The husband was arrested and a no contact order was issued.

Post-abuse problems. Rose reported a marked sleep disturbance, weight loss, poor appetite and poor orientation to place, time and person. She was very anxious, stressed, and fearful. In the first few days after the incident, she was afraid to go outside without company. She also quit her job because she was afraid that her husband might locate her. She was suspicious of strangers.

Future orientation. Rose determined to leave the abusive relationship and divorce her husband.

7b/ Assessment with reference to the Cultural Dynamics Model

Relationship between ethnic identity and degree of acculturation. Rose was strongly identified with the Chinese. Her degree of acculturation was very low due to her short residence in the host county.

Language. Rose spoke Mandarin as her home language. She was able to manage simple conversations in English; but encountered difficulties in expressing or comprehending complicated ideas. Due to the language barriers, Rose could not find work in her profession, and found accessing the needed resources difficult.

Kinship influence. Rose lacked social support in Canada. Her natural support was cut off due to immigration. She could share the abuse with her parents who were living abroad. The parents, however, could not do much other than provide emotional support due to their own health problems and the geographical distance. Rose found calling her friends abroad not feasible as it was too expensive, while sending mail could not meet her immediate needs.

Sex role expectations. Traditional sex roles among the Chinese allowed a husband use of force to "discipline" his wife, if she was unfaithful. Rose's mother-in-law once told her son "if your wife is disobedient, you can punish her with force". Therefore, Rose's husband was reinforced by traditional cultural support for male domination, which legitimized his violent acts. On the same issue of sex role expectations, Rose felt guilty for failing to be a faithful wife. As a result, she tolerated the abuse.

Religious/spiritual influence. The belief of preserving family unity and sacrificing personal interests for the sake of the family kept Rose in the abusive relationship. She believed that keeping the family together would be best for her child, and therefore, she

never sought help. Although Rose was not a Buddhist, she believed that it was her fate to experience such suffering. Rose thought that she could do little to change her fate, and the only way of life was to endure the suffering.

Immigration experience. Rose experienced political exploitation in her upbring because her extended family did not belong to the Communist Party, which had been in power since 1949. She and her family were deprived of many social and economic privileges. That experience prevented Rose from trusting people.

7c/ Intervention

The intervention goals for Rose were: to provide safe and supportive shelter, to adjust to group living, to strengthen social support, to obtain necessary resources, to lessen unpleasant emotions, to remove self-destructive thoughts and to enhance empowerment.

The intervention began with a crisis intervention. A two-tiered intervention was provided in the beginning phase. One dealt with Rose's practical needs, and the other dealt with her emotional needs. As the transition house did not have a Mandarin speaking staff, the student played an essential role in bridging the communication between Rose, the staff of the transition house and other helping professionals. Intervention to meet Rose's practical needs included gaining legal aid assistance, obtaining a restraining order, obtaining an ex parte order on child custody, arranging escort service from Victim Services, and applying for Employment Insurance. Individual and family counseling sessions were conducted with both Rose and her child to help them share their feelings, validate their experience and adjust to the new living environment. The second phase of intervention focused on helping Rose and her child to deal with the transition of seeking second stage accommodation, connecting to community resources, recognizing personal strengths, and re-examining self-destructive thoughts. The helping process was also aimed at helping Rose to build confidence in the system here, which is different from China.

7/ Clinical achievement

Rose received the 10 weeks intervention. Most of her practical needs were met. She and her child moved into a new apartment. Both her physical injuries and emotional disturbance showed significant improvement. She became more organized, was able to manage her emotions, and developed more confidence in her future. Rose was pleased with her decision to leave the abusive relationship because she could be in-charge of her life afterward. She was pleased with the helping process, in which her practical needs were met. She also experienced the working relationship as helpful. Her child adjusted smoothly to the new living and school environment. Emotionally, the child was able to verbalize unpleasant feelings and to develop new friendships.

Upon the completion of the 10-week intervention, Rose was referred to a multicultural community organization for continued support, interpretation services, and follow-up on the child custody hearing.

8/ Sandy (pseudonym)

Source of referral. The case was referred by the DVP of VGH for follow-up service. When Sandy sought medical treatment at the ER of VGH, she was asked a universal question about domestic violence. She reported the abuse and follow-up services were requested.

Background information. Sandy, 40, was married and had been in the relationship for 12 years. She had no children. Sandy emigrated from Hong Kong about 20 years ago and spoke fluent English and Cantonese. She and her husband had been living in Vancouver for about 10 years. Sandy had no other family members in British Columbia; but some in other provinces. She worked as a para-professional, while her husband had been unemployed for about three years due to his alcoholism. Financially, Sandy was self-supporting.

8a/ Assessment with reference to Robert's Interview Guide

Nature and circumstances of the abuse. The onset of the abuse occurred about five years ago. The abuse included physical, psychological and sexual elements. It accelerated when Sandy's husband lost his job two years ago and started abusing alcohol. The physical abuse included pushing, hitting, punching, scratching, choking, and kicking. The psychological abuse included calling her names, belittling her, ordering her around, and being rude to her. The husband also forced her to have sex when Sandy did not want to. The abuse was an on and off cycle for the past five years. The husband would sober up after an acute incident and do something nice for Sandy, such as cooking meals. For unknown reasons, the husband would raise the tension. He usually started with the psychological abuse and then followed with physical. The cyclical pattern lasted from a few days to a few weeks. There was potential risk of future abuse if Sandy remained in the relationship and her husband continued abusing alcohol.

Post-abuse interactions. Other than the last incident that led to the beginning of the intervention, Sandy never sought any professionals help. Before, she believed that her husband might change some day. Sandy shared her abuse with her sisters and sister-in-law. Both supported her to leave.

Post-abuse problems. Sandy experienced stress, fear, sleep disturbance, and poor appetite. She smoked more in the last two years in an attempt to release her stress. Sometimes, Sandy was afraid to go home, as she did not know whether there would be more abuse. Physically, she reported ulcer problems and pain in her pelvis, as well as her thighs.

Coping strategies. At first, Sandy tried to ignore or confront her husband's abusive behavior; but this did not work. Sometimes, she left the house and stayed outside. This would only prevent Sandy from temporary harm; but never stopped the abuse.

Future orientation. Sandy started to realize that her husband's drinking problem was just an excuse. In addition, she believed that her husband should be responsible for his abusive behavior. She was getting herself ready and prepared to leave him.

8b/ Assessment with reference to the Cultural Dynamics Model

Relationship between ethnic identity and degree of acculturation. Sandy identified herself as Chinese, even though she conformed to some of the lifestyle and values of the host country. She completed her high school education in Canada and had friends from the mainstream culture. Her English language fluency allowed her to integrate more into the larger society. Regarding family relationships, she identified more with the Chinese perspective.

Language. Sandy spoke both English and Cantonese. Language was not an issue for Sandy in terms of access to services.

Kinship influence. Sandy lacked social support in British Columbia, as her family members and close friends were living in other provinces in Canada. Although Sandy's sisters were supportive, they were too far to provide immediate help. The only readily available support that Sandy had was her husband, who abused her.

Sex role expectations. Sandy received her education in Canada and believed in balanced roles for both genders. She was independent and self-reliant. Nevertheless, she was influenced by the Chinese culture to become a caring sister. Sandy was the eldest amongst her siblings. She was taught to take care of her younger siblings. It was because of this role expectation that Sandy was unwilling to accept help from her younger siblings.

Religious/spiritual influence. Sandy's belief about family was influenced by Confucianism. She believed that protecting the family's name was important and that

domestic violence was considered a shame to the family. As a result, she was reluctant to seek help or to call the police even though she was abused.

Immigration experience. When she was a teenager, Sandy immigrated to Canada with her family. She completed high school and started working. In Sandy's experience, she enjoyed her school life and friendships at work.

8c/ Intervention

The intervention goals for Sandy were to ensure safety, to eliminate abusive experience, to strengthen social support, to obtain necessary resources, to lessen unpleasant emotion, and to enhance empowerment.

The services provided to Sandy included providing emotional support, validating her experience, discussing the risk of future abuse, developing safety plans, providing community resource information, recognizing personal strengths and counseling on self-destructive thoughts. The intervention with Sandy emphasized her safety as she was staying in the relationship and the abuse continued during the intervention period. Every week, Sandy was helped to assess her safety and review her safety plan. The safety plan included identifying emergency exits, identifying possible shelters or places of refuge, and keeping extra cash, keys, and copies of identification in an accessible place. The counseling services focused on ventilating Sandy's fear, frustration, and anger; discussing the repeated cycle of abuse; and re-examining her self-destructive thoughts such as blame, guilt, and shame; as well as identifying strengths.

8d/ Clinical achievements

Initially, Sandy was resistant to receiving help. It was after three months of telephone contact and support that Sandy was able to establish rapport with the student. She appreciated the student's persistence and continuous support. Therefore, when the intervention began, Sandy was ready to reveal her inner feelings. She started to recognize

the repetitive cycle of the abuse and its impact on her mental and physical health. She participated actively in homework assignments and took steps to put her contingency plan in place. She was eager to equip herself with those available community resources that she could use in case of emergency.

Sandy received the 10 weeks intervention. Throughout the whole intervention period, she remained in her relationship. The abuse continued; but Sandy was not ready to leave. She was referred to the domestic violence social worker at the Vancouver General Hospital for on-going support, counseling, and follow-up on the abuse.

Chapter IV

EVALUATION DESIGN

The evaluation included three areas: evaluation of the intervention outcome, evaluation of the seminar, and evaluation of the student's progress towards learning goals.

4.1 Evaluation and Analysis of the Intervention Outcome

The goal of outcome evaluation was to examine the effectiveness of the Advocacy Intervention Model in working with abused Chinese Canadian women. This outcome evaluation consisted of both quantitative and qualitative measures.

4.1.1 Quantitative Research Designs

The evaluation design for quantitative data involved a Single-subject B-A design (intervention – follow-up design), a cross-sectional post-intervention evaluation, and a pre-test, post-test- follow-up no control group design.

Single-subject B-A Designs

For the B-A design, two standardized measures were administered weekly during the intervention and six-week follow-up period. The B-A design was aimed at collecting information about the pattern of change during the intervention period and its stability throughout the follow-up.

The selected instruments for the B-A evaluation design were Zimet, Dahlem, Zimet and Farley's (1988) Multidimensional Scale of Perceived Social Support (MSPSS) (Appendix Five) and Hudson's (1992) Partner Abuse Scale: Non-Physical (PASNP) and Partner Abuse Scale: Physical (PASPH) (Appendix Six).

Social support. The selection of the MSPSS was due to its ease of use and its particular suitability for repeated measures. The MSPSS is a 12-item instrument designed to

measure perceived social support from three sources: family, friends, and a significant other. The MSPSS has excellent internal reliability, with an average Cronbach's coefficient alpha of .88. For Significant Other, Family, and Friends subscales, the values were .91, .87, and .85. The test-retest reliability for the whole scale was .85. Moreover, the MSPSS has good factorial validity (Fischer & Corcoran, 1994).

Experience of abuse. The PASNP and PASPH are both 25-item instruments designed to measure the degree or magnitude of perceived non-physical and physical abuse which clients receive from a spouse or partner. The PASNP and PASPH have excellent internal consistency with an alpha in excess of .90. Both scales are reported as having good content and factorial validity (Fischer & Corcoran, 1994). The optimal cutting score of items on the PASNP is a scale score of above 15 and the optimal cutting score of items on the PASPH is a score of above 2 (Attala, Hudson, & McSweeney, 1994).

Cross-sectional Evaluation

A cross-sectional evaluation was conducted to provide additional information on the effectiveness of the Advocacy Intervention. The selected instrument for this cross-sectional survey was the Effectiveness of Obtaining Resources (EOR) Scale (Sullivan, 1991; Sullivan, Tan, Basta, Rumptz, and Davidson 1992; Sullivan, Campbell, Angelique, Eby & Davidson, 1994) (Appendix Seven). This measure was administered at the last session of the intervention.

Effectiveness of obtaining resources. The Effectiveness of Obtaining Resources (EOR) Scale (Sullivan, 1991; Sullivan, Tan, Basta, Rumptz, and Davidson 1992; Sullivan, Campbell, Angelique, Eby & Davidson, 1994) consists of 11 areas: housing, material goods and resources, education, employment, health, childcare, transportation, social support, legal assistance, finances, and issues regarding children. Each woman was asked how effective the intervention was in helping her to obtain the necessary resources. Response categories were in the form of a Likert-type scale, ranging from 1 (very ineffective) to 4 (very effective). The EOR scale score was obtained for each woman by

calculating the mean of her effectiveness scores across all the areas in which she worked. According to Sullivan, Tan, Basta, Rumptz, and Davidson's study (1992), internal consistency of the Effectiveness of Obtaining Resources scale was .64. Validity of the EOR scale has not been established.

Group Design

For the group design, a pretest was conducted at intake. Then, a post-test was conducted at the last session of intervention and a follow-up six weeks after termination.

4.1.2 Qualitative Research Design

Qualitative information on the effectiveness of the Advocacy Intervention was collected from two main sources: the clients and other helping professionals, who provided direct service to the clients and who were working in collaboration with the student. The rationale for selecting those with whom the student worked was that these people might have a better understanding of what Advocacy Intervention was about, and that their information was important to supplement the quantitative and qualitative data from the clients' perspective.

The qualitative interviews were guided by a set of open-ended questions (Appendix Eight). The interviews asked the clients and collateral professionals about the effectiveness of the Advocacy Intervention. In addition, clients were asked questions about the appropriateness of the MSPSS. The interview lasted for about 30 minutes, and was conducted in the last session of the intervention stage for clients. It was audiotape recorded. A written consent (Appendix Nine) was requested from each client and helping professional, who agreed to be interviewed.

4.1.3 Language Difficulties

Some clients had difficulty with reading English. For the purpose of this practicum, the student translated all standardized measures into a Chinese version in order to allow

clients who did not have sufficient English language skills to complete the scales by themselves. Maintaining the validity of the scale was very important in this translation process. To improve it, Rubin and Babbie's (1997) back-translation model was used. The translation process began with the student translating the selected instruments into a Chinese version. Then another bilingual Chinese social worker translated the Chinese version back to the English version without seeing the original instruments. Then the original instruments were compared to the back-translated version, and items with discrepancies were modified.

4.1.4 Evaluation of Outcome

Quantitative Data

Visual analysis. Interpreting the effectiveness of the intervention began with visual analysis (Bloom, Fischer and Orem, 1995) on the line charts and celeration lines. Visual analysis aims at finding out the level, stability, trend and change of the graphed data. The visual analysis also examined the slope of the celebration lines and the proportions of scores in the desired zone. An increase of social support and a decrease of abuse were considered as the desired outcomes in this study.

Statistical significance. Fisher's Exacts test was used to analyzed single-subject quantitative data collected from the standardized measures. According to Bloom, Fisher, and Orme (1995), Fisher's Exact test provides a reliable method for calculating the statistical significance between expected and observed frequencies of intervention and follow-up periods. This test is an appropriate procedure when the numbers of cases in the cells are less than five. Due to the small number of observations in this single-subject design, a test of autocorrelation was conducted in order to avoid Type I or Type II errors (Bloom, Fisher & Orem, 1995). Bloom, Fisher and Orem (1995) defined autocorrelation as dependant observations such that one can predict one observation from the other. The presence of autocorrelation can invalidate tests of statistical significance. Autocorrelated

data in this study were transformed by the first differences transformation method (Bloom, Fisher & Orem, 1995).

For the data collected from the cross-sectional evaluation, descriptive statistics, by calculating mode, median, mean, and standard deviation, were used to analyze the rating scores (Bloom, Fisher, & Orme, 1995). Dependent means *t*-Tests were used to analyze the data from the group design (Shavelson, 1981). According to Shavelson, the *t*-Test for dependent means helps us decide whether the difference between two samples is due to chance or a true difference between population means. The selected alpha level (α) for calculating the statistical significance was .05 one tailed and the degrees of freedom was 5 (Neuman, 1997; Rubin & Babbie, 1997).

Qualitative Data

The qualitative data gathered from the open-ended interviews were audiotape recorded and transcribed verbatim. Content analysis (Neuman, 1997; Rubin & Babbie, 1997), including manifest coding and latent-coding methods, was used to analyze the transcribed data. Manifest coding refers to coding the visible surface content in a text, while latent coding was used to identify and uncover the underlying meaning in the text. (Neumen, 1997; Rubin & Babbie, 1997). This content analysis identified the frequency, direction, and intensity of the following themes: social/emotional support, accessing resources, abusive incidents, safety, new skills, strengths, options to leave an abusive relationship, decision-making, cultural sensitivity, and empowerment. In addition to these themes, other themes that were generated inductively from the interview data were included in the analysis.

4.2 Evaluation of the Seminar

The seminar was evaluated through an evaluation form, which had been designed for this practicum (Appendix Ten). Descriptive statistics, by formulating a frequency table and then measuring mode, median, mean, and standard deviation, were used to analyze the

rating scores (Bloom, Fisher, & Orme, 1995), while qualitative data were analyzed by the manifest coding method. For this particular evaluation of the seminar, the student searched for words or phrases from the open-ended questions that fit the following themes: understanding of the Chinese, understanding of the difficulties of abused Chinese women, practice competence, usefulness of suggested interventions, cross-cultural practice awareness and other themes inductively generated.

4.3 Evaluation of the Student's Progress Towards Learning Goals

To evaluate progress toward the learning goals, the student completed an intervention log, which had been designed for this practicum (Appendix Eleven) and provided it to the on-site supervisor weekly. In addition, a Practicum Performance Evaluation Form (Appendix Twelve) had been prepared for the on-site supervisor to evaluate the skill and knowledge development of the student. The on-site supervisor completed this evaluation form after each case, as well as at the mid-term report (Appendix Thirteen) and final evaluation. In addition to this, the student submitted a mid-term progress and final report to the practicum committee. Areas considered in the evaluation reports included: a brief description of the practicum activities, establishing working relationships with the service targets, case outcomes, knowledge and coordination with organization/service setting/community, professional values and attitudes, learning and professional development, and evolution of a personalized approach.

Chapter V

RESULTS

This chapter will discuss the outcomes of the intervention and the outcome of the seminar.

5.1 Outcome: Effectiveness of the Intervention

Of the eight women in this practicum, six of them participated in the evaluation process. They all completed a ten-week or eleven-week intervention and the six-week follow-up. The presentation of quantitative data are presented under single-subject design, group design, and cross-sectional evaluation. Qualitative data will discuss themes collected from women and helping professionals.

5.1.1 Single-subject B - A Designs (Intervention-follow-up Designs)

The Single-subject B – A designs measured the level of perceived social support and experienced of abuse. This section first presents the results of the visual analysis in both intervention and follow-up phases. Following are the results of the tests of statistical significance. Slopes of celebration lines and proportion of scores in the desired zone are reported for a better understanding of the direction and trends of the changes. Due to the small number of observation points, autocorrelated data was transformed in order to remove the serial dependency. This resulted in more variations on the line graphs that were related to the transformation process. Therefore, the visual analysis was focused on studying the trends of improvement of the data instead of explaining the cause of the variations.

Visual Analysis – Intervention Phase

Social Support

Total Support

Betty. Betty's total support deteriorated slightly in the intervention phase (Figure 1.1a & 1.1b). The slope of the celeration line was – 0.01 (see Table 4). As the slope was so small, there was no evidence of change.

Eve. Eve's total support showed a marked change in level at week five (Figure 2.1a & 2.1b). One explanation for this change was that Eve started to include the student and the Community Health Nurse in her support network at that time. The slope of the celeration line was 0.13 (see Table 4), which was too small to be considered as improvement.

Mabel. Mabel's total support showed a deteriorating trend during intervention (Figure 3.1a & 3.1b). The slope of the celeration line was 0 (see Table 4), which suggested the change was very likely due to random error.

Nancy. Nancy's total support demonstrated a marked change in level at the beginning of the intervention. The improved level maintained a flat line from week 4 to the end of the intervention (Figure 4.1a & 4.1b). The slope of the celeration line was 0.05 (see Table 4), which was very small and suggested that the change was very likely due to random error.

Rose. Rose's total support demonstrated a marked upward change in level at the beginning of the intervention; but total support deteriorated from week 3 to the end of the intervention (Figure 5.1a & 5.1b). The slope of the celeration line was – 0.15 (see Table 4), which was too small to be considered as deterioration.

Table 4: Slopes of the Celeration Lines in Single-subject Designs

Social Support				
	Total Support		**Family Support**	
	Intervention Phase	**Follow-up phase**	**Intervention Phase**	**Follow-up phase**
Betty	- 0.01	0.04	0.20	0.07
Eve	0.13	0.04	- 0.06	0.11
Mabel	0	- 0.06	- 0.05	- 0.06
Nancy	0.05	0	0.06	0
Rose	- 0.15	0.02	0.07	0
Sandy	0	0.03	0.03	- 0.22
	Friends Support		**Significant Other Support**	
	Intervention Phase	**Follow-up phase**	**Intervention Phase**	**Follow-up phase**
Betty	0.01	- 0.02	0.06	- 0.50
Eve	0.03	0.06	0.05	0.04
Mabel	- 0.04	- 0.07	0.04	0.02
Nancy	0.06	0	0.07	0
Rose	0.09	- 0.03	0.29	- 0.01
Sandy	0.07	- 0.02	0.02	0.08
Experience of Abuse				
	Non-physical Abuse		**Physical Abuse**	
	Intervention Phase	**Follow-up phase**	**Intervention Phase**	**Follow-up phase**
Betty	0	0	0	0
Eve	- 0.20	0	0	0
Mabel	- 0.83	0	- 0.23	- 0.12
Nancy	0	0	0	0
Rose	- 4.60	0	- 3.27	0
Sandy	4.44	- 9.14	- 1.10	- 0.33

Sandy. Sandy's total support demonstrated a gradual upward trend during intervention (Figure 6.1a & 6.1b). The slope of the celeration line was 0 (see Table 4), which suggested that the change was very likely due to random error.

In summary, during the intervention phase all women's total support had no change as all slopes were so small.

Family Support

Betty. From the graphs, Betty demonstrated an increase of family support during intervention (Figure 1.2a & 1.2b). The slope of the celeration line was 0.2 (see Table 4), which likely evidenced a true increase.

Eve. Eve' family support demonstrated many variations during the intervention (Figure 2.2a). One external event was Eve's husband's continued exhibition of restless symptoms after his discharge from hospital. This upset Eve. The celeration line showed a deterioration of family support in intervention (Figure 2.2b). The slope of the celeration line was – 0.06 (see Table 4), which was too small and suggested the change was very likely due to random error.

Mabel. Mabel's family support fluctuated during intervention (Figure 3.2a). The celeration line indicated a deterioration of family support in the intervention (Figure 3.2b). The slope of the celeration line was – 0.05 (see Table 4), which was too small to be deterioration and suggested that the change was very likely due to random error.

Nancy. Nancy's family support showed a marked improvement in the first two weeks. The upward change was maintained (a flat line) from week 3 to the end of the intervention (Figure 4.2a & 4.2b). The slope of the celeration line was 0.06 (see Table 4), which was too small to be an improvement and suggested that the change was very likely due to random error.

Rose. Rose' family support showed an improvement trend during intervention (Figure 5.2a & 5.2b). The slope of the celeration line was 0.07 (see Table 4), which was too small to be an improvement and suggested that the change was very likely due to random error.

Sandy. Sandy's family support showed a gradual upward trend (Figure 6.2a & 6.2b). Her family support was strong before the intervention. She could share the abuse with her family members and her sister-in-law who supported her to leave. The slope of the celeration line was 0.02 (see Table 4), which was too small to be an improvement and suggested the change was very likely due to random error.

In summary, during the intervention phase one woman (16.7%) demonstrated a likely increase of family support, while the other five women (83.3%) remained unchanged as slopes were too small.

Friends Support

Betty. Betty's friend's support showed an improvement during intervention (Figure 1.3a & 1.3b). The slope of the celeration line was 0.01 (see Table 4), which was too small to signify an improvement and suggested that the change was very likely due to random error.

Eve. Eve's friends' support had an upward peak in week five (Figure 2.3a). The celeration line showed an improvement trend during intervention (Figure 2.3b). The slope of the celeration line was 0.03 (see Table 4), which was too small to evidence an improvement and suggested that the change was very likely due to random error.

Mabel. Mabel's friends' support fluctuated during intervention (Figure 3.3a). One relevant external event was that one of Mabel's close friends, who provided her with accommodation and emotional support was away on a trip when Mabel mostly needed her. The celeration line indicated a deteriorating trend in the intervention (Figure 3.3b).

The slope of the celeration line was – 0.04 (see Table 4), which was too small to evidence an improvement and suggested that the change was very likely due to random error.

Nancy. Nancy' friends' support increased in a marked way in the first three weeks, then it maintained the improved level (a flat line) from week 4 to the end of the intervention (Figure 4.3). The celeration line indicated an improving trend (Figure 4.3b). The slope of the celeration line was 0.06 (see Table 4), which was too small to evidence an improvement. The change was very likely due to random error.

Rose. Rose's friends' support showed a steady improvement trend in the intervention phase (Figure 5.3a & 5.3b). The slope of the celeration line was 0.09 (see Table 4), which was too small to evidence an improvement and suggested that the change was very likely due to random error.

Sandy. Sandy's friends' support showed a slight improvement in the intervention phase (Figure 6.3a & 6.3b). She started with a high level of friends' support. One explanation for the high beginning level of friends' support was that the student had contacted Sandy and provided her support through telephone contacts for three months before the first face to face interview. The slope of the celeration line was 0.07 (see Table 4), which was too small to evidence an improvement and suggested that the change was very likely due to random error.

In summary, during the intervention phase all women's friends' support demonstrated no change as all the slopes were too small.

Significant Other Support

Betty. Betty started with a high level of significant other support. One possible factor was that she had been receiving shelter and support service from a transition house before the intervention. Betty's significant other support showed a slight improvement during intervention (Figure 1.4a &1.4b). The slope of the celeration line was 0.06 (see Table 4),

which was too small to evidence an improvement, and suggested that the change was very likely due to random error.

Eve. Eve's significant other support showed a mark increase in week five (Figure 2.4a). The celeration line indicated an improving trend (Figure 2.4b). The slope of the celeration line was 0.05 (see Table 4), which was too small to be a significant change and suggested that the change was likely due to random error.

Mabel. Mabel's significant other support fluctuated on the line graph (Figure 3.4a). The celebration line, however, indicated an improvement during intervention (figure 3.4b). The slope of the celeration line was 0.04 (see table 4), which was too small to signify an improvement and suggested that the change was very likely due to random error.

Nancy. Nancy's significant other support showed a marked increase at the beginning of the intervention. The increased level maintained a flat line from week 4 to the end of the intervention (Figure 4.4a). The celeration line indicated an improvement trend (Figure 4.4b). The slope of the celeration line was 0.07 (see Table 4), which was too small to indicate an improvement and suggested that the change was likely due to random error.

Rose. Rose's significant other support showed an improvement during the intervention phase (Figure 5.4a & 5.5b). The slope of the celeration line was 0.30 (see Table 4), which demonstrated that there was .3 of a point change per week. With the evidence of the slope the change was likely to be an actual change.

Sandy. Sandy' significant other support showed an upward trend during the intervention phase (Figure 6.4a & 6.4b). The slope of the celeration line was 0.02 (see Table 4), which was too small to indicate an improvement and suggested that the change was very likely due to random error.

In summary, only one woman's (16.7%) significant other support showed a significant increase, while the other five women (83.3%) demonstrated no change of significant other support as their slopes were too small.

Experience of Abuse

Non-physical Abuse

Betty. Betty reported no experience of non-physical abuse throughout the intervention phase.

Eve. Eve showed a marked increase of non-physical abuse between week 2 and 5; and the non-physical abuse was absent from week 6 to the end of the intervention (Figure 2.5a). The change of non-physical abuse was consistent with an external event, in which Eve's husband was discharged from the hospital and continued exhibiting restless symptoms. Medication was adjusted and the husband's mental health problem came under control. The celeration line showed a decreasing trend (Figure 2.5b). The slope of the celeration line was – 0.2 (see Table 4), which likely demonstrated a true decrease.

Mabel. A decrease of non-physical abuse experience was shown (Figure 3.5a & 3.5b). The slope of the celeration line was - 0.83 (see Table 4), which likely indicated a significant decrease of non-physical abuse during the intervention phase.

Nancy. Nancy reported no experience of non-physical abuse during the intervention phase.

Rose. A marked decrease of non-physical abuse was shown in the first week and then no further non-physical abuse was shown (Figure 5.5a & 5.5b). The slope of the celeration line was – 4.6 (see Table 4), which indicated a clear decrease of non-physical abuse during the intervention phase.

Sandy. Sandy's experience of non-physical abuse was fluctuating (Figure 6.5a). The celeration line showed an upward trend of non-physical abuse (Figure 6.5b). Its slope was 4.44 (see Table 4), which indicated a significant increase of non-physical abuse in the intervention phase.

In summary, two women (33.3%) experienced no non-physical abuse in the intervention phase. Three other women (50.0%) had a signified decrease of non-physical abuse during intervention. The other one woman (16.7%) had an increase of non-physical during intervention.

Physical Abuse

Betty. Betty reported no experience of physical abuse during the intervention phase.

Eve. Eve reported no experience of physical abuse during the intervention phase.

Mabel. Mabel's experience of physical abuse showed a markedly decrease in the first week of intervention. The level maintained a flat line from week 2 to the end of the intervention (Figure 3.6a). The only item Mabel indicated about physical abuse was fear for her life. The celeration line showed a decrease of physical abuse (Figure 3.6b). Its slope was – 0.23 (see Table 4), which indicated a small decrease of physical abuse during the intervention phase.

Nancy. Nancy reported no experience of physical abuse during the intervention phase.

Rose. A steep decrease of physical abuse was noted. No further abuse was shown from week 2 to the end of the intervention (Figure 5.6a). The celeration line indicated a decreasing trend and maintained a flat line from week five to the end of the intervention (Figure 5.6b). Its slope was – 3.27 (see Table 4), which supported a significant decrease of physical abuse during the intervention phase.

Sandy. In this case, the serial dependency could not be removed. Therefore, the decreasing trend of physical abuse during the intervention phase (Figure 6.6a & 6.6b) might be affected by autocorrelation. The slope of the celeration line was – 1.1 (see Table 4), which evidenced a modest decrease of physical abuse in the intervention phase.

In summary, three women (50%) experienced no physical abuse during the intervention phase. The other three women (50%) experienced a decrease of physical abuse in the intervention phase.

Visual and Statistical Analysis – Changes from Intervention to Follow-up Phase

In most situation, the changes of the slopes of the celeration lines from intervention to follow-up phase were very small (see Table 4). Therefore, the analysis on the changes from intervention to follow-up was largely based on the study on the proportions of scores in the desired zones in both phases.

Social Support

Total Support

Betty. Betty' total support showed deterioration from intervention phase (Figure 1.1a & 1.1b). The proportions of scores in the desired zone for intervention and follow-up phases were 66.7% and 33.3% respectively (see Table 5). The result of the Fisher's Exact Test was 0.23 (see Table 6), which indicated the deterioration from intervention phase was not significant.

Eve. Eve's total support deteriorated during the follow-up phase (Figure 2.1a & 2.1). The proportions of scores in the desired zone for intervention and follow-up phases were 22.2% and 0% respectively (see Table 5). This indicated a deterioration, but not greater than chance. The result of the Fisher's Exact Test was 0.34 (see Table 6), which suggested that the deterioration from intervention to follow-up was not significant.

Table 5: Proportions of Scores in the Desired Zone for the Single –subject Designs

Social Support				
	Total Support		**Family Support**	
	Intervention Phase	**Follow-up phase**	**Intervention Phase**	**Follow-up phase**
Betty	66.7%	33.3%	70.0%	0%
Eve	22.2%	0%	62.5%	66.7%
Mabel	33.3%	33.3%	44.4%	83.3%
Nancy	50.0%	0%	50.0%	0%
Rose	50.0%	100%	42.9%	0%
Sandy	44.4%	16.7%	40.0%	0%
	Friends Support		**Significant Other Support**	
	Intervention Phase	**Follow-up phase**	**Intervention Phase**	**Follow-up phase**
Betty	44.4%	33.3%	70.0%	0%
Eve	22.2%	0%	55.6%	16.7%
Mabel	44.4%	66.7%	55.6%	0%
Nancy	50.0%	0%	50.0%	0%
Rose	33.3%	0%	33.3%	0%
Sandy	60.0%	0%	33.3%	0%
Experience of Abuse				
	Non-physical Abuse		**Physical Abuse**	
	Intervention Phase	**Follow-up phase**	**Intervention Phase**	**Follow-up phase**
Betty	0%	0%	0%	0%
Eve	70.0%	100%	0%	0%
Mabel	90.0%	100%	60.0%	0%
Nancy	0%	0%	0%	0%
Rose	90.0%	100%	90.0%	100%
Sandy	44.4%	100%	50.0%	33.3%

Mabel. Mabel's total support demonstrated no change from intervention (Figure 3.1a & 3.1b). The proportions of scores in the desired zone for intervention and follow-up phases

were 33.3% and 33.3% respectively (see Table 5). The result of the Fisher's Exact Test was 1.00 (see Table 6), which indicated there was no change from intervention.

Nancy. Nancy's total support demonstrated no change from intervention (Figure 4.1a & 4.1b). The proportions of scores in the desired zone for intervention and follow-up phases were 50% and 0% respectively (see Table 5). This indicated deterioration. The result of the Fisher's Exact Test was 0.07 (see Table 6), which indicated that the deterioration from intervention to follow-up was not significant.

Rose. Rose's total support improved from intervention (Figure 5.1a & 5.1b). The slopes of the celeration line were – 0.15 in intervention and 0.02 in follow-up (see Table 4). This was a change in direction and seemed to indicate an improvement in follow-up. The proportions of scores in the desired zone for intervention and follow-up phases were 50% and 100% respectively (see Table 5). The result of the Fisher's Exact Test was 0.05 (see Table 6), which indicated that the improvement from intervention to follow-up approached significance.

Sandy. Sandy's total support deteriorated from intervention (Figure 6.1a & 6.1b). The proportions of scores in the desired zone for intervention and follow-up phases were 44.4% and 16.7% respectively (see Table 5). The results of Fisher's Exact Test was 0.29 (see Table 6), which indicated that the deterioration from intervention to follow-up was not significant.

In summary, on total support, four women (66.7%) demonstrated some deterioration. One woman (16.7%) demonstrated some improvement from the intervention to the follow-up phase and the other woman (16.7%) demonstrated no change.

Table 6: Significance of Change from Intervention to Follow-up: Fisher's Exact Test on Social Support and Abuse

	Betty	**Eve**	**Mabel**	**Nancy**	**Rose**	**Sandy**
Social Support						
Total	Decreased (0.23)	Decreased (0.34)	No Change (1.00)	Decreased (0.07)	Increased (0.05)	Decreased (0.29)
Family	Decreased (0.01)	No Change (0.66)	Increased (0.17)	Decreased (0.07)	Decreased (0.04)	Decreased (0.12)
Friends	Decreased (0.55)	Decreased (0.34)	Increased (≥ .05)	Decreased (0.07)	Decreased (0.15)	Decreased (0.03)
Significant other	Decreased (0.01)	Decreased (0.17)	Decreased (0.04)	Decreased (0.07)	Decreased (0.15)	Decreased (0.18)
Experience of Abuse						
Non-physical	-	Decreased (0.18)	Decreased (0.60)	-	Decreased (≥.05)	Decreased (0.04)
Physical	-	-	Decreased (0.026)	-	Decreased (0.03)	Increased (≥ .05)

(Significance Levels were shown in ( ), p < .05)

Family Support

Betty. Betty's family support deteriorated from intervention (Figure 1.2a & 1.2b). The slope of the celeration line was 0.2 in intervention in comparison with 0.07 in follow-up (see Table 4). Proportions of scores in the desired zone were 70% in intervention and 0% in follow-up respectively (see Table 5). The differences of slopes and scores in the desired zone were large enough to indicate a change. The result of the Fisher's Exact Test was 0.01 (see Table 6). This suggested that the decrease of family support from intervention was significant.

Eve. Eve's family support showed no change from intervention (Figure 2.2a & 2.2b). Proportions of scores in the desired zone were 62.5% in intervention and 66.7% in follow-up respectively (see Table 5). The difference of proportions of scores in the desired zone was very small and suggested no change. The result of the Fisher's Exact Test was 0.66 (see Table 6), which indicated the change from intervention to follow-up was not significant.

Mabel. Mabel's family support improved from intervention (Figure 3.2a & 3.2b). Proportions of scores in the desired zone were 44.4% in intervention and 83.8% in follow-up (see Table 5). The proportions of scores suggested an improvement. The result of the Fisher's Exact Test was 0.17 (see Table 6), which indicated that the improvement from intervention to follow-up was not significant.

Nancy. Nancy's family support demonstrated deterioration from intervention (Figure 4.2a & 4.2b). Proportions of scores in the desired zone were 50% in intervention and 0% in follow-up (see Table 5). This showed deterioration. The result of the Fisher's Exact Test was 0.07 (see Table 6), which indicated that the deterioration from intervention to follow-up was not significant.

Rose. Rose's family support deteriorated from intervention (Figure 5.2a & 5.2b). Proportions of scores in the desired zone were 42.9% in intervention and 0% in follow-up (see Table 5). The proportions of scores clearly demonstrated deterioration. The result of the Fisher's Exact Test was 0.04 (see Table 6), which indicated that the deterioration from intervention to follow-up was significant.

Sandy. Sandy's family support deteriorated from intervention (Figure 6.2a & 6.2b). The slope of the celeration line was 0.02 in intervention in comparison to – 0.22 in follow-up (see Table 4). Proportions of scores in the desired zone were 40% in intervention and 0% in follow-up (see Table 5). The result of the Fisher's Exact Test was 0.12 (see Table 6), which indicated that the deterioration from intervention to follow-up was not significant.

In summary, on family support, one woman (16.7%) demonstrated some improvement, another woman (16.7%) demonstrated no change, and the other four women (66.7%) demonstrated some deterioration from intervention to follow-up. Among these four women, one woman's deterioration of family support was significant.

Friends Support

Betty. Betty's friends' support showed slight deterioration from intervention (Figure 1.3a & 1.3b). Proportions of scores in the desired zone were 44.4% in intervention and 33.3% in follow-up respectively (see Table 5). The difference of scores was very small and suggested very little change. The result of the Fisher's Exact Test was 0.55 (see Table 6), which indicated no evidence of change.

Eve. Eve's friends' support showed a deterioration from intervention (Figure 2.3a & 2.3b). Proportions of scores in the desired zone were 22.2% in intervention and 0% in follow-up (see Table 5). This showed deterioration. The result of the Fisher's Exact Test was 0.34 (see Table 6), which indicated that the deterioration from intervention was not significant.

Mabel. Mabel's friends' support slightly improved from intervention (Figure 3.3a & 3.3b). Proportions of scores in the desired zone were 44.4% in intervention and 66.7% in follow-up (see Table 5). The result of the Fisher's Exact Test was $\geq .05$ (see Table 6), which indicated the improvement from intervention was not significant.

Nancy. Nancy's friends support demonstrated deterioration from intervention (Figure 4.3a & 4.3b). Proportions of scores in the desired zone were 50% in intervention and 0% in follow-up (see Table 5). The result of the Fisher's Exact Test was 0.07 (see Table 6), which indicated that the deterioration from intervention was not significant.

Rose. Rose's friends' support deteriorated from intervention (Figure 5.3a & 5.3b). Proportions of scores in the desired zone were 33.3% in intervention and 0% in follow-up

(see Table 5). The result of the Fisher's Exact Test was 0.15 (see Table 6), which suggested that the deterioration from intervention was not significant.

Sandy. Sandy' friends' support deteriorated from intervention (Figure 6.3a & 6.3b). Proportions of scores in the desired zone were 60% in intervention and 0% in follow-up (see Table 5). The result of Fisher's Exact Test was 0.03 (see Table 6), which indicated that the deterioration of friends' support from intervention was significant.

In summary, on friends' support, one woman (16.7%) maintained no change from intervention. One woman (16.7%) demonstrated an increase of friends' support from intervention. The other four women (66.7%) had a decrease in friends' support from intervention. Among these four women, one woman's deterioration from intervention was significant.

Significant Other Support

Betty. Betty's significant other support showed a deteriorating trend from intervention (Figure 1.4a &1.4b). Proportions of scores in the desired zone were 70% in intervention and 0% in follow-up (see Table 5). This showed a clear deterioration. The result of the Fisher's Exact Test was 0.01 (see Table 6), which evidented that the deterioration from intervention was significant.

Eve. Eve's significant other support showed a deteriorating trend from intervention (Figure 2.4a & 2.4b). Proportions of scores in the desired zone were 55.6% in intervention and 16.7% in follow-up (see Table 5). The result of the Fisher's Exact Test was 0.17 (see Table 6), which suggested that the deterioration from intervention was not significant.

Mabel. Mabel's significant other support showed deterioration from intervention (Figure 3.4a & 3.4b). Proportions of scores in the desired zone were 55.6% in intervention and 0% in follow-up (see Table 5). This demonstrated clear deterioration. The result of the

Fisher's Exact Test was 0.04 (see Table 6), which indicated that the deterioration from intervention was significant.

Nancy. Nancy's significant other support demonstrated a decreasing trend from intervention (Figure 4.4a & 4.4b). Proportions of scores in the desired zone were 50% in intervention and 0% in follow-up (see Table 5). The result of the Fisher's Exact Test was 0.07 (see Table 6), which indicated that the deterioration from intervention was not significant.

Rose. Rose's significant other support demonstrated deterioration from the intervention (Figure 5.4a & 5.5b). The slope of the celeration line changed from 0.29 in intervention in comparison to – 0.01 in follow-up (see Table 4). Proportions of scores in the desired zone were 33.3% in intervention and 0% in follow-up (see Table 5). The result of the Fisher's Exact Test was 0.15 (see Table 6), which indicated that the deterioration from intervention was not significant.

Sandy. Sandy's significant other support showed a decreasing trend from intervention (Figure 6.4a & 6.4b). Proportions of scores in the desired zone were 33.3% in intervention and 0% in follow-up (see Table 5). The result of Fisher's Exact Test was 0.18 (see Table 6), which indicated that the deterioration from intervention was not significant.

In summary, on significant other support, all women demonstrated deterioration. Among these women, two women's (33.3%) deterioration in significant other support was significant.

Experience of Abuse

Non-physical

Betty. Betty reported no experience of non-physical abuse in both intervention and follow-up phases.

Eve. Eve did not experience non-physical abuse in follow-up (Figure 2.5a & 2.5b). Proportions of scores in the desired zone were 70% in intervention and 100% in follow-up respectively (see Table 5). This suggested clear improvement. The result of Fisher's Exact Test was 0.18 (see Table 6). The change from intervention was not significant.

Mabel. Mabel had no experience of non-physical abuse in follow-up (Figure 3.5a &3.5b). The slope of the celeration line was – 0.83 in intervention in comparison to 0 in follow-up (see Table 4). Proportions of scores in the desired zone were 90% in intervention and 100% in follow-up respectively (see Table 5). This demonstrated clear improvement. The result of the Fisher's Exact Test was 0.60 (see Table 6). The change from intervention was not significant.

Nancy. Nancy reported no experience of non-physical abuse in both intervention and follow-up phases.

Rose. Rose had no experience of non-physical abuse in follow-up (Figure 5.5a & 5.5b). The slope of celebration line was – 0.46 in intervention in comparison to 0 in follow-up (see Table 4). Proportions of scores in the desired zone were 90% in intervention and 100% in follow-up respectively (see Table 5). This demonstrated improvement. The result of the Fisher's Exact Test was $\geq$ .05 (see Table 6), which suggested that the decrease of non-physical abuse from intervention was not significant.

Sandy. Sandy's non-physical abuse showed a steep decreasing trend in follow-up (Figure 6.5a & 6.5b). The slopes of the celeration line were 4.44 in intervention and – 9.14 in

follow-up (see Table 4). Proportions of scores in the desired zone were 44.4% in intervention and 100% in follow-up respectively (see Table 5). This showed a decrease of non-physical abuse. The result of the Fisher's Exact Test was 0.04 (see Table 6), which indicated that the decrease of non-physical abuse from intervention was significant.

In summary, two women (33.3%) continued no experience of non-physical abuse in follow-up. Four women (66.7%) demonstrated a decrease of non-physical abuse. Among these four women, one woman's change was significant.

Physical Abuse

Betty. Betty reported no experience of physical abuse in both intervention and follow-up phases.

Eve. Eve reported no experience of physical abuse in both intervention and follow-up phases.

Mabel. Mabel's experience of physical abuse in follow-up increased from intervention (Figure 3.6a & 3.6b). Proportions of scores in the desired zone were 60% in intervention and 0% in follow-up (see Table 5). The result of the Fisher's Exact Test was 0.026 (see Table 6), which demonstrated that the deterioration of physical abuse from intervention was significant.

Nancy. Nancy reported no experience of physical abuse in both intervention and follow-up phases.

Rose. Rose did not experience physical abuse in follow-up (Figure 5.6a & 5.6b). Proportions of scores in the desired zone were 90% in intervention and 100% in follow-up (see Table 5). This showed a decrease of physical abuse. The result of the Fisher's Exact Test was 0.60 (see Table 6). The change from intervention was not statistically significant.

Sandy. Sandy demonstrated an increase in physical abuse from intervention (Figure 6.6a & 6.6b). Proportions of scores in the desired zone were 50% in intervention and 33.3% in follow-up respectively (see Table 5). This showed an increase of physical abuse. As the serial dependency could not be removed in this case, the result of the statistical significance test was used as a reference only. The result of the Fisher's Exact Test was $\geq$ .05 (see Table 6). The change from intervention was not significant.

In summary, three women (50%) demonstrated no physical abuse in follow-up. One woman (16.7%) demonstrated a decrease in physical abuse from intervention. Two women (33.3%) demonstrated an increase of physical abuse from intervention.

5.1.2 Group Design Evaluation

The Group Design aimed at studying the women's experience of social support and abuse as a group by comparing the change from pretest to posttest and from posttest to follow-up. It was hypothesized that women, who received the Advocacy Intervention, would demonstrate a significant increase in social support and a significant decrease in the experience of abuse. The effect of changes is hypothesized to carry over from the intervention into the follow-up.

Pretest – Posttest

Social Support

Total Support. The pretest mean was 4.50, while the posttest mean was 5.92 (see Table 7). The increase of mean suggested that as a group the women's total support was increased from pretest to posttest. The result of the Dependent Means *t*-Test was 3.2 (see Table 7). There was sufficient evidence to conclude that the increase of total support was statistically significant. The null hypothesis could be rejected ($\alpha < .05$, one-tailed, $df = 5$, t critical = 2.015).

Table 7: Results of the Dependent Means *t*-Test for Group Design

	Means			Value of *t*	
	Pretest	**Posttest**	**Follow-up**	**Pretest – Posttest**	**Posttest – Follow - up**
Social Support					
Total Support	4.50	5.92	5.72	3.2	2.32
Family Support	4.38	6.21	5.83	3.98	2.24
Friends Support	4.50	5.72	5.62	2.26	1.64
Significant Other Support	4.80	6.08	5.96	3.05	0.69
Experience of Abuse					
Non-physical Abuse	27.78	11.00	0	1.50	0
Physical Abuse	15.44	1.22	0.22	1.57	1.15

($\alpha < .05$, one-tailed, $df = 5$, t critical = 2.015)

Family Support. The pretest mean was 4.38, while the posttest mean was 6.21 (see Table 7). The increase of mean suggested that as a group the women's family support was increased from pretest to posttest. The result of the Dependent Means *t*-Test was 3.98 (see Table 7). The null hypothesis could be rejected ($\alpha < .05$, one-tailed, $df = 5$, t critical = 2.015). Therefore, the increase of family support was statistically significant.

Friends' Support. The pretest mean was 4.50, while the posttest mean was 5.72 (see Table 7). The increase of mean suggested that as a group the women's friends' support was increased from pretest to posttest. The result of the Dependent Means *t*-Test was 2.26 (see Table 7). The null hypothesis could be rejected ($\alpha < .05$, one-tailed, $df = 5$, t critical = 2.015). There was sufficient evidence to conclude that the increase of friends' support was statistically significant and did not occur by chance.

Significant Other Support. The pretest mean was 4.38 and the posttest mean was 6.08 (see Table 7). The increase of mean suggested that as a group the women's significant other support was increased from pretest to posttest. The result of the Dependent Means *t*-Test was 3.05 (see Table 7). The null hypothesis could be rejected ($\alpha < .05$, one-tailed, $df = 5$, t critical = 2.015). There was sufficient evidence to conclude that as a group, the women's significant others support significantly increased after the 10 week Advocacy Intervention.

Experience of Abuse

Non-physical Abuse. The pretest mean was 27.78 and the posttest mean was 11.00 (see Table 7). The decreased mean suggested that as a group the women's experience of non-physical abuse was decreased from pretest to posttest. The Dependent Mean t-Test was 1.5 (see Table 7). The null hypothesis could not be rejected ($\alpha < .05$, one-tailed, $df = 5$, t critical = 2.015). There was no evidence to conclude that as a group, the women's decrease of non-physical abuse was due to anything beyond random error. The most likely explanation is that the large variation in the amount of change has led to a large error term and an insignificant result.

Physical Abuse. The pretest mean was 15.44 and the posttest mean was 1.22 (see Table 7). The decreased mean from pretest to posttest suggested that as a group the women's physical abuse was decreased from pretest to posttest. The Dependent Mean *t*-Test was 1.57 (see Table 7). The null hypothesis could not be rejected ($\alpha < .05$,one-tailed, $df = 5$, t critical = 2.015). The same as with non-physical abuse, there was no evidence to conclude that, as a group, the women's decrease of physical abuse was due anything beyond sampling error. The insignificant results might be caused by the large variation in the amount of change among the women.

In summary, as a group the women's social support had significant increases across both the total score and all the sub-scales, after the 10 week intervention. It could be concluded that the Advocacy Intervention might have an effect on the women's social

support. Although there was not sufficient statistical evidence to support that the decrease in the experience of abuse was significant, the fact was there were three women (50%) who were abuse-free from pretest to posttest, which was an important finding.

Posttest – Follow – up

Social Support

Total Support. The posttest mean was 5.92 and the follow-up mean was 5.72 (see Table 7). There was a decrease of total support from posttest to follow-up. The Dependent Means t-Test was 2.32 (see Table 7). The null hypothesis could be rejected ($\alpha < .05$, one-tailed, $df = 5$, t critical = 2.015). There was sufficient evidence to support the finding that the decrease of total support was statistically significant.

Family Support. The posttest mean was 6.21 and the follow-up mean was 5.83 (see Table 7). There was a decrease of family support from posttest to follow-up. The Dependent Means t-Test was 2.24 (see Table 7). The null hypothesis could be rejected ($\alpha < .05$, one-tailed, $df = 5$, t critical = 2.015). There was sufficient evidence to support that the decrease of family support was significant.

Friends Support. The posttest mean was 5.72 and the follow-up mean was 5.62 (see Table 7). There was a decrease of friends' support from posttest to follow-up. The Dependent Means t-Test was 1.64 (see Table 7). The null hypothesis could not be rejected ($\alpha < .05$, one-tailed, $df = 5$, t critical = 2.015). There was insufficient evidence to support the finding that the decrease of friends' support was statistically significant.

Significant Other Support. The posttest mean was 6.08 and the follow-up mean was 5.96 (see Table 7). There was a decrease of significant other support from posttest to follow-up. The Dependent Means t-Test was 0.69 (see Table 7). The null hypothesis could not be rejected ($\alpha < .05$, one-tailed, $df = 5$, t critical = 2.015). There was insufficient evidence to

support the finding that the decrease of significant other support was statistically significant.

Experience of Abuse

Non-physical Abuse. The posttest mean was 11.00 and the follow-up mean was 0 (see Table 7). There was a decrease of non-physical abuse among this group of women. The Dependent Means t-Test was 0 (see Table 7). The null hypothesis could not be rejected ($\alpha < .05$, one-tailed, $df = 5$, t critical = 2.015). There was no significant difference between the women's experience of non-physical abuse between posttest and follow-up

Physical Abuse. The posttest mean was 1.22 and the follow-up mean was 0.22 (see Table 7). There was a decrease of physical abuse in this group of women. The Dependent Means t-Test was 1.15 (see Table 7). The null hypothesis could not be rejected ($\alpha < .05$, one-tailed, $df = 5$, t critical = 2.015). There was no significant difference between the women's experience of physical abuse between posttest and follow-up.

In summary, there was a decrease of social support across both the total scale and all the sub-scales from posttest to follow-up. The carry over effect of change on social support from the intervention into follow-up could not be established. The decrease of non-physical and physical abuse was not significant. The insignificant results might due to the large variation in the amount of change among the women.

Through the interviews with the women, it was found that some external factors were affecting the women's responses on the MSPSS scale. These external factors might limit the potential success of the intervention. These external factors were: availability of actual help, family awareness, and definition of social support.

Availability of actual help. Betty, Mabel, and Rose had no other family member in Canada other than the one who abused them. They realized that help from their family would not be feasible because of the geographical distance.

Family awareness. Betty, Eve and Mabel did not disclose their abuse to their family members even though they perceived them to be supportive and willing to help. The major reason was that these women did not want their family to worry about them. In addition, they immigrated to Canada to improve their quality of life. They did not want their family members to know that they were worse off. There is a Chinese idiom, which says that "Tell the good news but not the bad one."

Definition of social support. Betty and Rose, who were new immigrants, were ambivalent about their friends' support. Their friends' support was disconnected due to immigration. Due to their short period of stay in Canada, they had not established a strong local support network. They had few friends in Canada, and were not close to them. Those friends, they perceived as supportive were living in China. To determine which group of friends they were reflecting about on the social support scale was sometimes confusing for them. In addition, the women had different definitions of the student's role. Some considered the students as one of their social supports and reflected that in their self-measures. Some considered the student as one of their supports; but did not reflect it in their self-report measure until a later stage of the evaluation.

Overall, the social support measure (MSPSS) aimed at measuring one's perception of social support. As the women's perceptions of support and willingness to seek help were very different, the MSPSS might not be able to reflect their real situations, resulting in a low increase of social support. Other than this, the effectiveness of the intervention was also affected by external factors, such as lack of resources and the women's preoccupation by work or family responsibilities.

The student attempted to expand the women's social support by connecting them with other support networks. One attempt was to arrange attendance at a Chinese speaking support group for these women. However, no suitable women's support group was operating in the Vancouver area at that time. The only drop-in group for abused woman was conducted in English. No Chinese drop-in group was available in Vancouver at that time. More than that, some women were busily engaged in work or family matters. The student had to arrange a very flexible schedule to meet with them, such as meeting after

their work, during weekends, or at lunch hours. Therefore, connecting these women with other social activities was difficult due to time conflicts.

5.1.3 Limitations of the Single-subject B - A and Group Designs

There were other limitations of the Single-subject B – A and Group Designs. These factors might affect the validity of the findings about the effectiveness of the Advocacy Intervention in this practicum or the ability to generalize them to other clients. These limitations were threats to internal validity, threats to construct validity, and threats to external validity (Bloom, Fischer, & Orme, 1999).

Threats to Internal Validity

Threats to internal validity refer to some extraneous variables that may influence the observed changes (Bloom, Fischer, & Orme; 1999). Among other issues, history and maturation are two salient factors that might have impacts on the pattern observed.

History

History refers to any events independent of the intervention which occurred during the time of intervention that may be confounded with changes due to the intervention (Bloom, Fischer, & Orme; 1999). In this practicum, desired changes refer to an increase of social support or a decrease of abusive experience, while undesired changes refer to a decrease of social support or an increase of abusive experience.

Events that might produce the desired changes in the intervention are illustrated below.

- Stayed in a transition house and gained support from there. (Betty, Rose, and Mabel)
- Positive change of behavior of the abuser. (Betty, Eve, and Sandy)

Events that might produce undesired changes in the intervention are:

- Dealing with family court matters, such as child custody, child support, and child access. (Rose and Nancy)

- Being summoned to be a witness in a criminal trial against the abuser. (Nancy and Mabel)
- The Court ruling against her request. (Nancy)
- Husband being discharged home from the hospital and continuing to exhibit some psychotic symptoms. (Eve)
- Gaining little job satisfaction. (Sandy)
- Husband relapsing into his drinking problem. (Sandy)

Maturation

Maturation refers to any psychological or physiological changes independent of the intervention that occurred within the client, that might have affected the outcome during the time of intervention (Bloom, Fischer, & Orme, 1999). Possible events that might be attributable to the maturation effect were:

- Readiness to leave an abusive relationship. (Nancy and Rose)
- Realization of the repeated cycle of violence and the responsibilities of the abuser instead of self. (Betty, Nancy, Rose, and Sandy)
- Recovery from severe physical injuries. (Mabel and Rose)
- Pregnancy – experiencing both physical and psychological changes. (Eve)
- Gradual recovery from the sudden loss of her mother. (Eve)
- Starting to accept the reality of her husband's mental health problem. (Eve)

Threats to Construct Validity

In general, construct validity refers to confounding that occurs when two variables change at the same time, one related to the intervention and one not related, making it difficult to attribute the cause of change to just one variable (Bloom, Fischer, & Orme, 1999). Some possible threats to construct validity in this study are practitioner expectations, hypothesis guessing, and interaction of interventions.

Practitioner expectations

Practitioner expectations refer to the client's ability to discern the practitioner's expectations and attempts to conform to the expected behaviors. It is therefore difficult to know whether observed changes are due to the actual intervention or the expectations of the practitioner (Bloom, Fischer, & Orme, 1999).

Hypothesis guessing

Hypothesis guessing refers to the clients' attempts to "figure out" what the practitioner, as a researcher has hypothesized, and to behave in a manner which conforms to this hypothesis. The guessing rather than the effect of the intervention is responsible for change (Bloom, Fischer, & Orem, 1999).

As shown by Nancy's self-report measure results on social support, there was a stable flat line beginning in week three or four that extended to the end of follow-up. This flat line also represented a maximum score. These results were incongruent with Nancy's report of the absence of support and pressure from friends and relatives. In addition, initially Nancy and her parents had some misunderstandings about the student's role. They perceived that the student worked for "the Government". Nancy's father said in the first interview "It was very good that the Government sent someone here and looked after us". Although the student clarified her role, the family maintained a very respectful stance. This might be due to the Chinese culture, which tends toward respect of people with the authority. This, rather than the intervention might have affected the outcome.

Interaction with intervention

Interaction with intervention means that when more than one intervention is used with the same client, it is difficult to tell which intervention affected the target or if one is effective in the absence of the other (Bloom, Fischer, & Orme, 1999).

In the intervention process, Betty, Rose, Mabel, and Nancy interacted with other helping professionals. These people provided some services to the clients that were overlapping with what the student did. Some services that they provided were different.

Consequently, it is hard to determine whether the observed changes were solely due to the selected Advocacy Intervention.

Threats to External Validity

External validity refers to the extent to which the effect of an intervention, and therefore the use of the intervention itself, can be generalized to other clients, or across other settings (Campbell & Stanley, 1963 in Bloom, Fischer, & Orme, 1999). In this single-subject and group designs, possible threats to external validity are practitioner effect, measurement differences, and differences in client characteristics.

Practitioner effect

Practitioner effect refers to the practitioner's style of practice that may influence the intervention outcome (Bloom, Fischer, & Orme, 1999). The student, who has 10 years of social work experience, is skilled and competent in establishing rapport, formulating a comprehensive assessment and developing a workable intervention plan. That may have an effect on the intervention outcome. As one women's shelter coordinator said, "I think that a lot of what happened was because of you as an individual worker. I am not very certain that another worker in your position who is perhaps younger, less experienced, less competent, and less sure about her own position would do the same." In addition, the student shared language and race with the women. This might have facilitated a more effective intervention than one delivered by someone from another ethnic background.

Measurement differences

Measurement differences refer to the extent that differences exist between two evaluations regarding the way the same process and outcome variables are measured, so there may be different results (Bloom, Fischer, & Orme, 1999)

The Chinese versions of the self-report measures were used for the first time in this study. These Chinese version measures lacked an extensive validity test, and this might affect the generalizability of the results.

In sum, due to the above threats to validity, the results of single-subject and group designs were not taken as the sole indicator of the intervention's effectiveness. Findings from the cross-sectional evaluation and qualitative interviews provide additional information on the effectiveness of the intervention.

5.1.4 Cross-sectional Evaluation

To gather additional information on the effectiveness of the Advocacy Intervention, a cross-sectional evaluation was conducted.

Effectiveness of Obtaining Resources. The aim of this practicum was to test the hypothesis that women, who received the Advocacy Intervention, would be more effective in obtaining necessary resources. The Effectiveness of Obtaining Resources (EOR) scale (Sullivan, Campbell, Angelique, Eby & Davidson, 1994) was administered at the last session of the ten-week intervention. The effectiveness of the intervention in this practicum yielded a higher result than the original conducted by Sullivan et. al. (1994) study. The results showed that all six women, who participated in the evaluation, reported being very effective in obtaining community resources (see Table 8). The total mean was 3.74 compared with the mean of 3.33 in Sullivan et. al. (1994) study. Among the eleven categories, health, transportation, and legal services were considered as most effective, as their subscale means were 4, which was the maximum score. The standard deviations were 0 and the medians were 4 in these three categories. Social support and material goods and services were the categories that all women rated as very effective or effective. The means were 3.83 and 3.67 respectively, the standard deviations were 0.41 and 0.42 respectively, and the medians were 4 in both categories. For the other five categories, the means ranged from 3.75 to 3.33. The standard deviations ranged from 0.71 to 0.50, and the medians ranged from 4 to 3. Overall, the intervention was considered as very effective in helping the women to obtain necessary resources, as 80% of the subscale medians were 4, the maximum score. One interesting finding was that childcare was not an immediate concern among the women in this study. They either looked after

the children by themselves or their parents were available to assist with child caring responsibilities.

Table 8: Results of Effectiveness of Obtaining Resources Scale

	Betty	Eve	Mabel	Nancy	Rose	Sandy	Sub-scale Mean	Median	SD
Housing	4.00	N/A	4.00	3.00	4.00	3.00	3.60	4.00	0.55
Material Goods & Services	4.00	4.00	4.00	3.00	4.00	3.00	3.67	4.00	0.42
Education	4.00	4.00	N/A		4.00	3.00	3.75	4.00	0.50
Employment	N/A		4.00	N/A	4.00	3.00	3.67	4.00	0.58
Health	4.00	4.00	N/A	4.00	4.00	N/A	4.00	4.00	0
Child Care	N/A								
Transportation	N/A		4.00	N/A			4.00	4.00	0
Social Support	4.00	4.00	4.00	4.00	3.00	4.00	3.83	4.00	0.41
Legal Assistance	4.00	4.00	N/A	4.00	4.00	N/A	4.00	4.00	0
Finances	N/A			3.00	4.00	N/A	3.50	3.50	0.71
Issues Regarding Children	N/A	4.00	N/A	3.00	3.00	N/A	3.33	3.00	0.58

5.1.5 Summary of Quantitative Findings on the Effectiveness of the Advocacy Intervention

The followings are summaries of the quantitative findings from the designs on the effects of the intervention.

Effectiveness in obtaining resources. Findings of this study corroborated earlier research which suggested that abused women could be more effective in obtaining necessary

resources through working with an advocate (Boyd, 1985; Department of Justice Canada, 1990; Filinson, 1993; Sullivan, 1991; Sullivan, Tan, Basta, Rumptz & Davdson, 1992, Sullivan, Campbell, Angeligue, Eby & Davidson, 1994; Tan, Basta, Sullivan, and Davidson, 1995; Tutty, 1996). The results in the post-intervention assessment revealed that women in this study reported being very effective and satisfied with their ability to obtain needed resources.

Experience of abuse. In the intervention phase, the results from the Single-subject Designs demonstrated a decrease of non-physical abuse for two thirds of the women and physical abuse for half of the women. In addition, two women experienced no non-physical abuse and three women demonstrated no physical abuse. In the Group Design, results showed no significant change. This might be due to the large variation of change among the women. Half of the women reported no experience of non-physical abuse in both pretest and posttest phases. Also, two women demonstrated a marked decrease in non-physical abuse experience from pretest to posttest. Regarding the physical abuse, three women experience none in both pretest and posttest phases. Furthermore, two other women showed a marked decrease in physical abuse from pretest into posttest.

In the follow-up phase, results from the Single-subject Designs demonstrated a decrease of non-physical abuse for two thirds of the women and physical abuse for one sixth of them. The women who reported no experience of non-physical abuse or physical abuse in the intervention phase remained abuse-free in the follow-up. Therefore, the effects of the intervetnion could be shown to carry over for some of the women. Results from the Group Design showed no significant change. This might be due to variation among the women. Five women reported no experience of non-physical abuse at both posttest and the final follow-up measurement. Also, four women demonstrated no physical abuse in both posttest and follow-up phases.

Social support. During the intervention phases, there was evidence of overall improvement in social support; but the increase was not developed in a linear pattern. The findings from the Group Design indicated that all women showed a significant

increase of social support across the total scale and all subscales. However, the results from the Single-subject Designs only showed some improvement of family support and significant other support among a different woman for each type of support. There was no change of total and friends support.

In the follow-up phase, there was evidence of general deterioration. The findings from the Group Design showed an overall decrease in social support across total support and family support from the intervention phase. The results from the Single-subject Designs were consistent with the Group findings that there was a decrease on family support among some of the women from the intervention phase.

Due to the lack of unequivocal statistical evidence to support effectiveness, the next section will discuss some qualitative findings in order to present more information on the effectiveness of the intervention.

5.1.6 Qualitative Findings

The qualitative findings included data collected from women and collateral professionals.

5.1.6.1 Data Collected from the Women

Seven women were interviewed for their comments on the effectiveness of the Advocacy Intervention. Data collected from them showed that the Advocacy Intervention they received was perceived as helpful and useful. (see Table 9).

Usefulness of the Advocacy Intervention

The usefulness of the intervention was categorized into three main areas: concrete support, educational support, and emotional support.

Concrete Support

Concrete support refers to help that aims at solving clients' immediate or practical needs (Camercon & Vanderwoerd, 1997).

> "You helped me to stay in a transition house that let me feel that I could have a safe place when I was in danger. In a safe environment, I felt calm and I was not afraid." (Mabel)

> "It was very helpful to have you to interpret those legal documents for me. Although my lawyer explained to me before, but I was so upset and could not really concentrate on what she was talking about." (Nancy)

> "It was very helpful that you went to the Employment Insurance office and legal aid office with me. You interpreted for me and helped me out to fill those forms that was very helpful." (Rose)

The intervention was able to meet with the women's material and practical needs, as well as helping them to obtain the necessary resources.

Educational Support

Educational support refers to the information or skills that helped the women to be more knowledgeable and able to cope with their situation (Cameron & Vanderwoerd, 1997).

> "You provided us a lot of information about Canada, let us know about the things that are different from our own country. Through learning from you, we knew more and felt better." (Brenda)

> "You know that I am new in Canada and do not have anyone to turn to. The information, which you provided helped me become more familiar with the situation here and become less scared." (Eve)

"The community resources you provided to me was very useful. Before, I was not aware of those services. Now, I know how to get help." (Sandy)

The intervention was useful in providing the women relevant information so that they were more knowledgeable and resourceful in managing their situations.

Table 9: Data Collected from the Women

Themes Collected from the Women Regarding the Effectiveness of the Advocacy Intervention	
Usefulness of the Advocacy Intervention	• Concrete support • Educational support • Emotional support
Most valued aspect(s) of the Intervention	• Interpretation services • Provision of relevant information • Emotional support
Contribution of the Change	• Strengthen self-confidence • Informed choice and offer of help
Cultural Needs	• Share language and race • Issues of shame and protection of family's name • Matters of marriage and divorce
Hospital Based Intervention	• Continuity of care • Issues of confidentiality
Social Support Measure (MSPSS)	• Willingness to seek help • Definition to social support • Stimulation of the measure
Frequency and Length of the Intervention	• Extension of intervention period

Emotional Support

Emotional support refers to help that meets the women's need for encouragement, acceptance and understanding, particularly when they are in stressful situations (Cameron

& Vanderwoerd, 1997). The emotional support worked in two directions. One was enhancing positive feelings, while the other was offsetting unpleasant mood.

Promotion of positive emotion

"Your comfort helped me to stabilize my emotion." (Betty)

"I had you to listen to me and care about me." (Brenda)
"I could share my difficulties and felt much relief." (Eve)

"I felt safe and protected." (Mabel)

"You gave me comfort and accompany." (Nancy)

"In the past, I felt that I was being neglected and abandoned. Now, I feel that I am still alive and worthy." (Rose)

"I am having this problem for so long and I cannot talk to anybody. The support you gave me was mentally very supportive and helpful." (Sandy)

The women perceived the intervention as useful in helping them to stabilize their emotions, release stress, obtain comfort, and receive support.

Offsetting unpleasant mood

"I felt less confused." (Betty)

"Before you came to visit and help us, I cried almost every day and didn't know what to do. Now, I feel less stress, less fear, and less worry." (Brenda)

"I have no relatives and close friends, who can share my difficulties. You are the only one, who I can speak with. I am not alone now and I feet much better." (Eve)

"I am less scared because I know that I have you and other people support me" (Mabel)

"You helped me to release my distress and disappointment." (Nancy)

"In the past, I got lost and was confused. Now, I have hope and a future." (Rose)

"In this two hours every week, I am away from all the stress. Like I could have you and tell you, my view of how I feel of things, which I cannot do normally at work or at home. I think that it is a big release. I am not going crazy or having a nervous break down." (Sandy)

The intervention was perceived as effective in releasing the women's stress, and fear and anxiety; as well as lessening their uncertainties.

Most Valued Aspect(s) of the Advocacy Intervention

The most valued aspects of the Advocacy Intervention were interpretation services, provision of relevant information and social support.

Interpretation services

All women who did not speak fluent English reported that the interpretation service provided by the student was most helpful to them. The interpretation service included both verbal translations with other helping professionals and translations of documents of any kind, which were written in English. With the provision of the interpretation service, the women were able to access different types of resources, such as Employment Insurance, housing, income assistance, legal aid, and police victim services. Once, the

student was requested to interpret at Court, as Rose's lawyer did not bring the court interpreter with her. In addition, through explanation in their own language, the women knew more about their rights and how to obtain help. For instance, Rose, Mabel, and Nancy received restraining/no contact orders from the Court/police. Initially they had little idea about the purpose and function of these documents. The interpretation service helped them to clarify questions.

Provision of relevant information

As mentioned earlier, the written information provided to the women was perceived as very useful. The information included lists of community resources for the Chinese and for abused women, legal process for battered women, British Columbia's legal system, newcomer's guide to resources and services in British Columbia, and information on mental illness and treatment. Some of this information was available in Chinese, other was in English. For those printed in Chinese, the student gave the women copies. For those printed in English, the student interpreted to the women verbally.

Emotional support

The women perceived the emotional support as valuable because they could share something with the student that they would not even share with their family.

> "I know that I could tell you everything if I want to. Even as I say I am very close to my family, but I still hold back something. I do not want them to worry too much." (Sandy)

> "Through your weekly contacts, I perceived you as close as my family members. That was truth. I never told anybody about my real feelings. I felt safe to tell you my truth feelings. You really helped me." (Rose)

> "I did not want to tell my family about my difficulties because I did not want them to worry. In contrast, I could trust you and tell about my unpleasant feelings." (Eve)

In addition to the emotional support provided to the clients, there was an indirect and valuable impact on other family members.

> "My child also said that whenever you came to visit, my child felt very happy. Because my child knew that whenever you came, you talked to me and helped me to deal with things. And, I felt better after that." (Rose)

> "Every week you came to visit us, our grandchildren felt very excited. You cared for us and also our grandchildren. They liked you and were very happy to see you." (Brenda)

The intervention was considered as effective in providing emotional support to both the women and their family members.

Needs which the Advocacy Intervention Serves less Effectively

The women were asked if there were needs, which the Advocacy Intervention did not serve effectively.

> "I think the services I received was suitable and right for me." (Sandy)

> "The information and support you provided was sufficient enough. I think you did very well already" (Rose)

> "I do not think so. If there was anything not enough, I would have asked you" (Eve)

The intervention was considered as adequate and as able to serve the women's needs.

Contributions to the Change

The women were asked about how the intervention contributed to change in their situations.

Strengthen self-confidence

"I have more confidence about the future. I am able to deal with many things systematically. I feel that I have lot of choice. I am no longer being struck." (Betty)

"I never had a person who can give me such great comfort and support. Even though my parents are caring and supportive to me, they are living overseas and are getting old. In some very practical situations, my parents can only provide little assistance. While you were the person who could take care both of my emotional and practical needs. I have more courage and confidence to face my life in future." (Rose)

Informed choice and availability of help

"The information you provided to me helped me understand more about my rights and alternatives. This information could help me make decision. Moreover, I knew more about the possible consequences of each alternative. I have a better direction now." (Eve)

"I felt more optimistic and have more sense of safety. You helped me to be aware that there are many help out there. I know where and how to get help when I am in need." (Mabel)

The intervention was considered as a process that first dealt with the women's emotional issues. This was followed with information and concrete support, helping the women to develop their confidence and their own strategies to cope with their problems.

Cultural Needs

This question aimed at asking the women how well the Advocacy Intervention addressed their cultural needs.

Language and race

"I felt very comfortable to have you because you can speak my first language. I felt closer to communicate with you, because you can understand more about my cultural concerns." (Rose)

"You were well aware of our difficulties as non-English speaking senior immigrants. You provided us very useful information and introduced to us some activities that are in particular to our needs." (Brenda)

Issues of shame and protection of family's name

"I felt comfortable to come here because most Chinese do not want people to know when something bad really happened in the family. We have a proverb, which says that 'Shameful family matters should not leak out of the family's door'. I think you were able to understand my concern of privacy." (Sandy)

"You were able to address my cultural concern in particular in the matter of divorce. Among the Chinese, divorce is not a matter between two people. They have to consider about their parents' feelings and other social relationships instead of just bringing the divorce file to Court. You were able to understand my concerns." (Betty)

"In the Chinese tradition, there is a proverb, which says that 'you obey and follow the man you married'. Divorce is an unwilling decision. You are able to understand our dilemma." (Brenda)"

The intervention was considered responsive to the women's cultural needs. It was conducted in the women's first language so that they felt comfortable expressing themselves. The intervention also addressed the women's cultural concerns by providing them opportunities to share their values that were different from the host country. They needed someone to understand their language and their culture.

Intervention Based in a Hospital Setting

The question aimed at exploring how valuable it was to provide Advocacy Intervention in a hospital setting.

Continuity of care

> "You contacted me shortly after my discharge from the hospital. The timing was very appropriate because at that moment I was very confused and did not know what to do. You got the first hand information from the hospital and knew what my needs were. Therefore, I was no need to repeat my story again." (Rose)

> "After my last visit to the hospital, I was very impressed by your persistence to call me and concern about my safety." (Sandy)

Confidentiality

> "I think that it is good to meet with you in a hospital setting. I think I am going to see a doctor, to go for an appointment. If I meet somebody, I do not need to tell why I am here. I can have a reason to come here." (Sandy)

Women referred from the Domestic Violence Program at Vancouver General Hospital or who had abuse documented in the hospital, found the hospital based intervention was valuable and responsive to their immediate needs. These women experienced a continuity of care from the hospital.

Relevance of the Multidimensional Scale of Perceived Social Support (MSPSS)

The women were asked about the relevance of the Multidimensional Scale of Perceived Social Support (MSPSS) for measuring the kind of support they received from other people.

Willingness to seek help

"In my experience, friends are more willing to share joys than sorrows. Even if I have sorrows, I may not want to share with my friends because I do not want my problem burden others." (Betty)

"I feel that I am unwilling to tell my family about my unpleasant things. I do not want them to worry. The scale cannot reflect my unwillingness." (Eve)

Definition of social support

"When I was deciding the help from my friends, I was uncertain whether I was asking about me friends support in Canada or in China. In the first two times, I defined my friends support as those in China. Later, I changed to those in Canada." (Rose)

Some women thought that the MSPSS was not relevant enough to reflect their social support situation. However, there was one woman, who found the MSPSS served a positive function.

Stimulation effect of the MSPSS

"I think the scale is good because it makes me think about whether I have somebody to support me or not. When I fill this out, I realize that I do not have many people to talk with. However, when I am sitting here already, I know somehow I have the support. In addition, I know my sister is supportive to me; but I never want her help. When I fill out this scale, I realize that OK if she wants to help and if I really needed, then let her." (Sandy)

The comments on the relevance of the MSPSS were various. Future research should explore the relevance of the MSPSS when it is used with abused Chinese women.

Frequency and Duration of the Intervention

The women were asked to comment on the duration and frequency of the intervention.

All women reported that the frequency of meetings was flexible enough, given their needs and situation. The frequency of contacts ranged from once a week to four times a week.

The ten-week intervention was perceived as adequate, in general, by all women. These women considered that the timing was enough for them to stablize their emotions, to obtain the needed information or resources, and to develop the confidence to cope with other situations by themselves.

However, four out of seven women wanted a longer duration of intervention. Their reasons were:

> "The abuser was just released from custody. More support would be better" (Mabel)
>
> "Involvement of court matters, such as child custody and child access issues." (Both Nancy and Rose)
>
> "Continuity of the abuse." (Sandy)

Summary

The Advocacy Intervention was well received by the women. The intervention was able to meet with the women's concrete, emotional and cultural needs. In addition, through the intervention these women were able to experience an increase of support, knowledge, self-confidence, and skills that they could use in the future. This was a process of empowerment. The frequency and length of the intervention was considered as appropriate except for women, who remained in an abusive relationship or who were involved in coming court hearings for child custody matters.

One interesting finding from the interviews was that these women made no unfavorable comments regarding the intervention. One possible explanation was the notion of maintaining harmony as in Confucianism. Some Chinese are polite and avoid confrontation in order to maintain harmonious relationships. Due to the help and the trust experienced, the women might not have wanted to express unfavorable opinions.

5.1.6.2 Data from Collateral Professionals

Five collateral professionals, who were connected with five women, were interviewed for their comments on the effectiveness of the Advocacy Intervention (see Table 10).

Table 10: Data Collected from Collateral Professionals

Themes Collected from Collateral Professionals Regarding the Effectiveness of the Advocacy Intervention	
Usefulness of the Advocacy Intervention	• Access resources • Interpretation services • Support
Most valued aspect(s) of the Intervention	• Share language and race • Support • Accessibility
Needs intervention served least	• Work with Canadian-born women
Contribution of the Change	• Work with the women • Provide on-going services • Ensure safety
Cultural Needs	• Share language and race
Hospital Based Intervention	• Immediate support • Reach out to women
Frequency and Length of the Intervention	• Extension of intervention period

Usefulness of the Intervention

Access resources

"You were able to provide the woman immediate help, such as accompanying her to see her lawyer, to go to the Employment Insurance office, to go to court and to translate for her. That was very helpful." (Transition House Counselor)

"The referral we made to you was very helpful because the woman could have you to help her access to the resource systems." (Community Domestic Violence Counselor 1)

Interpretation services

"The translation services you provided was able to explain the whole process to the woman and keep her informed. To have you to woke with the woman and speak for her is much more efficient than using a translator." (Community Domestic Violence Counselor 2)

"Many abused Chinese women do not have enough English skills. They cannot express their situation or difficulties completely with related service providers. Your intervention was helpful to the woman." (Chinese Women Crisis Line Coordinator)

Support

"Women who never dealt with the justice system are scared. You were able to build up some kind of relationship, so that the woman felt support." (Women Shelter Coordinator)

"There is a lot of women, who are further isolated by the fact that they were being abused and had no one to turn to. You made yourself available

so that these women can have your support and access the system." (Community Domestic Violence Counselor 2)

The intervention was perceived as useful for the women in removing the language barriers, providing support, and obtaining necessary resources.

Most Valued Aspect(s) of the Intervention

Share language and Race

"To have someone who speaks the woman's own language and understands her culture is very helpful." (Women Shelter Coordinator)

"The language and race that you race with the woman made her feel very comfortable that facilitated the whole helping process." (Women Shelter Coordinator)

"We always are looking for places to be able to refer women particularly when language is an issues. There are not a lot of places. So, that is very helpful knowing that you do what we mostly do and the follow-up services instead of just meet with the woman once." (Community Domestic Violence Counselor 2)

Support

"Many abused Chinese women are so isolated and do not have close relatives here. You were able to connect the women and provide the kind of support and information to them." (Chinese Women Crisis Line Coordinator)

"Obviously, you gave a lot of support to the woman at the time you needed most help. You came right from the hospital and could understand her and her cultural concerns." (Transition House Counselor)

Accessibility

> "Your intervention was very accessible. It is because sometimes the women may be very overwhelmed. Also, actually going out can feel overwhelming. Before they feel safe enough to go out of the home, any services that can go into the home makes a real different. It is because you can bring in the accessibility that the women needed." (Community Domestic Violence Counselor 1)

> "The experience of having you making the effort to come to visit the woman was very transformative. Because you gave the woman a message that she is important enough for you to make effort to meet with her and work with her real issues. And, you were not just in touch with the woman, but also other family members. That made the intervention a lot broader." (Community Domestic Violence Counselor 2)

The shared language and race, the provision of support, and the accessibility of the intervention were perceived as its most valued aspects.

Needs which the Advocacy Intervention Served less Effectively

All respondents perceived that the intervention was able to meet the women's needs adequately. There was only one respondent who questioned the effectiveness of the Advocacy Intervention in its application to Canadian born Chinese women, who do not have a language problem and who identified themselves more as Canadian than as Chinese. The language and cultural aspects would not be an issue for these women.

Contribution to Change

Working with the women and empowering them

"You were actually able to work with the woman in her language and coordinate with us, in order to let the woman feel that someone is one her side walking with her through the process. A translator cannot do that." (Community Domestic Violence Counselor 1)

"The on-going intervention and the empowering work help a lot. You helped the woman to develop her own goals, to connect with other resources, and to introduce her to English lesson. I see that help the woman to help themselves." (Transition House Counselor)

"You made yourself very accessible to the woman and built up a more equal relationship with her, particularly when the woman was experiencing abuse. Therefore, working against power imbalance that was a very important experience in the process, in trying to help her make a decision about her life and build something for herself in future. (Community Domestic Violence Counselor 2)

Ensuring safety

"Your intervention that let her stay in the transition house was successful. She could communicate with us. She could be assured that if she was worry about anything she could say that worry out and had it addressed accurately. And, we could communicate what safety measures. The whole process made her feel safe." (Women Shelter Coordinator)

The intervention processes that contributed to the women's change were the emphasis on shared language and culture, working together with the women in an empowering way, and providing the women a safe environment and support.

Cultural Needs

Share language and race

"We need that kind of support in their language and to have someone works with them in the entire process. To speak with them and speak for them in the system. You were able to do that, but a translator cannot." (Community Domestic Violence Counselor 2)

"It was easier for the woman to express her difficulties with you because you share similar cultural background and speak her language. She felt that she could be understood more in working with you." (Chinese Women Crisis Line Coordinator)

"The language and race that you share with the woman makes her feel comforted" (Women Shelter Coordinator)

The intervention was able to address the women's language and cultural needs. These women felt at ease in expressing their difficulties and concerns with someone who spoke their language and understood their culture.

A Hospital Based Intervention

Immediate support

"It was very useful for the woman to have somebody right from the hospital to help her. The woman was very vulnerable at that point and needed lots of support. Your availability was very useful for the woman." (Transition House Counselor)

Reach out to women

"Having a hospital base intervention program for abused women that is very helpful because some women may not have access to the police system. Therefore, hospital will be a very good starting point for those

who were abused and sought treatment in the hospital." (Community Domestic Violence Counselor 2)

"You worked for the woman and coordinated with the hospital so that the woman could have her abuse documented." (Chinese Women Crisis Line Coordinator)

A hospital based intervention program for abused women was well received. It could provide continue support for abused women who were discharged from the hospital. It could coordinate with other helping professions. As well, it could provide proactive services to abused women who were injured, but did not access the police.

Frequency and Length of the Intervention

All respondents agreed with the women that a longer duration of the intervention would be more helpful to women who had unsettled court hearings or unstable situations.

Summary

In summary, the data collected from the collateral professionals supported the view that the goals of the Advocacy Intervention had been met. This included addressing the women's needs and providing them with appropriate services. The functions of a bilingual and bicultural advocate who worked with abused immigrant women were highly valued. In addition, a hospital-based intervention was considered to be valuable because it could fill a gap for those who were abused and sought hospital treatment; but who were not involved with other systems. A longer intervention period would be more helpful to women, who had on-going court cases or unstable situations. The intervention, however, was considered least necessary for those who were Canadian born Chinese women or who identified themselves as more Canadian than Chinese.

5.1.7 Summary: Strengths & Weaknesses of the Intervention Models

There is no single social work intervention model that is able to meet all of the needs of clients in such complex human interactions. The social worker's role is to select appropriate intervention strategies and to articulate their strengths and limitations in working with certain client groups. Integrating the Advocacy Intervention Model with the Cultural Dynamics Model and the Crisis Intervention Models in working with abused Chinese women revealed some strengths and weaknesses in the models (see Table 11).

Advocacy Intervention Model

The Advocacy Intervention Model is a woman-centered model that emphasizes empowerment. The intervention goal was to help abused women regain control of their lives, and to be violence free. In this practicum, the women agreed that the support, resources, information, and coping skills which they received were relevant and helpful to them. They valued the experience of exploring alternatives and making informed choices.

The Advocacy Intervention Model, however, focused more on helping the victims to change their situations rather than eliminating the abuse. In seven cases (87.5%), only the women were involved in the intervention process. They learned skills and received needed information or resources; but they could do little to stop the abuse, except to leave the abusive relationships. The Advocacy Intervention emphasized the women's rights, the women's strengths, and the women's needs. It, however, had less emphasis on stopping the men from being abusive. For instance, Mabel was admitted into a transition house and received protection through a no contact order. She was still afraid for her safety. This illustration suggests that stopping the abuse by all means is the ultimate goal for every abused woman.

Table 11: Summary of Strengths and Weaknesses of Intervention Models

Model	Strengths	Weaknesses
Advocacy Intervention Model	▪ Women centered model ▪ Emphasis on violence and empowerment ▪ Provide support, information, and resources ▪ Explores alternatives and provides informed choice	▪ Involves mainly the women, less emphasis on changing the abusers (the men) ▪ More emphasis on helping the women to leave, but less effective in preventing the abuse ▪ 10-weeks intervention is too short to achieve empowerment
Cultural Dynamics Model	▪ Useful assessment tool ▪ Helpful in addressing and understanding social and cultural needs ▪ Help establish better rapport ▪ Addresses language barriers ▪ Facilitate intervention process	▪ Least necessary for Canadian-born Chinese women, or those acculturated as Canadian more than as Chinese
Crisis Intervention Model ▪ Slaikeu (1990) Crisis Intervention Model ▪ Roberts (1996) Interview Guide	▪ Both are helpful assessment guides ▪ Both models are task centered approaches ▪ Both help clients to regain functioning ▪ Both focus on reducing lethality and ensuring safety ▪ Both emphasize on providing linkages to resources	▪ Both models lack emphasis on cultural factors ▪ Robert's interview guide is too lengthy ▪ A multidisciplinary team would be more desirable to complete the assessment

In addition, the Advocacy Intervention Model emphasizes empowerment. Empowerment is a continuous process. Gaining new skills and knowledge, recognizing one's strengths, as well as exploring alternatives are part of the empowering process. The central goal of empowerment for these women was that they could manage their own lives. Ultimately, empowerment for them means living without fear, living above the poverty line, and living without harassment. This is an ongoing process and cannot be achieved with a 10 weeks intervention. For instance, in Rose's situation, she was still afraid for her own safety, still lived on income assistance, and still needed assistance due to language barriers. The Advocacy Intervention in 10 weeks could not deal with these long-term goals; but it was the beginning of the empowerment process.

Cultural Dynamics Model

Courtland Lee's Cultural Dynamics Model is an assessment tool, which was helpful in addressing and understanding the women's social and cultural needs. The student's ability to share the women's language and race was a catalyst in building rapport and trust. A bicultural and bilingual advocate is better able to understand the women's cultural characteristics, to overcome language barriers and to facilitate the whole intervention process. A translator could not replace the continuous support and relationship that the advocate built with these women.

The Cultural Dynamics Model helped to identify individual differences among the clients, and also helped to alert the student to differences between herself and the clients. Although the student shared the language and race of the women, there were political and social differences between them.

The student grew up in Hong Kong, a colony of the British before July, 1997. Under British rule, Hong Kong was a capitalist colony and its education, legal, and social systems followed British traditions. Hong Kong also has a very good reputation in combating corruption. People in Hong Kong enjoyed a larger degree of freedom and a more established justice system in comparison with their counterparts in Mainland China.

In addition, people in Hong Kong were more familiar with Western welfare systems, including the role of social workers.

Seven women (87.5%) in this study were from Mainland China, where the Communist Party has been in power since 1949. Mainland China was a closed country until the economic reform of the last two decades. In Mainland China, political oppression and corruption affected many people's daily lives. People were kept at a distance from government officials. In addition, social systems in China were very different from those in Hong Kong or Canada. At the time these women grew up, there was no university which had a social work training program. If a person in Mainland China encountered a personal or family problem, she or he would first seek help from extended family, neighbors or friends. If help were unavailable, the person would seek help from a local mediator. This mediator, usually a retired civic official who lived in the neighborhood, dealt with many interpersonal relationship problems ranging from marital disputes to property inheritance. Because of these political and social experiences, some women did not know what social workers did and what kinds of services were available for abused women in Canada. To engage the women, there was a need for the student to clarify her role in detail.

Although this study emphasized culturally appropriate interventions for abused Chinese-Canadian women, the intervention was considered least necessary for Canadian-born Chinese women or those acculturated as Canadian more than as Chinese. In this study, there was only one-woman (12.5%) who chose English as the language to be used in interviews. Although English was the language being used in the interviews, the woman identified herself more with the Chinese ethnic identity. Canadian born Chinese women or those who identified themselves with the mainstream culture were less likely to seek help from an ethnic specific program.

Crisis Intervention Models

Salaikeu's Crisis Intervention Model and Robert's Intervention Guide are both useful tools. Salaikeu's model is a task centered and problem solving approach. It provides a clear framework to help the women regain balanced functioning, reduce lethality and to provide linkages to helping resources, in crisis situations. Robert's Interview Guide highlights seven categories of concern relevant to abused women.

Six women (75%) entered the helping process after acute abuse. From the women's perspective, they found that the safety planning and the linkages with a transition house or domestic violence programs provided them safety. From the student's experience, both Crisis Intervention Models were particularly helpful in conducting assessments and developing intervention strategies. The student could identify needs and treatment goals in accordance with the women's safety, physical, psychological, social and mental conditions.

The limitation of the Crisis Intervention Model was the lack of emphasis on the cultural factor. Salaikeu's Crisis Intervention Model was a model for persons in general crisis, while Robert's Intervention Guide was particularly for abused women. These tools did not explain how cultural factors influenced an individuals' responses to an abusive situation. Therefore, there was a need to include a cultural perspective in working with clients from variant ethnic backgrounds.

In addition to that, the Robert's Interview Guide was too lengthy and tried to cover too much. It required the interviewer to have comprehensive knowledge about the medical, psychological, mental, and social wellbeing of an individual. A single helping professional would be unlikely to complete the assessment alone. A team of professionals would be required.

In summary, the Advocacy Intervention and Crisis Intervention Models were a combination of problem solving and potential building approaches. Meanwhile, the Cultural Dynamics Model addressed deep-rooted beliefs and values that shaped the

women's behaviors. Understanding both external and internal factors helped in facilitating the intervention process and elicited an effective outcome. The student confirmed that having a single intervention model was not enough to deal with the complexity of the issues around abused Chinese women. Combining the strengths of these models could provide a more effective framework in meeting the needs of this clients group.

5.2 Usefulness of the Seminar

This seminar aimed at promoting cultural competence and appropriate practice with abused Chinese women. See Table 12 for a summary of the ratings of the seminar.

The median overall rating of the seminar was good. Twenty-one respondents (75.0%) rated the seminar as good or excellent. Twenty-three respondents (82.2%) rated the clarity as good or excellent. The median of clarity was good. Twenty-six respondents (92.9%) rated the stimulation of the handouts as good or excellent. The median stimulation rating of the handouts was good. Twenty-five respondents rated the stimulation of the transparencies as good or excellent. The median stimulation rating of the transparencies was good. Twenty-seven respondents (96.4%) rated the stimulation of the video as good or excellent. The median stimulation rating of the video was excellent. The seminar content was generally seen as helpful. Seventeen respondents (62.9%) considered that the content helped well or very well with understanding the diversity of the Chinese. Eighteen respondents (66.6%) considered that the content helped well or very well in understanding the cultural characteristics of the Chinese. Seventeen respondents (60.1%) considered the content helped well or very well in understanding the difficulties encountered by abused Chinese women. Sixteen respondents (61.6%) considered that the content helped well or very well in enhancing their knowledge/competence in working with Chinese patients. The median for all four content related questions was well.

Table 12: Summary of the Rating of the Seminar

Rating	Excellent	Good	Adequate	Fair	Poor	Median Rating
Seminar Style:						
1. Clarity	8 (28.6%)	15 (53.6%)	3 (10.7%)	2 (7.1%)	0	Good
2a. Stimulation of the handouts	8 (28.6%)	18 (64.3%)	1 (3.6%)	1 (3.6%)	0	Good
2b. Stimulation of the transparencies	5 (17.9%)	20 (71.4%)	3 (10.7%)	0	0	Good
2c. Stimulation of the video	14 (50%)	13 (46.4%)	1 (3.6%)	0	0	Excellent
Rating	**Very Well**	**Well**	**Adequate**	**Fairly Well**	**Poorly**	
Content: (Question 3 to 6 began with "How well did this seminar ..."						
3. ... help you to understand the diversity of the Chinese?[1]	9 (33.3%)	8 (29.6%)	8 (29.6%)	2 (7.4%)	0	Well
4. ... help you to understand the cultural characteristics of the Chinese?[2]	9 (33.3%)	9 (33.3%)	6 (22.2%)	3 (7.4%)	0	Well
5. ... help you to understand the difficulties encountered by the abused Chinese women?	8 (28.6%)	9 (32.1%)	9 (32.1%)	2 (7.1%)	0	Well
6. ... enhance your knowledge/competence in working with Chinese patients?[3]	6 (23.1%)	10 (38.5%)	5 (19.2%)	5 (19.2%)	0	Well
	Excellent	**Good**	**Adequate**	**Fair**	**Poor**	
7. Overall, how good was this seminar?	10 (35.7%)	11 (39.3%)	6 (21.4%)	1 (3.5%)	0	Good

[1] Respondent 003 did not answer this question.
[2] Same as footnote 1.
[3] Respondent 011 found this question did not apply.

From the qualitative data, the seminar was received as well organized, clearly presented, informative, and stimulating. The most useful aspects of this seminar were: personal sharing by the survivor, the video, the description of the cultural characteristics of the Chinese, the handouts, the general practice guidelines, the culturally appropriate practice table, and the presentation on the diversity of Chinese Canadians. The positive comments indicated that the seminar achieved its goal of promoting effective cross-cultural practice with abused Chinese women by enhancing the participants' knowledge and competence in working with them. In addition, the student received two referrals resulting from this seminar.

There was only one comment on the least useful aspects of the seminar. That was that a condensed version of the video should be used. However, there were more suggestions for future training on this topic. The participants would like to have more information on the following areas:

- Needs of the young female Chinese generation
- Contemporary Chinese culture and its variations in Canada
- Similarities and differences between the Chinese and other Asian cultures
- Roles of Chinese women and their relationship with men
- Contrasts between the Chinese and Western cultures
- Impact of racism

From both quantitative and qualitative data, the seminar was considered to have achieved its goal in promoting culturally sensitive practice with abused Chinese women. Regarding future training on this topic, the content needed to be expanded and the duration of training needed to be extended. As drawn from the attendees' suggestions, the student concluded that similar training in future should include at least three sections. The first section should provide general information about the diversity among the Chinese, the traditional cultural characteristics of the Chinese, the roles of Chinese women and men, and the difficulties encountered by abused Chinese women. The second section should

provide an overview on the Chinese in Canada. Also, it should discuss the contemporary Chinese culture and its variations in Canada, the needs of the young female Chinese generation, similarities and differences between the Chinese and other Asian cultures, and the similarities and contrasts between the Chinese and Western cultures. The last section should be a discussion on effective intervention skills and a sharing of practice experience among the participants.

Chapter VI

EVALUATION OF THE STUDENT'S PROGRESS TOWARDS LEARNING GOALS

The student identified five learning objectives:

1/ To develop advanced social work knowledge.

2/ To develop advanced clinical skills.

3/ To develop advanced skills within the professional context.

4/ To understand policies related to the abuse of Chinese Canadian women and their implication for service delivery and clients.

5/ To evolve a personalized approach to reflection on professional practice.

6.1 Develop Advanced Social Work Knowledge

Through working with eight women in this practicum, the student found evidence to support previous research. Also, the student learned some new information about social supports, experiences of abuse and cultural influences among abused Chinese-Canadian women that might add to existing knowledge.

Social Support

The present study supported previous research that found that abused women have significantly less social support in terms of network size, frequency of contact, and perceived support. In addition, lack of social support was a factor that kept the woman in abusive relationships.

Network size. All women in this study had small networks. One woman (12.5%) lived with her parents, but her close relatives were in China. The other seven women (87.5%) did not have family members close by. Length of residence, English language skills, and

preoccupation by work or family responsibilities were factors that limited these women in expanding support networks. Five women (62.5%) had lived in Canada less than five years; their family members and close friends were largely living abroad. Seven women (87.5%) spoke Mandarin or Cantonese as their home language and did not have English language skills. Language was a barrier for these women in integrating with the larger society or developing their support networks. Six women (75.0%) either worked full time or were preoccupied by full time homemaker responsibilities. They were physically exhausted by their work and could spare little time to develop their own social life.

Frequency of contacts. All women had infrequent contacts with their natural support systems due to geographical distance. All women had their close relatives and friends living far away. Making long distance calls was not feasible for them, as it was expensive. The time lag was also a factor in that these women were unable to call when they were in need. Sending mail could help to share their experience; but the time delay involved in mailing could not deal with immediate problems.

Perceived support. All women perceived their family members and close friends as willing to help. These women, however, could not receive the support they wanted, as their natural support networks were disconnected due to immigration and geography.

Lack of social support. Two women (25.0%), Betty and Sandy, pointed out that the lack of support was one main reason why they stayed in the abusive relationship. Betty and Sandy had no other family members or close relatives in British Columbia. The only supports they had were their husbands who abused them. These two women were afraid of losing their only support, and therefore they stayed in the relationship.

In summary, the present findings showed that immigrant women, in particular recent immigrants, had significance less social support, which prevented them from obtaining help. In some cases abused women had no alternative but to stay in the relationship due to the lack of social support. To help abused Chinese women to strengthen their support network, the use of mutual support from Chinese survivors might be an empowering and

effective alternative. Survivors could share their experience in overcoming the abusive relationships and provide both emotional and concrete support. The support provided by survivors could be individual or in a group setting. By increasing social support, abused Chinese women might have more alternatives, including leaving abusive relationships.

Experience of Abuse

Although there are no prevalence studies on the Chinese population in Canada regarding woman abuse, there was demand for a Chinese speaking advocate to work for abused Chinese women. After the beginning of the Advocacy Intervention in February 1999, the student received more referrals than the required caseload. Even after the completion of the practicum, the student still received referrals for services. The student had to direct cases to other organizations. This suggested that a study to examine the prevalence of woman abuse among the Chinese and the adequacy of the existing services for abused Chinese women should be developed.

The women's response to the abuse could be classified into two categories: active and passive. Five women (62.5%) sought help from the police, health care, or the women's crisis line after the first or second physical assault. Among these women, all reported no further abuse after a six week to 17-week follow-up period. Two women (25.0%) who experienced serious physical assault in the past three to five years were those most reluctant to seek help. One of the two women entered into the intervention because of a police report by a third person. Another one was referred through the hospital based domestic violence program at the ER in VGH. In this reluctant group, 50.0% left the relationship and reported no further abuse in the 16 weeks follow-up period. The other 50.0% remained in the relationship and experienced continuous abuse.

This finding suggested that early intervention can eliminate abuse. At the same time, community awareness and proactive intervention programs like the one at VGH may help the women who are abused and hesitate to seek help.

Cultural Influence

The findings in this study revealed additional information on cultural influences among abused Chinese-Canadian women.

The most salient one was the influence of Confucianism. Disregarding the length of residence in Canada or the level of acculturation, the emphasis on family unity and family obligation in Confucian theology was preserved among all women. These women, who had been in Canada from six months to 20 years, revealed that protecting the family's name and maintaining family unity were their priorities before their own personal interests. Therefore, assurances of confidentiality were important before the intervention began. In addition to that, articulating the women's ambivalent feelings towards leaving an abusive relationship helped to build understanding and trust. They needed the advocate to understand that the decision to divorce was an unwelcome choice. They felt ashamed for the marriage falling apart. Supporting the women and giving them time to make their own choice served the women's best interests.

In addition, kinship influence could be supportive; but it was also a possible source of social pressure. The women in this study usually received tangible and intangible support from their family members, relatives, and close friends. This source of support, however, was also the social agent reinforcing norms and family values. For instance, Betty and Fanny had been told to stay in the relationship for the sake of their families, while Nancy and Rose had been blamed for failing to perform their roles as wives. Kinship support became a source of pressure that prevented the women from leaving an abusive relationship.

Furthermore, insufficient English language skills prevented the women from obtaining resources, limited their career advancement, and kept them in a low socio-economic status. In accessing resources seven women (87.5%) who spoke English as a second language encountered difficulties. Among these non-English speaking women, six women (85.7%) could not get their foreign university degree recognized, and/or worked

as non-skilled workers and received low wages. Family responsibilities and financial reasons prevented these women from advancing their English skills or receiving vocational training. All that kept these women in a low socio-economic situation and made their decision to leave abusive husbands more difficult, because the husbands were always the source of monetary and language support. A bilingual advocate could help solve part of the language problems. A government program that provides financial subsidies and allows abused women to receive language and vocational training would help more. Without adequate social programs, an advocate can do little.

In summary, the work experience with eight women in this practicum provided information on the needs of abused Chinese-Canadian women that might be useful for the development of further interventions for this client group.

6.2 Develop Advanced Clinical Skills

The student developed some advanced clinical skills for working with abused Chinese-Canadian women. These skills included engagement skills, assessment skills, intervention skills, and evaluation skills.

Engagement Skills

The skill that the student wanted to expand was to engage clients differentially and effectively.

In engaging abused women, a warm, supportive and safe atmosphere was most important. The abused Chinese women were experiencing fear, pain, shame and uncertainty. They needed someone to listen in their language. They needed someone to provide the emotional support. They needed a safe environment that could protect their safety and confidentiality. Therefore, the tone, the non-verbal expression, the place, the time and the content of the interviews were determining factors in engaging the women in the helping process.

There was only one women (12.5%), Fanny who chose not to continue the intervention. This was also the first case in this practicum. The student learned that there were external factors affecting the engagement process. They were the nature, time, seriousness, and frequency of the abuse. These factors played significant roles in the women's readiness to engage in a therapeutic relationship. The nature of abuse Fanny experienced was psychological, or more specifically, verbal attacks. Physical abuse also occurred twice, at 12 months and 7 months before the intervention began. The two physical abuse incidents were as follows: one was a hit with a fist and the other was a minor scratch by an object. There was no other physical assault in the last seven months before the intervention contact. In addition, the intensity and frequency of the psychological abuse was said to be less. Simply speaking, Fanny's situation was much improved at the time the intervention began. For this woman, there was less urgency to leave her husband. She would prefer to gather more information in case she was in need in the future. The intervention met with Fanny's request and provided her with information regarding divorce, child custody, and legal aid; as well as community resources. In sum, the woman's readiness for intervention was affected by her experience of abuse.

Assessment Skills

During the assessment process, the student aimed at formulating a comprehensive assessment through eliciting information from different sources.

Assessment is an on-going process. Abused women, particularly those, who had experienced acute or repeated physical assault, were emotionally overwhelmed and less able to organize their thoughts in the initial stage of intervention. Therefore, sufficient time was provided to allow the women to express their feelings such as grief, fear and anger. Sometimes they were unable to remember details about the time, place, and people involved in the incidents. There was no need to challenge them regarding the details, because it was not a police investigation. The student took notes and clarified with the women at a later stage when their emotions became more stable.

Information could be gathered from different sources, such as the police, the hospital, the shelter, or the referrers. Seven women (87.5%) in this study were referred from another agency. The initial information provided by the referral source was most helpful for the student. It provided a preliminary assessment of the person's needs and the urgency of the situation. Close liaison with the other sources of information allowed collecting background information before the interview with the women. This could help to avoid having the women repeat the unpleasant experience and could facilitate a focus on developing intervention strategies.

Intervention Skills

In the intervention phase, the student aimed at developing objective and realistic treatment plans that were mutually agreeable with the women. The student also wanted to develop empowering and culturally sensitive strategies to achieve the treatment goals.

From this practicum experience, the student learned that there were three stages in working with abused women. These stages were emotional, practical and cognitive. In the emotional stage, the women needed to have someone to validate their experience, to listen to them, to support them and to tell them they were not alone. The emotional stage was particularly important for women who experienced an acute abuse incident, because these women were frightened. The intervention goal was to help them settle their emotions and to inform them about the availability of help.

Once the women's emotions became more stable, the intervention could focus on their immediate concerns. The immediate concerns of the women in this study were: personal and family members' safety, child custody and child assess matters, accommodation, financial assistance, legal aid, health care, and children's school placement.

The cognitive stage was based on Slaikeu's (1990) second-order crisis intervention. The goals were to help the women work through their feelings and gain cognitive mastery of

the situation, as well as to help them learn new ways of coping and develop skills for use in future problem situations. The ultimate goal of second-order crisis intervention was empowering the women. As revealed from the women's qualitative data, they developed more self-confidence and were more knowledgeable about how to obtain help. The women, however, still encountered difficulties in developing self-reliance in accessing systems, because of insufficient English skills. Although English training opportunities were introduced to the women, the results were not seen within a short period of time. These women were still in need of bilingual advocates to work along with them. Therefore, empowerment is an on-going process. In some situations, the women can walk by themselves; in others, they need some help.

In practice, the practitioner factor and or the environmental factor sometimes affected the effectiveness of the intervention.

Regarding the practitioner factor, the student was aware that on occasions when she felt overwhelmed by the women's problems it affected her objectivity in the intervention process. It was difficult to remain objective when the student believed in respect, freedom, and equality, and also objected to any use of violence. The student also believed in action and change, which led the student to guide the women to think about changing their situations in order to achieve self-actualization. However, that would only fulfill the student's goals instead of the women's. The student is still learning to maintain balance, to remain objective and to separate personal beliefs from the needs of the clients.

On occasion, identified needs were different from the women's real needs. Clarification helped to develop mutually agreeable treatment goals. For instance, in Nancy's situation, the student assessed that the family was experiencing financial hardship. The related intervention would be referring the family for income assistance. When this intervention goal was suggested, Nancy declined. She explained that she believed in "self-reliance" as part of the Chinese National character, and she was proud of supporting her family by herself instead of turning to the welfare system.

On the environmental factor, there were occasions when the women's needs were not met due to limited resources. For instance, an application for British Columbia's low cost housing would involve one to two years on the waiting list. Child access exchange programs for custodial parents were not available at the time of the practicum, as the responsible organizations were involved in a labor dispute. The women needed some written legal information in Chinese. The pamphlet published by the People's Law School called "Learning about the Law: BC's Laws and Legal System" was out of print due to a funding cut.

Evaluation Skills

The student aimed at involving the women in monitoring and evaluating the progress and process of the intervention, as well as preparing the women for a successful case termination.

The student learned that involving the women's active participation should be started in the beginning stage of the intervention. The aim was to help them to realize that they were not passive service recipients; but persons in-charge of their own change. This was also part of the empowerment process. In this study, no women had prior experience engaging in a therapeutic relationship. Therefore, they should be well informed about the intervention process and encouraged to participate actively in the helping process.

The student experienced that sharing the results of the single-subject design with the women was very useful in collecting their responses to the intervention. In the middle phase of the intervention, the student showed the preliminary data of the single-subject design to the women and asked them about their satisfaction towards the changes. Most women showed interest in the graphs and their variations. Some of them could provide explanations for the variations. For instance, Rose explained that the variations on her graphs might be due to her emotional fluctuations caused by the court hearing. In sum, showing the results of the self-report measures was an effective means to facilitate the women's active involvement in the on-going evaluation process.

The student learned that a well-planned termination helped the women to overcome uncertainties in transition. In the beginning stage, they were informed about the length of the intervention. In the middle of the intervention, the women were involved in a mid-phase evaluation and were told again about the planned termination. Possible follow-up alternatives were discussed with them. Four women (50.0%) who requested follow-up service made the decision about the organization by which they wanted to be served. The areas for follow-up services were mutually agreed upon with the women. Before the termination, an orientation meeting or telephone contact with the new worker was arranged for the women. For those who did not request a follow-up, a list of community resources was provided so that they could seek help whenever they were in need. The informed and well-planned termination helped the women to review their achievements in the helping process and to decrease their anxiety towards termination.

In summary, the student's experience in working with abused Chinese women advanced her skills in engagement, assessment, intervention, and evaluation. However, there was awareness about the need to develop more clarity regarding emotional involvement, in order to become a more professional clinician.

6.3 Develop Advanced Skills Within The Professional Context

Social Work Values and Ethics

The student aimed at incorporating social work values and ethics in work with abused Chinese-Canadian women. Equally important, the student wanted to examine the applicability of social work ethics to work with this client group.

In this practicum, attempts were made to incorporate the intervention with social work principles. The intervention goals were helping women to expand social support, to eliminate abuse, to obtain necessary resources, and to enhance empowerment. The student found that these intervention goals were congruent with social work principles. Related social work principles were: to help people to develop individual and collective

problem-solving skills; to enhance self-determination, adaptive and developmental capacities of people; to advocate; to promote and act to obtain a socially just distribution of societal resources; and to facilitate social connections between people and their societal resources (British Columbia Association of Social Worker, Code of Ethics, 1984).

The student was guided by the social worker's belief in the intrinsic worth and dignity of every human being, and commitment to the values of acceptance, self-determination and respect for individuality (British Columbia Association of Social Worker, Code of Ethics, 1984).

Self-worth and dignity are the fundamental doctrines of all social work practice and are consistent with the student's personal beliefs. In working with abused women, the student aimed at restoring the worth and dignity of these women by helping them become free from violence, exercise control over their lives, and regain their respect as persons. To achieve these goals, the women were helped to recognize alternatives and to obtain resources to leave abusive relationships; and were given every opportunity to make their own choices.

Despite the fact that social work principles guide most of the student's practice, these principles faced challenges on some occasions.

In the case of self-determination, all women were given every means to exert their rights in decision making. However, in situations of woman abuse that involved the safety of the woman, in emphasizing self-determination, there was the possibility that the woman might make a decision that put her in danger.

In one case Sandy decided to stay in the relationship in which both psychological and physical abuse was continuing. In order to balance the woman's right of self-determination and her own safety, this woman was helped to develop a concrete and flexible contingency plan. She was given sufficient information and available resources

to seek help in case of emergency. She was told about the possible risk involved in her decision and advised to keep a high level of alertness. The case was closely monitored and the level of risk was reviewed weekly. Above all, the woman was assured that support and help were available whenever they were needed. As the woman said after the ten-week intervention, what she appreciated most was the availability of support and concern. She said that she would make the move when she was ready. And, she was confident that help was out there.

As a practitioner, the student did not want to see the woman remain in a situation where her safety was in danger. For the woman, however, it was an experience for her to re-gain control of her life. A practitioner's responsibility is to help the woman to make informed choices and to ensure the continuity of support.

From this case, the student learned that social work principles are guides to practice. The central aim of social work principles is to protect the rights of the person with whom we work. There are occasions when individual rights may conflict with an individual's safety or other's safety. The social worker's role is to protect the safety of those who are incapable of protecting themselves, such as children, some people with disabilities and some seniors. For those who are adults and mentally capable, the social worker's role is to discuss decisions and to ensure that the person is informed about other options before making a choice.

Acting Professionally

The student's goal was to become an accountable social worker who is able to conduct herself professionally and responsibly with clients, the agency and other professionals. The most difficult part of achieving this goal was the student's lack of connection and experience in working in the field and in Canada. Both the student and her study were new to the hospital, to the field and to the clients. To establish the working relationship, to introduce the study, to develop people's confidence in making referrals took a lot of communication and coordination.

To overcome these intrinsic barriers, the student started orientation work seven months before the commencement of the practicum. The student did not only introduce herself and the study to the field; but also equipped herself with the policy and available resources for abused women. In addition to that, the student learned about the operation of the relevant service systems and familiarized herself with the mandates of those programs.

The student's orientation work included:

- visits to 20 organizations, which provided programs for abused women;
- attendance at 10 workshops/seminars on topics related to health, domestic violence, child abuse, and cross-cultural practice;
- two shifts at the Emergency Department at St. Paul's Hospital aimed at asking the screening questions and doing assessments;
- watching six videos on domestic violence issues;
- submitting an article on "Working with Abuse Chinese Canadian Women" to the Cross-cultural Caring Newsletter of Providence Health Care in British Columbia;
- participating in two focus group meetings (one for research on the implications of violence on woman's pregnancy, one for developing a Chinese booklet on domestic violence issues);
- attending weekly supervision meetings with social work and nursing students with the DVIP at SPH;
- twice attending the quarterly meeting with the Vancouver Coordination Committee on Violence Against Women in Relationship (VCCVAWIR); and
- having been a member of the Cross-cultural Issues subcommittee under the VCCVAWIR and attending their monthly meetings since June, 1998.

The student's extensive orientation work provided a very good understanding of available community resources. This helped her with the practicum site, the hospital and other community organizations. This also assisted the student in establishing a very good network with other front line service providers. In addition, the student had the

opportunity to promote the study and request referrals. The orientation work proved to be effective as the student received many more referrals than expected. The student had to direct referrals to other agencies.

Learning and Evaluation

The student believed that learning is an on-going process and that effective learning is supported through continuous evaluation. Therefore, one of the goals of learning in this practicum was to learn how to evaluate and to evaluate what had been learned.

The greatest satisfaction for the student in this learning process was learning how to conduct objective clinical evaluations. The student learned how to select reliable evaluation instruments, how to administer clinical evaluation tools, and how to analyse data. The clinical evaluation in this practicum was not perfect, but it built the foundation for the student's future advancement.

The student found that learning was not bound within the process of working with the women, but also involved the totality of interactions with people, who worked for abused women. Most of all, clinical supervision and consultations with the practicum committee members were the most fruitful. The student was able to clarify doubts, question theoretical beliefs, expand perspectives, and develop new skills.

6.4 Understand Related Polices and Their Implications on Services Delivery and Clients

In the discussion of related policies, the major concern is examining whether the existing policies are able to meet the needs of abused women, especially immigrant women, who encounter additional difficulties, such as language barriers, isolation, and financial hardship, when they are confronted with an abusive relationship.

From the experience of working with the women in this study, the student found that there were gaps in the existing services addressing the needs of abused immigrant women

that have not been well dealt with. Table 13 summarizes some issues that have effected the women in this practicum.

Table 13: Related Policies and their Implications on Services Delivery and Clients

Related Policy	Issues Which Arose	Abused Women's Needs
Violence Against Women in Relationships Policy (1996)	• Police intervention • Protection of the women • Witness testimony in Court	• Use of interpreter for women who speak languages other than English • Minimize the demand for the woman to repeat her story • Sensitivity to women's feelings
Multiculturalism Act (1990)	• Equal access to social services by all ethnic groups	• Helping professionals' sensitivity and knowledge regarding various cultural norms and practices • Publication of written or audio-visual information in the language that the women can understand
Immigration Act (1994)	• Sponsorship	• Financial support after a marital breakdown
Health Care Policy at St. Paul's Hospital and Vancouver General Hospital	• Universal screening • Domestic Violence Intervention Program	• Confidentiality • Safety • Information and resources • Follow-up

Violence Against Women in Relationships Policy

The British Columbia Attorney General's Violence Against Women in Relationships Policy (1996) establishes a clear guideline in response to domestic violence issues. However, in implementation there were services gaps and discrepancies.

"Depending upon the victim's concerns and the public interest, some protection is provided to the victim ... by recommending a no contact order, bail supervision or other appropriate conditions of bail." (p.6 Violence Against Women in Relationships Policy)

Under the Policy, a no contact order or other bail condition will be recommended depending upon the victim's concerns. The women in this study, however, were unable to fully understand the protection and operation of those orders when they first received them. The main reasons were due to language barriers and unfamiliarity with the service systems. The student, as an advocate and bilingual support worker, had to educate and explain to the women about their rights under the law and how to seek help from the police. More than that, the women were linked with close community resources in order to ensure that they had a safe place to go if they were in danger. Without someone playing the roles of an advocate and interpreter, these women would not get the help they need.

"Support persons for a victim/witness should be permitted to be present during intervention, whether or not an interpreter is also present." (p.10 Violence Against Women in Relationships Policy)

Evidence showed that some justice workers were lacking sensitivity to the needs of abused women. In Mabel's situation, she was requested to attend a pre-trial interview with the Crown Counsel. She was accompanied by a support worker from the transition house to the Crown Counsel office. The support workers, however, was not allowed to be present in the interview despite the woman's request. The explanation from the Crown Counsel was that an interpreter was available. This reflected the Crown Counsel's lack of sensitivity to the woman's need for support during the difficult experience of re-telling her abusive incident.

In summary, various practical issues arose in the implementation of the Violence Against Women in Relationships Policy. Thoroughly carrying out the Policy, providing adequate support services, and gaining sufficient knowledge and sensitivity to the needs of abused women, would be some essential steps to help women become free from violence.

Multiculturalism Act (1990)

The Multiculturalism Act was enacted in 1988 in order to protect the principle of equality of all regardless of race or ethnicity. This law sought to preserve, enhance and incorporate cultural differences into Canadian society while ensuring equal access to social and health services by all ethnic groups.

In 1993, the provincial government of British Columbia (BC) reaffirmed the ideals of multiculturalism by enacting the BC Multiculturalism Act. This Act commits to providing culturally sensitive services to all British Colombians regardless of their race and cultural heritage. Under this principle, the government is seeking more integrated services in which multicultural programs are seen as part of the mandate of mainstream services. The government is encouraging efforts to address the cultural and linguistic obstacles to social services that ethnic groups may encounter. Nevertheless, ethno-specific social services are not the intent of this policy.

Under this policy framework, some ethno-specific social programs had low priority in receiving government funding. For instance, the United Chinese Community Enrichment Services Society (S.U.C.C.E.S.S.), which is the largest social services organization in the Chinese community, serves the approximately 300,000 Chinese in Greater Vancouver (Statistics Canada, 1996). S.U.C.C.S.S. started a Domestic Violence Intervention and Prevention Program in 1997. This Program served 182 family violence cases in between April 1, 1997 to March 31, 1998. The first three-year operational costs of this program came totally from a private funder. The program will run out of money in March, 2000. At this point, it is still uncertain whether it will get any financial support from the government or not.

More than that, cut backs in provincial and federal government funding affect the development and implementation of the multiculturalism policy. Some multiculturalism organizations experienced shrinking public funding. The way they survived was to cut programs. For instance, the People's Law School published a book called "Learning about the Law: BC's Laws and Legal System". This book provided very comprehensive

coverage of the laws and legal system in British Columbia. In addition, it was written in very easily understandable language. They published a Chinese version in 1997; but stopped publishing the Chinese version since 1998 due to lack of money. Women, who do not speak and read English, were deprived of information and resources due to the governments' funding cut.

Without sufficient funding for multicultural programs, abused women from diverse ethnic backgrounds, including the Chinese, would have difficulties in seeking help and access to needed resources. For instance, if the Domestic Violence Intervention and Prevention Program of S.U.C.C.S.S. did not have the funding for operations in 2000, only one domestic violence program for the Chinese in the Lower Mainland area would be left. The 182 family violence cases served by S.U.C.C.S.S. would have faced a long waiting list for service. In addition to that, without the provision of sufficient printed materials in Chinese, the abused women would have to rely very heavy on bilingual advocates to interpret the information for them instead of being self-reliant.

Immigration Act

To fulfil the sponsorship agreement, abused women might be forced to stay in an abusive relationship or be marginalized into poverty.

Under the Immigration Act and Regulations (1994), the sponsoring relative in Canada is required to sign an undertaking of support. The sponsor promises to provide for the housing, care, and maintenance of the applicant and accompanying dependents for up to ten years. Abused women are faced with unexpected financial hardship due to the fulfillment of the sponsorship obligation that was originally shared by the spouse in good faith.

Nancy and her estranged husband sponsored her parents (Brenda and Tom) to come to Canada. Due to the physical abuse against her and her mother, Nancy separated from her husband and filed for divorce. She then took up the sole responsibility to support a family of five with two young children and two elderly parents. One of Nancy's parents suffered

from chronic illness and required medication. Nancy only had a part-time job, with a monthly income of about $1,200.

Nancy and her parents were ambivalent towards the option of turning to income assistance. Under the Immigration Act and Regulations, Nancy had to fulfil the sponsorship agreement. She could declare sponsorship breakdown so that her parents could apply for income assistance. This decision, however, might affect future applications of her siblings to immigrate to Canada. This was a difficult decision for Nancy and for other women, who share similar situations. They either lose their sponsorship credibility or live in poverty.

Financial considerations also force abused women to remain in abusive relationships. Eve submitted an immigration sponsorship application for her parents and two young siblings to immigrate to Canada. While she was waiting for the approval of the immigration visa for her family to come, she was abused by her husband. She decided to stay in the relationship, as she could not risk any decision that might affect the applications for her family members to come to Canada. At the same time, she had a mortgage to pay. The financial factor limited her choice to leave the abusive relationship.

Health Care Policy at St. Paul's Hospital and Vancouver General Hospital

Both St' Paul's and Vancouver General Hospital had a universal screening policy in the Emergency Department to ask all patients, regardless of their presenting illness, questions about domestic violence. Those who disclosed abuse and wanted further assistance were referred to a social worker for necessary services. The difference between these two hospitals was that there was a follow-up element at the Domestic Violence Program at Vancouver General Hospital (VGH). After the discharge, the domestic violence social worker at VGH would continue the follow-up services and support to clients who had disclosed the abuse. At St Paul's' Hospital, no follow-up service would be provided once the clients had been discharged. The universal screening policy together with the follow-up services by the domestic violence social worker of the Domestic Violence Program at

Vancouver General Hospital was well received, particularly for women who would not initiate the call for help or who did not know where to get help.

In this study, the student received three case referrals from the Domestic Violence Program at Vancouver General Hospital and carried out the follow-up services. Originally, no follow-up services would be provided to women who speak Chinese, due to the language barriers.

The three women from that hospital shared one common characteristic. It was the first time that they had disclosed their abuse to a helping professional because they were asked questions about abuse and safety. Both Fanny and Sandy said that they would not call the police or disclose the abuse on their own. Rose did not call the police either because she was a new immigrant. She did not speak much English and was preoccupied by work to support herself. In addition to this, she knew little about how to get help, and did not see leaving her husband as an option.

The follow-up service was seen as a continuity of the health care services. Rose appreciated that the student contacted her right after her discharge from the hospital. At that time, she was confused and did not have direction about what to do. As well, she was a bit uneasy about staying in a transition house, a totally new environment, where no one spoke her language. She was satisfied that the student could get the first hand information from the hospital so that there was no need for her to tell her story again; and there was an intensive follow-up being begun.

For Fanny and Sandy, they used the follow-up services provided by the student from a hospital base because they felt that care was continuous. As well, they felt comfortable in coming to a hospital, where they could have a "good" reason to come. The woman's needs for confidentially was assured.

From these cases, it was evidenced that the hospital's proactive health care policy did reach out to women, who were ambivalent, to ask for help or to those who had little knowledge about available resources.

The difference between the Domestic Violence Intervention Program (DVIP) at St. Paul's Hospital (SPH) and the Domestic Violence Program at Vancouver General Hospital was that there was no follow-up component in the DVIP at SPH. The findings of this study suggest future research on the need to expand the follow-up services at the DVIP at SPH.

In summary, through review of related policies, the student developed a broader perspective in understanding how systemic factors affected service delivery and posed barriers to the women in accessing the systems. Although there were laws and policies to protect minorities in this community, there were always problems in implementation and scarcity of resources. Removing those systematic barriers and proper allocation of resources might help abused women obtain the needed services. As well, the abused women should have more options to leave abusive relationships. In addition, the student learned that the Advocacy Intervention worked more on a case by case level, and had less emphasis on collective change. The difficulties encountered by the women were sometimes posed by the systems. Even though the advocates worked very hard to help these women, these women might be discouraged by the lack of resources. As a result, a joint effort at the community level might be more effective in effecting systemic change and adequate resource allocation.

6.5 Evolve a Personal Practice Model

The student's ultimate learning goal was to become a competent and reflective practitioner; as well as to develop a personalized practice style. A competent and reflective practitioner possesses advanced knowledge and skills, enriched practice experience, and exhibits an adequate use of self. A continuous process of synthesis is the key to developing a personalized practice approach (see Table 12).

Advanced knowledge and skill refers to the practitioner who is capable of integrating selected social work models and articulating the strengths and limitations of each model; who is devoted to providing culturally appropriate and effective intervention strategies; and who is committed to incorporating social work values and ethics in practice.

Table 14: Synthesis Process for Developing Personal Practice Model

Primary Synthesis Process			On-going Synthesis Process		
Knowledge and Skills	SYNTHESIZE	Personalized Model	New Knowledge and Skills	SYNTHESIZE	Advanced Personalized Model
Work Experience			New Work Experience		
Use of Self			Advanced Use of Self		

Enriched practice experience is defined as practice with clients from diverse backgrounds; with a variety of problems; and in various work settings.

An adequate use of self refers to a practitioner's ability to be aware of personal beliefs, life styles and orientations; to identity personal strengths and limitations; and to constructively use personal strengths and experience in practice.

Synthesis is a process of critical evaluation and knowledge generation. It is an on-going process. This process includes evaluation of practice theories, practice effectiveness and personal styles. Ultimately, this process will help to develop a competent and effective personalized practice approach. This personalized approach may generate new knowledge, advance practice skills and enrich personal experience. When this personalized approach is put into practice, it brings secondary and more advanced integration.

The student's personal reflection in this practicum can be illustrated through the above synthesis process.

Knowledge and skills

In this study, the student integrated the Advocacy Intervention Model with the Cultural Dynamics Model and the Crisis Intervention Model, in order to gather a comprehensive view of the women's problems and to develop appropriate intervention strategies. The Advocacy Intervention aimed at empowering the women so that they could be free from violence; the Crisis Intervention Model responded to the women's safety concerns and emergency needs. These two models provided clear intervention goals and concrete intervention strategies. In addition to the Advocacy Intervention and Crisis Intervention Model, the Cultural Dynamics Model highlighted the important features of culture in shaping individuals' behavior and responses. With an understanding of the Chinese culture and its impact on woman abuse issues, the student could develop appropriate intervention strategies that meet the client's needs.

Work experience

The student integrated her past work experience into this practicum, and that experience played a determinant role in affecting the effectiveness of the practicum.

The student's past experience included work experience as a social worker in Hong Kong with mostly Chinese clients, and other work experience in Canada. The Canadian work experience included both paid work and volunteer work with four organizations. The work experience in Canada provided the student with opportunities to work with people from diverse backgrounds. All these past work experiences laid a solid foundation for the student's clinical skills, such as building rapport, conducting assessments, developing intervention strategies, and evaluating practice. In addition, the student's past work experience provided relevant practice knowledge and skills in working with Chinese women. Such knowledge and skills included paying equal attention to both family and individual factors, being aware of sensitive areas (i.e. sex, which was still not being openly discussed), and balancing clients' expectations for expert advice and their right to self-determination.

In addition to the above general understanding, there was a need to attend to diversity and individuality issues. Women in this practicum shared the same race, but they were very diverse in terms of length of residence in Canada, dialect spoken, experience of abuse, education, age, numbers of children, cultural identification, and experience in working with helping professionals. More than that, articulating the difference between the women and the student was equally important. Even though the student shared the same race and language with the women, there were differences in terms of acculturation and ideology. As the student grew up and received her education in Hong Kong, a colony of the British before 1997, the student was socialized into a culture that is more Western and experienced a different political environment from the women who came form Mainland China. Therefore, addressing individual women's special needs assured that the interventions met with the women's goals and expectations instead of the practitioner's.

Use of self

The student was able to transfer her immigration experience to facilitate the helping process. The student went through a similar adjustment experience as the other Chinese immigrants. Such experience included language barriers, unfamiliarity with the social systems and community resources, disconnection from existing social support networks, professional qualification not being recognized, under-employment, change of socio-economic status, and culture shock.

To integrate into the new country, the student took up vocational training courses, attended workshops and seminars, participated in volunteer work and other social activities, took English languages courses, visited different communities, read relevant informational materials, and interviewed people. The student became very knowledgeable about services for immigrants.

The student's personal experience was congruent with the Advocacy Intervention, which emphasized empowerment. She used her personal experience selectively and constructively in order to facilitates an understanding of the difficulties encountered by

Chinese women. At the same time, the student shared possible alternatives with the women, who wanted to overcome these adjustment difficulties.

Personal Practice Model

Through the synthesis process, the student developed a personal approach to working with abused Chinese women. First, the student learned to understand the problem situation from a multi-dimensional perspective, which incorporated personal, familial and environmental/cultural factors. Second, the student learned to address the diversity of the Chinese and the issues of individuality. Third, the student learned to offer alternatives and support to the women, who wanted to exceed their current situations. Fourth, the student learned to walk along side the women and be patient with their readiness level, instead of leading the way. Real empowerment is driven by the women, by themselves, rather than being implanted by others. The process of learning, reflection, and practice was also a self-empowerment experience for the student.

The student identified three main areas for future professional development. They are to further develop culturally appropriate practice skills, to develop competent clinical evaluation skills, and to develop critical analysis skills on the policy level.

Culturally sensitive skills. The student is interested in transferring the experience in this practicum to work with clients from different cultural backgrounds. The student is aware that the effectiveness of the intervention in this practicum is partly due to the shared language and race, as well as a similar cultural background with the clients. To transfer this learning experience to future practice, the student believes that a better understanding of clients' cultural dynamics and their influence on clients' behaviors is very essential. In addition, the student also believes that individualization instead of generalization is a key for culturally appropriate practice. As mentioned earlier in this report, even though the student shared the language, race, and a similar cultural background with the women, there were differences among the women and between the women and the student.

Clinical evaluation. The student found that clinical evaluation is important and enhances accountability to the clients and the agency. To develop systematic, objective, reliable and valid clinical evaluation skills would be a benefit for service delivery, as well as improving the quality of professional practice.

Policy analysis. The student is well aware that individual case practice is affected by external factors, such as the implementation of various polices and the allocation of resources. To examine the implications of related policies and to recommend change would be the most fundamental steps to eliminate systemic barriers, to narrow service gaps, and to improve service delivery.

6.6 Implications for Practice, Policy, and Future Research

The findings of this study provide some implications for future practice, policy and research.

In practice, this study demonstrated that there is a demand for culturally sensitive domestic violence service from abused Chinese Canadian women. They need an intervention that provides them with support and addresses their immediate needs, as well as their cultural concerns. They need advocates who can share their language and understand their cultural dilemma in confronting an abusive relationship. A ten-week intervention is in general adequate for women with greater adaptability and resources. A longer length of intervention, however, is considered to be needed for women who remain in abusive relationships or who have unsettled concerns, such as court hearings and custody matters. These women need on-going support, interpretation service and counseling. In summary, abused Chinese women can be served adequately if they are provided with an intervention that can provide them continued support, offer them practical help, and be responsive to their cultural concerns.

At the policy level, the experience encountered by the women in this study suggests that government policies have impacts on service delivery and change in the women's

situations. Inadequate implementation of the Violence Against Women in Relationship Policy (1996), insufficient resource allocation for multicultural programs and restrictions on the sponsorship requirement under the Immigration Act (1994) prevented these women from receiving proper intervention and limited their options, including the options to leave abusive relationships. The findings from this study suggest the need for some collective actions in order to eliminate systematic barriers and narrow service gaps.

For future research, five main areas were generated. First, is an exploration of the effectiveness of using Chinese survivors to provide social support to abused Chinese women. The results of this study showed that support provided by an advocate could effect an increase in significant other support. To connect abused Chinese women with Chinese survivors could be an effective and less expensive alternative for providing abused women with the needed support in the long term. Second, is the development and evaluation of a follow-up intervention in the Domestic Violence Intervention Program at St. Paul's Hospital. The findings of this study indicated that a hospital based intervention program was well received for women who were abused; but not involved with other systems. Therefore, an expansion of the existing program at St. Paul's Hospital might help more abused women. Third, is a throughout validity test on the Multidimensional Scale of Perceived Social Support (MSPSS) with Chinese clients. As the women in this study reported that the MSPSS could not well reflect their social support situation, further study on the applicability of this scale for this client group is suggested. In addition, an increase of data collection to two to three times a week might provide more accurate information about the women's changing perceptions of social support, as some women indicated that changes in their emotional state might have affected their ratings. Therefore, an increase in frequency of data collection might provide a clearer picture of the changes in the women's situation. Fourth, it is suggested to review the Violence Against Women in Relationship Policy to determine if it is properly implemented. Last, it is also suggested to review the implementation of the Multiculturalism Act, to examine the adequacy of the resources allocated to it, and to determine if the existing programs are able to meet the needs of ethnic clients.

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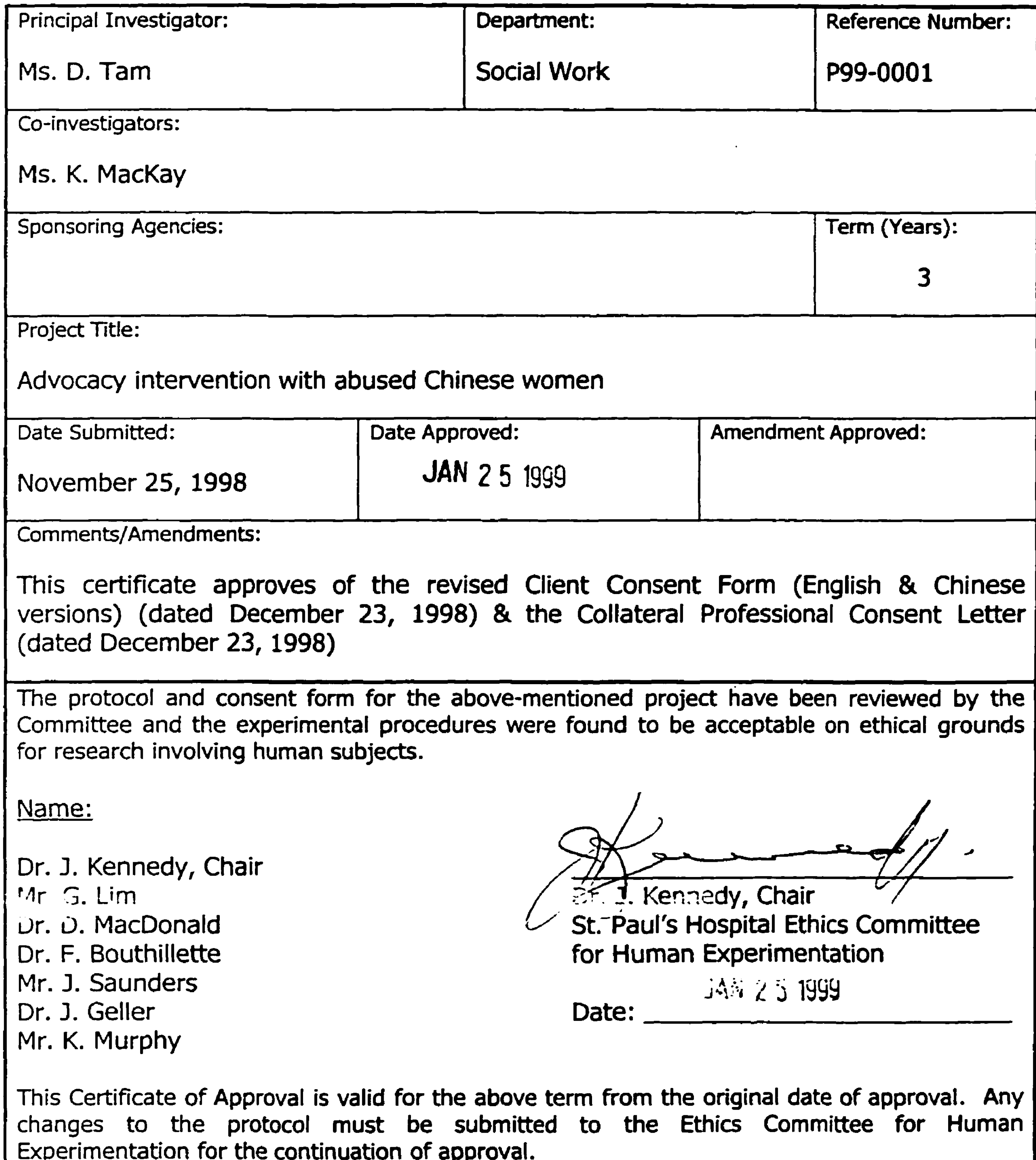
PROVIDENCE HEALTH CARE
OFFICE OF RESEARCH SERVICES
Ethics Committee for Human Experimentation

Certificate of Ethical Approval



Principal Investigator:	Department:	Reference Number:
Ms. D. Tam	Social Work	P99-0001

Co-investigators:

Ms. K. MacKay

Sponsoring Agencies:	Term (Years):
	3

Project Title:

Advocacy intervention with abused Chinese women

Date Submitted:	Date Approved:	Amendment Approved:
November 25, 1998	JAN 25 1999	

Comments/Amendments:

This certificate approves of the revised Client Consent Form (English & Chinese versions) (dated December 23, 1998) & the Collateral Professional Consent Letter (dated December 23, 1998)

The protocol and consent form for the above-mentioned project have been reviewed by the Committee and the experimental procedures were found to be acceptable on ethical grounds for research involving human subjects.

Name:

Dr. J. Kennedy, Chair
Mr. G. Lim
Dr. D. MacDonald
Dr. F. Bouthillette
Mr. J. Saunders
Dr. J. Geller
Mr. K. Murphy

Dr. J. Kennedy, Chair
St. Paul's Hospital Ethics Committee
for Human Experimentation

Date: JAN 25 1999

This Certificate of Approval is valid for the above term from the original date of approval. Any changes to the protocol must be submitted to the Ethics Committee for Human Experimentation for the continuation of approval.

VANCOUVER HOSPITAL
& Health Sciences Centre

FACULTY OF MEDICINE
THE UNIVERSITY OF
BRITISH COLUMBIA

Vice President. Research
Vancouver Hospital
& Health Sciences Centre

Assistant Dean. Research
Faculty of Medicine
The University of British Columbia

David I. McLean, MD, FRCPC

February 11, 1999

Investigator: Ms. Kathleen Mackay
Domestic Violence
LSP Ground
Room 253

Vancouver Hospital Research Project #V98-0202

FINAL CERTIFICATE OF APPROVAL

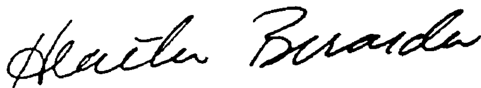
TITLE: **Advocacy Intervention with Abused Chinese Women**

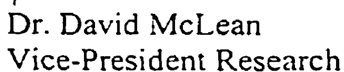
This is to inform you that your project has been approved and can start immediately. Approval has been granted until **January 25, 2002** based on the following:

1. St. Paul's Ethics Committee Certificate of Approval

2. VHHSC Research Advisory Committee Approval

Yours truly,





Dr. David McLean
Vice-President Research

Jack Bell Research Centre 2660 Oak Street Vancouver. British Columbia V6H 3Z6 Tel: (604) 875-5641 Fax: (604) 875-5684

RESEARCH ETHICS COMMITTEE APPROVAL CERTIFICATE

Faculty of Social Work
University of Manitoba
Winnipeg, Manitoba.

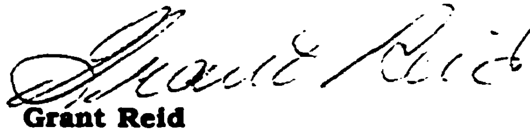
To: D. Tam. **December 11, 1998.**

YOUR PROJECT ENTITLED *Advocacy Intervention With Abused Chinese Women* HAS BEEN APPROVED BY THE RESEARCH ETHICS COMMITTEE.

CONDITIONS ATTACHED TO THE CERTIFICATE:

1. **You may be asked at intervals for a progress report.**
2. **Any significant changes of the protocol should be reported to the Chairperson of this Committee so that the changes can be reviewed prior to their implementation.**

Yours truly,



Grant Reid
Chair
Research Ethics Committee.
(204) (474-8455).

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Roberts' Interview Guide

1) The Nature and Circumstances of the Assault

   a) Circumstances (who, what, when, where, how)
      Assess the woman's defensive violence, and determine her perceived threat of serious injury or death to her or others
   b) Attribution of blame (victim's perception of the "why" of assault: Is blame placed on self or batterer?)
   c) Assessment of other aspects of relationship with batterer, aside from the abuse
   d) Type and extent of coercion methods employed (verbal threats, use of intimidation, use of children, sexual assault, isolation; economic abuse, emotional withholding; psychological destabilization)
   e) Level and nature of violence (threats of death, use of a weapon, battering). Assess the last few battering incidents to determine potential escalation and risk of lethality from batterer

2) Post-assault Interactions

   a) Professional contacts (legal, medical, woman's shelter or center)
      Assess adequacy of response to woman
   b) Time between assault and help seeking (self-care: whom did she talk to; who determined that she would seek health care services?)
   c) Social support system (friends, family of origin, children)
      i. Partner
      ii. Family of origin or children (style of family coping, allowance for victim's control, dependency issues, levels of support and blame)
      iii. Friends (level of support and blame)

3) Victim's Initial Reaction

   a) Self-perceptions
      (In your words, describe your thoughts and your feelings)
   b) Symptoms
      Refer to the categories of physical, cognitive, emotional, interpersonal, and relationship issues; assess fear and vulnerability associated with severity of PTSD symptoms; evaluate congruence between self-reported problems/symptoms and other assessment data; assess changes in vegetative function --- sleep, appetite, weight, menstruation, elimination associated with depression, and/or anxiety; assess suicidal ideation, plan; assess any sexual trauma

c) Initial changes in daily functioning
Job performance, relationships, social life, change or maintenance of place and circumstances of residence, need to visit relatives, future plans, etc.
d) Mental status changes
Judgment, orientation to person, place, time; memory; affect; cognitive functions
e) Changes in personality or behavior reported by others if collateral reports are available
Obtain woman's prior consent for this
Examine congruence between reports of victim and significant others other than batterer
Evaluate anger and risk of homicide by partner; evaluate woman's anger expression and homicide risk to partner

4) Current Status
a) Evaluate mental status
b) Coping efforts and strategies
Identify defense
Assess strategies to escape, avoid, and survive
Cognitive vs. affective coping;
Intellectual insight with/without emotional working-through
For example, does the victim report that she knows "in her head" that it wasn't her fault, but still has problems "in her gut" believing she was not to blame?
c) Symptom expressively/issue of prolonged crisis
Is there more to come?
What other personal or social factors can exacerbate stress symptoms?
d) Identify mediating variables
Prior traumatic experiences
Other current life stressors
Level of social support
Cognitive coping strategies
e) Continue to chart current psychological response pattern
i. Emotional
PTSD-associated symptoms of avoidance (physical or emotional isolation) and intrusion (day: ruminations; night: nightmares)
Depression
Anxiety and fears
Hostility and anger
Guilt and shame
ii. Cognitive
Distortions
Personal safety or invulnerability
Self-blame

Increased tolerance for abusive behavior and "normalizing" the violence
Perceived limited options for self-protection
Inability to identity inconsistency of abuse within an intimate relationship
Problem-solving skills

iii. Biological
Increased health complaints and illness
Physiological hyperarousal (startle response)
Somatic disturbances (PTSD- or depression-associated)
Eating (increased; decreased)
Sleeping (increased; decreased)
Physical symptoms specific to assault

iv. Behavior
Aggressive behavior
Suicidal or other self-destructive behaviors
Substance abuse (alcohol; prescription drugs)
Impaired social functioning
Dysfunctional personality features (DSM-IV Axis II)

v. Interpersonal
Sexual problems
Sexual acting –out
Sexual dysfunction's
Lowered sexual satisfaction
Heterosocial adjustment difficulties
Mistrust
Sexualized
Social isolation
Interpersonal problem solving difficulties
Lack of appropriate assertiveness
Problems setting personal boundaries
Adequacy in the parental role
Ability to protect children
Abuse of children
Parenting skills and discipline

5) Course
a) Presence/absence of premorbid psychological history
Prior psychiatric treatment,
Prior psychiatric hospitalization,
Depression and suicide attempts
b) Social Functioning (partner, children and others)
Partner (dating/relationship status)
If staying in abusive relationship:

Victim violence directed at children
Personal re-victimization
If involved in a new relationship
Trust
Re-victimization
Assertiveness
Trust level

c) Educational or occupational functioning
d) Symptom fluctuation
Use a graph to chart the symptom course

6) Attributions
a) Attribution of blame (self, situation, offender)
b) Self-efficacy rating
How well do you feel you are doing?
Do you feel it is taking too long to get readjusted?
What had you anticipated?
Are you pleased or disappointed at where you are now in terms of gains?
c) Attributions to legal-medical-psychological community
(Were law enforcement and medical professionals supportive? Accusing? What could have been done to facilitate your coping?)

7) Future Orientation
a) Short-term plans and goals
b) Self-statements (ability to reinforce strategies used and gains made)
c) Realistic optimism regarding relationships and own recovery
(I can recognize that sometimes I am responding to my current partner not for what he is doing but because I'm thinking about my ex. If I keep that in mind, I will eventually be able to react to him given what I can judge from his behavior not from my fears to what happened in the past. I am a survivor. I have made gains I will not tolerate violence from any man.)

Case Progress/Summary Report

Name of Client: ________________ Date:________________

Source of referral:

Background information:

Presentation problem:

Assessment:

Goals of intervention:

Intervention plan:

Follow-up:

Seminar Outline

Topic: Cross-cultural Practice with Abused Chinese Canadian Women

- ➢ Introduction
- ➢ Brief overview on the Chinese in Canada
- ➢ Diversity among the Chinese Canadians
- ➢ Cultural characteristics of the Chinese
- ➢ Difficulties encountered by abused Chinese immigrant women
- ➢ Culturally appropriate practice
- ➢ Personal sharing
- ➢ Discussion

Purposes:

- To provide better understanding on the needs of abused Chinese Canadian women
- To promote effective cross-cultural practice with this client group

➢ **Definition:**

Chinese Canadian women:

- refers to all female Chinese descent, who can be an immigrant or native-born Chinese Canadians.

Cross-cultural practice:

- knowing our clients cultural beliefs, values, and lifestyles and using such knowledge to help people attaining their well being and to help them live in diverse and changing contexts

- utilizing ethno-specific information in the planning, delivery, and evaluation of social services for clients from different ethnic backgrounds

Race:
- is a family, tribe, people, or nation belonging to the same stock.

Ethnic group:
- refers to a group of people that share common racial, national, tribal, religious, linguistic, or cultural origin or background.

Types of abuse:

- Physical: pushing, punching, hitting, biting, burning, choking, dragging, scratching, throwing bodily

- Psychological: manipulation, isolation, constant criticism, threats, controlling, constant blaming, calling names

- Sexual: forcing unwanted sex

- Financial: control how to spend money, withhold bank book or bank card, take away the woman's income

➢ **Diversity among the Chinese Canadians:**

- Geographical difference
  - China, Hong Kong, and Taiwan
  - South Asian countries and all around the world

- Dialect difference
  - Cantonese and Mandarin,
  - Toishanese, Fukien, Shanghinese, Hakka, Chiuchow, ... etc.

- Chinese character difference
  - traditional and simplified type

- Intra-ethnic diversity
  - age, gender, religion, area of origin in the home country, length of residence in Canada, level of education, socio-economic status, and immigration experience

➢ **Cultural characteristics of the Chinese and its implication to abused women:**

Confucianism:

- Defines clearly how people behave in family and society by assigning the duties and responsibilities of an individual

- Social relationships are constructed in hierarchical patterns

- In family, the senior is accorded a wide range of prerogatives and power over the junior; man enjoys privilege over woman, and husband has a dominant position over wife

- Family obligation vs. individual needs
  - maintaining family unity takes precedence over personal interests

- Sex roles
  - men are usually the undisputed heads
  - women are perceived as possessions and taught to be submissive, perseverance, and endurance

- Religious
  - idea of fatalism
  - accept your fate

- Health
  - the body is very private

- Mental health
  - issues of shame and somatic complaints

- In-direct communication
  - oriental thought is marked by indirection
  - non-verbal expression

➢ **Difficulties encountered by abused Chinese immigrant women:**

- Language barriers
  - language competency affects one's access to social services and/or labor market

- Isolation
  - social and physical isolation
  - sources of abuse can be the husband/partner, in-law or other relatives

- Adaptation difficulties
  - major chances in lifestyles, employment, and social systems
  - racism

- Fear
  - fear of deportation
  - fear of losing child custody
  - fear of losing financial support

➢ **Culturally appropriate practice:**

Must	Must Not
• Aware of one's own beliefs, attitudes, and values	• Must not assume our client perceives situations as we do
• Be aware that each woman's experience is very unique	• Must not generalize or stereotype
• Listen and understand client's situation from her perspectives	• Must not have cultural biases
• Encourage the client to talk about and appreciate her own cultural heritage	• Must not blame or condemn client's coping strategies
• Help the client develop a balance a sense of personal identity and her connectedness to family and community	• Must not impose individualism and feminism on the client

➢ **Practice guidelines:**

1. Ensuring confidentiality
2. Maintaining a non-judgmental attitude
3. Creating a warm and relax atmosphere to begin an interview
4. Maintaining a comfortable physical distance
5. Use qualified interpreter when necessary
6. Beginning the interview with in-direct questions
7. Ensuring the woman's and her children's safety
8. Providing concrete assistance
9. Respecting the woman's autonomy in making decisions
10. Developing a practical safety plan if the woman decided to stay
11. Assessing the woman's social support and knowledge of community resources
12. Providing information and making necessary referrals

Key:
Individualization instead of generalization.

Multidimensional Scale of Perceived Social Support (MSPSS)

We are interested in how you feel about the following statement. Read each statement carefully. Indicate how you feel about each statement by circling the appropriate number using the following scale:

1 = Very strongly disagree
2 = Strongly disagree
3 = Mildly disagree
4 = Neutral
5 = Mildly agree
6 = Strongly agree
7 = Very strongly agree

Statement	
1. There is a special person who is around when I am in need.	1 2 3 4 5 6 7
2.There is a special person with whom I can share joys and sorrows	1 2 3 4 5 6 7
3. My family really tries to help me.	1 2 3 4 5 6 7
4. I get the emotional help and support I need from my family.	1 2 3 4 5 6 7
5. I have a special person who is a real source of comfort to me.	1 2 3 4 5 6 7
6. My friends really try to help me.	1 2 3 4 5 6 7
7. I can count on my friends when things go wrong.	1 2 3 4 5 6 7
8. I can talk about my problems with my family.	1 2 3 4 5 6 7
9. I have friends with who I can share my joys and sorrows.	1 2 3 4 5 6 7
10. There is a special person in my life who cares about my feelings.	1 2 3 4 5 6 7
11 My family is willing to help me make decisions.	1 2 3 4 5 6 7
12. I can talk about my problems with my friends.	1 2 3 4 5 6 7

Partner Abuse Scale: Non-physical (PASNP)

Name: ________________ Date:________________

This questionnaire is designed to measure the non-physical abuse you have experienced in your relationship with your partner. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by placing a number beside each one as follows:

1 = None of the time
2 = Very rarely
3 = A little of the time
4 = Some of the time
5 = A good part of the time
6 = Most of the time
7 = All of the time

---

1. _____ My partner belittles me.
2. _____ My partner demands obedience to his or her whims.
3. _____ My partner becomes surly and angry if I say he or she is drinking too much.
4. _____ My partner demands that I perform sex acts that I do not enjoy or like.
5. _____ My partner becomes very upset if my work is not done when he or she thinks it should be.
6. _____ My partner does not want me to have any male friends.
7. _____ My partner tells me I am ugly and unattractive.
8. _____ My partner tells me I couldn't manage or take care of myself without him or her.
9. _____ My partner acts like I am his or her personal servant.
10. _____ My partner insults or shames me in front of others.
11. _____ My partner becomes very angry if I disagree with his or her point of view.
12. _____ My partner is stingy in giving me money.
13. _____ My partner belittles me intellectually.
14. _____ My partner demands that I stay home.
15. _____ My partner feels that I should not work or go to school.
16. _____ My partner does not want me to socialize with my female friends.
17. _____ My partner demands sex whether I want it or not.
18. _____ My partner screams and yells at me.
19. _____ My partner shouts and screams at me when he or she drinks.
20. _____ My partner orders me around.
21. _____ My partner has no respect for my feelings.
22. _____ My partner acts like a bully towards me.
23. _____ My partner frightens me.
24. _____ My partner treats me like a dunce.
25. _____ My partner is surly and rude to me.

Partner Abuse Scale: Physical (PASPH)

Name: ______________ Date:________________

This questionnaire is designed to measure the physical abuse you have experienced in your relationship with your partner. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by placing a number beside each one as follows:

1 = None of the time
2 = Very rarely
3 = A little of the time
4 = Some of the time
5 = A good part of the time
6 = Most of the time
7 = All of the time

---

1. _____ My partner physically forces me to have sex.
2. _____ My partner pushes and shoves me around violently.
3. _____ My partner hits and punches my arms and body.
4. _____ My partner threatens me with a weapon.
5. _____ My partner beats me so hard I must seek medical help.
6. _____ My partner slaps me around my face and head.
7. _____ My partner beats me when he or she drinks.
8. _____ My partner makes me afraid for my life.
9. _____ My partner physically throws me around the room.
10. _____ My partner hits and punches my face and head.
11. _____ My partner beats me in the face so badly that I am ashamed to be seen in public.
12. _____ My partner acts like he or she would like to kill me.
13. _____ My partner threatens to cut or stab me with a knife or other sharp object.
14. _____ My partner tries to choke or strangle me.
15. _____ My partner knocks me down and then kicks or stomps me.
16. _____ My partner twists my fingers, arms or legs.
17. _____ My partner throws dangerous objects at me.
18. _____ My partner bites or scratches me so badly that I bleed or have bruises.
19. _____ My partner violently pinches or twists my skin.
20. _____ My partner badly hurts me while we are having sex.
21. _____ My partner injures my breasts or genitals.
22. _____ My partner tries to suffocate me with pillows, towels, or other objects.
23. _____ My partner pokes or jabs me with pointed objects.
24. _____ My partner has broken one or more my bones.
25. _____ My partner kicks my face and head.

Effectiveness of Obtaining Resources (EOR) Scale

We are interested in how you experience about obtaining community resources. Indicate how effective your experience with each area was by circling the appropriate number using the following scale:

1 = very ineffective; 2 = ineffective; 3 = effective; 4 = very effective

1. Housing	1	2	3	4
2. Material goods and services	1	2	3	4
3. Education	1	2	3	4
4. Employment	1	2	3	4
5. Health	1	2	3	4
6. Child care	1	2	3	4
7. Transportation	1	2	3	4
8. Social support	1	2	3	4
9. Legal assistance	1	2	3	4
10. Finances	1	2	3	4
11. Issues regarding children (i.e. schooling, child welfare benefit, etc..)	1	2	3	4

Qualitative Interview Guide

General questions:

1. What do you think about the usefulness of the Advocacy Intervention?
2. Which aspect(s) of the Advocacy Intervention do you value most?
3. Are there any needs the Advocacy Intervention does not serve effectively? What are these?
4. How do you think that the intervention contributed to change in your/client's situation?
5. How well does the Advocacy Intervention address your/client's cultural needs?
6. How valuable is it to provide Advocacy Intervention in a hospital setting?
7. What do you think about the relevance of the Multidimensional Scale of Perceived Social Support (MSPSS) for measuring the kind of support you receive from other people?
8. What do you think about the duration and frequency of the intervention?

Questions for prematurely terminated cases:

1. What do you think about the effectiveness of the help, which you received?
2. What kind of intervention do you think would be more desirable to meet your needs?
3. What intervention do you think could better respond to the needs of abused Chinese Women? How would the services look different than the one you received?
4. What do you think about the duration and frequency of the intervention?

Client Consent Letter

(A Chinese version is available)

Title: Advocacy Intervention with Abused Chinese Women

Practicum Committee Chairperson: Dr. Sid Frankel, Associate Professor, University of Manitoba

Practicum On-site Supervisor: Kathleen Mackay, Social Worker, Domestic Violence Intervention Program, St. Paul's Hospital/Vancouver General Hospital

Practicum Student: Dora Tam, MSW Student, University of Manitoba

Date: December 23, 1998

You are being asked to participate in an evaluation of the help, which you will receive. Specifically, the purpose of this research is to examine the applicability and effectiveness of the Advocacy Intervention Model to Abused Chinese Women.

To monitor the effectiveness of the help you receive, the practicum student will administer standardized measures weekly during and after the intervention process. Standardized measures include weekly self-report using Multidimensional Scale of Perceived Social Support (MSPSS), Partner Abuse Scale: Non-physical (PASNP), and Partner Abuse Scale: Physical (PASPH). An Effectiveness of Obtaining Resources (EOR) Scale will be administered at the final interview time to provide additional information. Completing these measures will last about 30 - 45 minutes each time. Both English and Chinese versions of the standardized measures are available for your choice. A 30 - 45 minutes face to face interview will be conducted at the last session. You may be briefly contacted again by phone or in person to clarify or provide further information. You can respond in English, Mandarin or Cantonese in the interview and other brief contacts. The interview will be tape-recorded and then transcribed. You will have an opportunity to review the transcription and to provide feedback.

The information you provide throughout the whole intervention and evaluation process will be kept strictly confidential except any suspected child abuse cases, which are required to be reported to the Ministry for Children and Families. All identifying information will be removed from your research files and a pseudonym will be used to refer to you. Research files will be stored in a secure location separate from any information that might personally identity you. No personally identifying information will be revealed in reports of this research. A summary of the research finding will be available to those who are interested.

Participation in this intervention and evaluation is completely voluntary and you will be free to withdraw from this research at any time. You have the right to refuse to answer any questions and to withdraw any information you do not wish included in this research. Withdrawal or refusal to participate will in no way to jeopardize any services provided by St. Paul's Hospital/Vancouver General Hospital.

If you have any questions or require further information regarding this research, please contact Dora Tam or Kathleen Mackay at (604) 682 2344 (local 2093) or Dr. Sid Frankel at (204) 474 9706. If you have questions about your rights as a research subject you should contact Dr. Ric Spratley, Director of Research Services, UBC at (604) 822 8598 or Dr. James Kennedy, Chair – UBC/Providence Health Care Ethics Committee for Human Experimentation, St. Paul's Hospital, at (604) 631 5164.

I have read the above information and I have had an opportunity to ask questions to help me understand what my participation would involve. I freely consent to participate in the research and acknowledge receipt of a copy of the consent form.

____________________ ____________________

Signature of Participant Date

____

Signature of Witness

Collateral Professional Consent Letter

Title: Advocacy Intervention with Abused Chinese Women

Practicum Committee Chairperson: Dr. Sid Frankel, Associate Professor, University of Manitoba

Practicum On-site Supervisor: Kathleen Mackay, Social Worker, Domestic Violence Intervention Program, St. Paul's Hospital/Vancouver General Hospital

Practicum Student: Dora Tam, MSW Student, University of Manitoba

Date: December 23, 1998

You are being asked to participate in an evaluation of the applicability and effectiveness of an Advocacy Intervention Model for Abused Chinese Women. The objective of this evaluation is to help social workers to develop an effective and culturally responsive intervention model for Chinese clients.

The advocacy services provided in this practicum include helping abused women to access necessary resources, empowering abused women through recognizing their strengths and options to leave an abusive relationship, expanding social support, providing counseling services, and addressing the needs of visible minority women. To evaluate the effectiveness of the Advocacy Intervention, the practicum student is going to collect information from the perspective of helping professionals, who have collateral contacts with the practicum student and provide direct service to the student's clients.

You are being asked to participate in an open-ended interview, which will last for about 30 - 45 minutes. The interview will be tape-recorded and then transcribed. You will have an opportunity to review the transcription and to provide feedback. Your input throughout the whole evaluation process will remain confidential. Removing all identifying information from your files and using a pseudonym to reference, you will do this. Files will be stored in a secured location separate from any information that might personally identify you. No personally identifying information will be used or revealed in any report.

Participation in this evaluation is completely voluntary and you will be free to withdraw from it at any time. You have the right to refuse to answer any questions and to withdraw any information you do not wish included in this evaluation. If you have any questions or require further information regarding this evaluation, please contact Dora Tam or Kathleen Mackay at (604) 682 2344 (local 2093) or Dr. Sid Frankel at (204) 474 9706. If you have any questions about your rights as a research subject you should contact Dr. Ric Spratley, Director of Research Services, UBC at (604) 822 8598 or Dr. James Kennedy, Chair – UBC/Providence Health Care Ethics Committee for Human Experimentation, St. Paul's Hospital, at (604) 631 5164.

I have read the above information and I have had an opportunity to ask questions to help me understand what my participation would involve. I freely consent to participate in the research and acknowledge receipt of a copy of the consent form.

________________________ ________________________

Signature of Participant Date

____

Signature of Witness

Seminar Evaluation Form

Please take a few minutes to complete this brief form. It will help us to know how useful our approach is. Please indicate your comment by circling the most suitable response for question one to question seven.

I am a (circle one) nurse, social worker, or other (specify____________________).
I have ________ year(s) experience in health care/social services.

Seminar Style:

1. Clarity:

Excellent	Good	Adequate	Fair	Poor

2. Stimulation of the seminar materials:

   a/ Handouts?

Excellent	Good	Adequate	Fair	Poor

   b/ Transparencies?

Excellent	Good	Adequate	Fair	Poor

   c/ Video/Slides?

Excellent	Good	Adequate	Fair	Poor

Content:

3. How well did this seminar help you to understand the diversity of the Chinese?

Very Well	Well	Adequately	Fair Well	Poorly

4. How well did this seminar help you to understand the cultural characteristics of the Chinese?

Very Well	Well	Adequately	Fairly Well	Poorly

5. How well did this seminar help you to understand the difficulties encountered by abused Chinese women?

Very Well	Well	Adequately	Fairly Well	Poorly

6. How well did this seminar enhance your knowledge/competence in working with Chinese patients?

Very Well	Well	Adequately	Fairly Well	Poorly

7. Overall, how good was this seminar?

Excellent	Good	Adequate	Fair	Poor

8. Which aspect(s) in this seminar did you find most useful?

9. Is there any aspect you want added or elaborated in this seminar?

10. Which aspects in this seminar are least useful?

11. Other comments.

Intervention Log

Client: ____________________ **Date:** ____________________

Problem:
Goal:
Intervention:
Remarks:

Practicum Performance Evaluation Form

Please evaluate the practicum student's performance by using the given rating scale.

Outcome 1. Functions Effectively in Clinical Practice

The Student:

1. Demonstrates an ability to engage differentially and effectively with different clients.

No Opportunity	Unacceptable	Needs Improvement	Satisfactory	Very Good	Outstanding
A	1	2	3	4	5

2. Demonstrates an ability to engage differentially and effectively with the same client over time.

No Opportunity	Unacceptable	Needs Improvement	Satisfactory	Very Good	Outstanding
A	1	2	3	4	5

3. Demonstrates an ability to use different sources of information.

No Opportunity	Unacceptable	Needs Improvement	Satisfactory	Very Good	Outstanding
A	1	2	3	4	5

4. Demonstrates an ability to select and elicit information that contributes to an understanding of the client and her situation.

No Opportunity	Unacceptable	Needs Improvement	Satisfactory	Very Good	Outstanding
A	1	2	3	4	5

5. Demonstrates an ability to formulate a comprehensive and workable assessment: incorporates knowledge of emotional, biological, social, organizational, economic and cultural (including effects of racism, sexism, classism, etc.) factors in a critical manner.

No Opportunity	Unacceptable	Needs Improvement	Satisfactory	Very Good	Outstanding
A	1	2	3	4	5

6. Demonstrates an ability to specify objectives and a treatment plan that are mutually agreeable with the client.

No Opportunity	Unacceptable	Needs Improvement	Satisfactory	Very Good	Outstanding
A	1	2	3	4	5

7. Demonstrates an ability to specify objectives and a treatment plan that are realistic.

No Opportunity	Unacceptable	Needs Improvement	Satisfactory	Very Good	Outstanding
A	1	2	3	4	5

8. Demonstrates an ability to select strategies that are empowering.

No Opportunity	Unacceptable	Needs Improvement	Satisfactory	Very Good	Outstanding
A	1	2	3	4	5

9. Demonstrates an ability to implement and apply effective culturally sensitive clinical interventions.

No Opportunity	Unacceptable	Needs Improvement	Satisfactory	Very Good	Outstanding
A	1	2	3	4	5

10. Demonstrates an ability to modify the treatment plan as necessary.

No Opportunity	Unacceptable	Needs Improvement	Satisfactory	Very Good	Outstanding
A	1	2	3	4	5

11. Demonstrates an ability to monitor clients' progress and process.

No Opportunity	Unacceptable	Needs Improvement	Satisfactory	Very Good	Outstanding
A	1	2	3	4	5

12. Demonstrates an ability to selectively use a variety of intervention roles.

No Opportunity	Unacceptable	Needs Improvement	Satisfactory	Very Good	Outstanding
A	1	2	3	4	5

13. Demonstrates an ability to effectively make appropriate referrals.

No Opportunity	Unacceptable	Needs Improvement	Satisfactory	Very Good	Outstanding
A	1	2	3	4	5

14. Demonstrates an ability to involve the client system in evaluating the extent to which the objectives were achieved.

No Opportunity	Unacceptable	Needs Improvement	Satisfactory	Very Good	Outstanding
A	1	2	3	4	5

15. Demonstrates an ability to use a variety of methods to provide valid information for evaluating practice.

No Opportunity	Unacceptable	Needs Improvement	Satisfactory	Very Good	Outstanding
A	1	2	3	4	5

16. Demonstrates an ability to be sensitive to termination issues and to terminate effectively.

No Opportunity	Unacceptable	Needs Improvement	Satisfactory	Very Good	Outstanding
A	1	2	3	4	5

Comments specific to this objective.

Outcome 2. Functions Effectively within a Professional Context

1. Demonstrates an ability to incorporate social work values and ethics in work with colleagues, clients, and other professional relationships.

No Opportunity	Unacceptable	Needs Improvement	Satisfactory	Very Good	Outstanding
A	1	2	3	4	5

2. Demonstrates awareness and responsiveness to the effects of inequity of access to resources and services.

No Opportunity	Unacceptable	Needs Improvement	Satisfactory	Very Good	Outstanding
A	1	2	3	4	5

3. Demonstrates an ability to act professionally and responsibly in presentation of self.

No Opportunity	Unacceptable	Needs Improvement	Satisfactory	Very Good	Outstanding
A	1	2	3	4	5

4. Demonstrates an ability to act professionally and responsibly in contacts with colleagues.

No Opportunity	Unacceptable	Needs Improvement	Satisfactory	Very Good	Outstanding
A	1	2	3	4	5

5. Demonstrates an ability to act professionally and responsibly in being accountable to clients, the agency and the profession.

No Opportunity	Unacceptable	Needs Improvement	Satisfactory	Very Good	Outstanding
A	1	2	3	4	5

6. Demonstrates an ability to respect the rights of others.

No Opportunity	Unacceptable	Needs Improvement	Satisfactory	Very Good	Outstanding
A	1	2	3	4	5

7. Demonstrates an ability to respect perspectives, life styles and positions different from one's own.

No Opportunity	Unacceptable	Needs Improvement	Satisfactory	Very Good	Outstanding
A	1	2	3	4	5

8. Demonstrates awareness of how issues of difference (e.g. racial, ethnic, gender, class, age ability, sexual orientation, etc.) may impact on work with clients.

No Opportunity	Unacceptable	Needs Improvement	Satisfactory	Very Good	Outstanding
A	1	2	3	4	5

9. Demonstrates an ability to interpret the mandate of the program and appropriately apply regulations, policies and procedures.

No Opportunity	Unacceptable	Needs Improvement	Satisfactory	Very Good	Outstanding
A	1	2	3	4	5

10. Demonstrates an ability to identify areas for learning.

No Opportunity	Unacceptable	Needs Improvement	Satisfactory	Very Good	Outstanding
A	1	2	3	4	5

11. Demonstrates openness to performance feedback.

No Opportunity	Unacceptable	Needs Improvement	Satisfactory	Very Good	Outstanding
A	1	2	3	4	5

12. Makes constructive use of supervision and consultation.

No Opportunity	Unacceptable	Needs Improvement	Satisfactory	Very Good	Outstanding
A	1	2	3	4	5

13. Demonstrates an ability to link theory with practice and translate concepts into action (e.g., transfer learning from one context or situation to another, build theory from practice, use theory in practice.)

No Opportunity	Unacceptable	Needs Improvement	Satisfactory	Very Good	Outstanding
A	1	2	3	4	5

14. Demonstrates an ability to analyze and evaluate accomplishments, strengths and limitations in knowledge and skills.

No Opportunity	Unacceptable	Needs Improvement	Satisfactory	Very Good	Outstanding
A	1	2	3	4	5

Comments specific to this objective.

Appendix Thirteen

St. Paul's Hospital
1081 Burrard Street, Vancouver, British Columbia V6Z 1Y6 (604) 682-2344

Mid-Term Supervisor's Report

Date:	April 27, 1999
Student:	Ms. Dora Tam, BSW
Institution:	University of Manitoba, School of Social Work
Faculty Liaison:	Dr. Sid Frankel
Degree Sought:	MSW

Dora Tam is completing her practicum "Advocacy Intervention With Abused Chinese Women", at St. Paul's Hospital and Vancouver General Hospital in Vancouver, BC.

Ethics committees at University of Manitoba, St. Paul's Hospital and Vancouver General Hospital passed the proposal and Dora sought clinical cases starting in February 1999. She advertised widely within the hospital and social services community for Chinese-Canadian women who had been abused and wanted help.

Dora has received referrals from a wide variety of sources including St. Paul's Hospital and Vancouver General Hospital Emergency Departments, the Vancouver City Police Domestic Violence Team, Chimo Crisis Services, and Kate Booth Transition House. Her clients have presented with a number of different issues; some have agreed to participate in the study, some not. All have received excellent clinical services from Dora.

Dora also provided an education session for her peers and the community by giving a lecture, showing a video and facilitating the talk of a Chinese-Canadian woman who had been abused. The session was very well received, with some of Dora's referrals a direct result of this presentation.

Supervisory sessions occur weekly and at other times as needed. Dora is well prepared for supervisory sessions and uses an excellent format to review her clinical cases. She is very capable in terms of delivering clinical services; assesses client needs quickly and provides help limited to the client's ability to cope and change at the time of intervention. She focuses on safety and provision of options suitable to client's needs.

I have reviewed Dora's case notes and her mid term report. Dora is doing an excellent job and I am delighted to have her as a student. I look forward to our discussion on May 6, 1999 at 9:00 AM Vancouver time. I will receive your call at 604-875-5458.

Figure 1.1a: Betty - total support

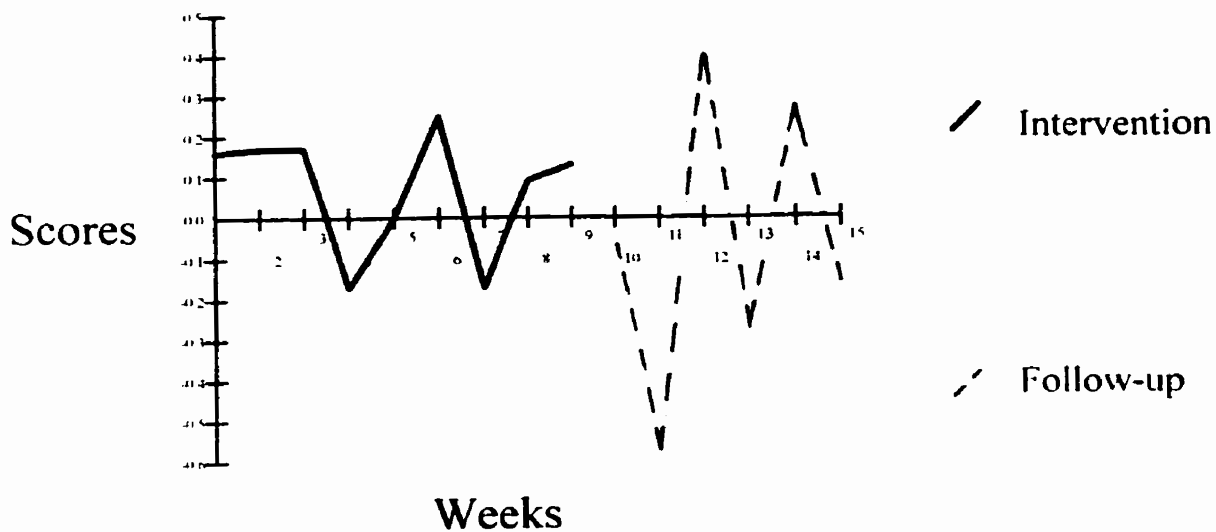


Figure 1.1b: Betty - total support

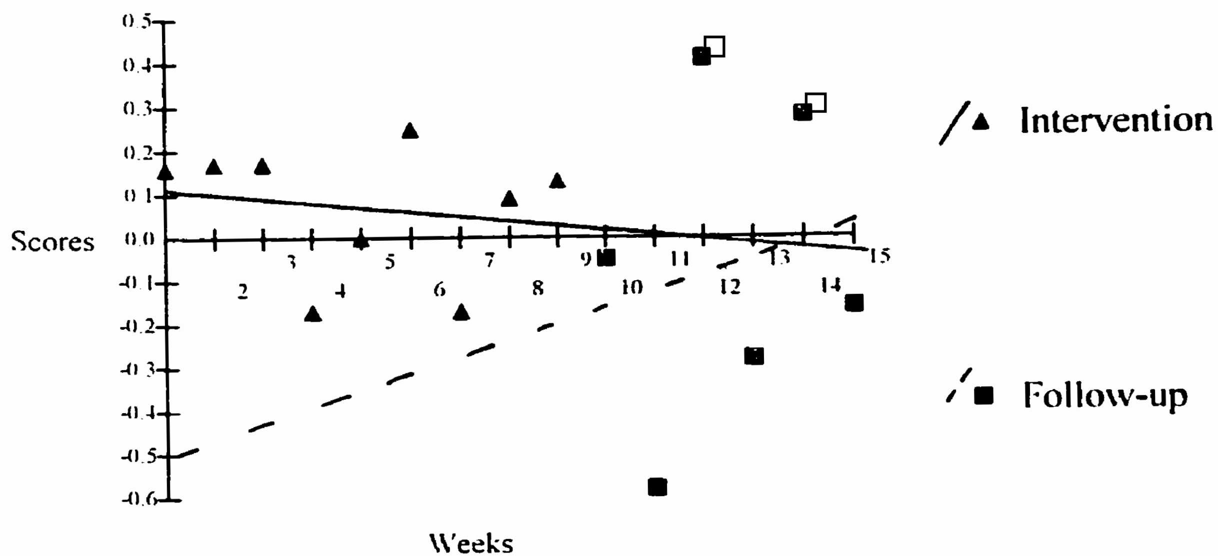


Figure 1.2a: Betty - family support

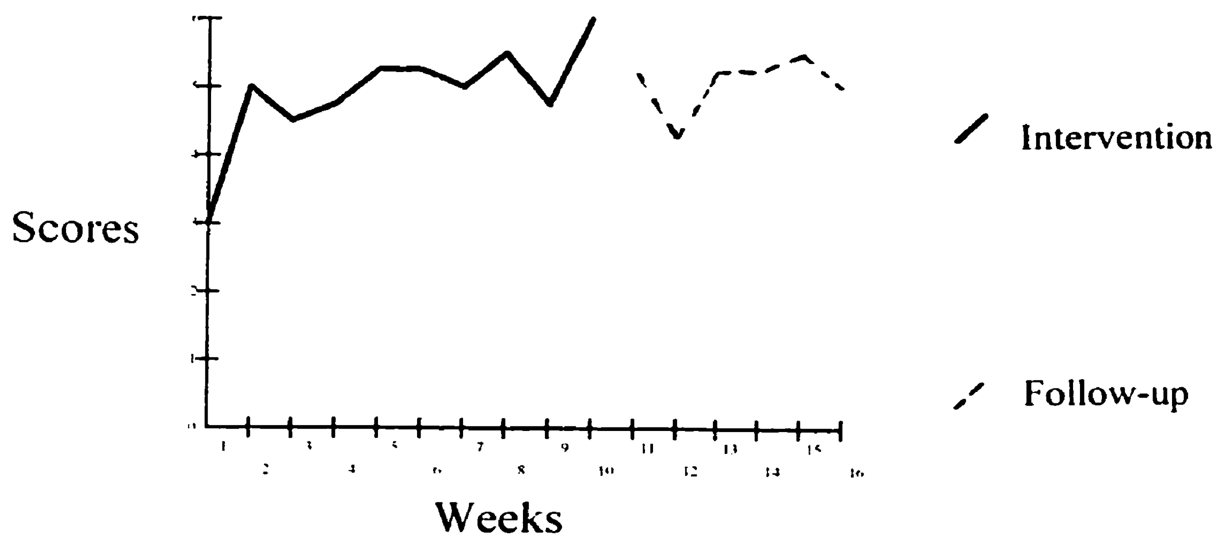


Figure 1.2b: Betty - family support

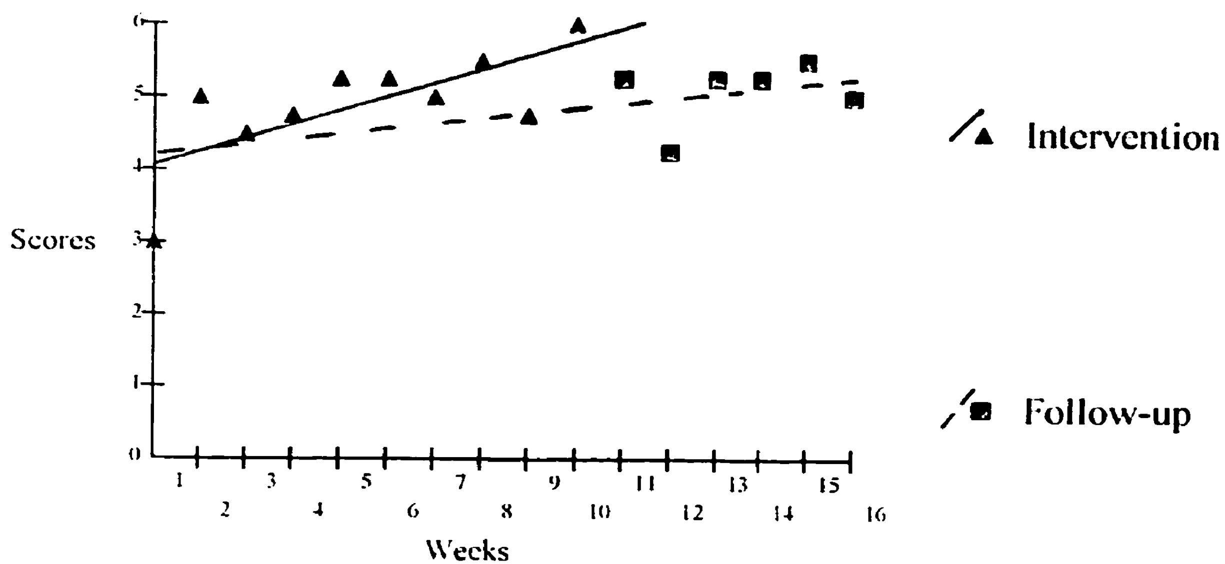
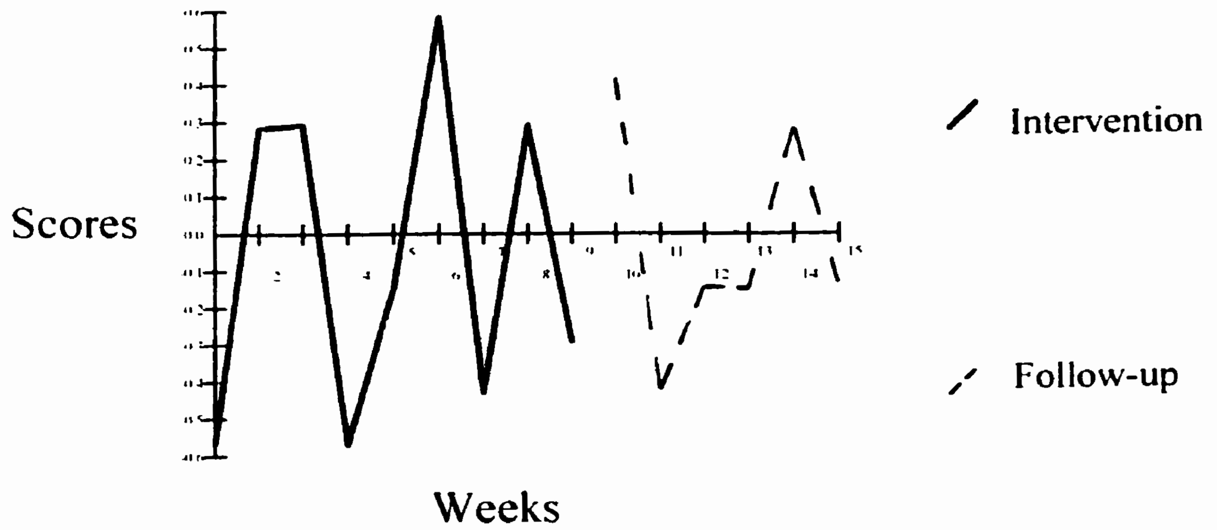
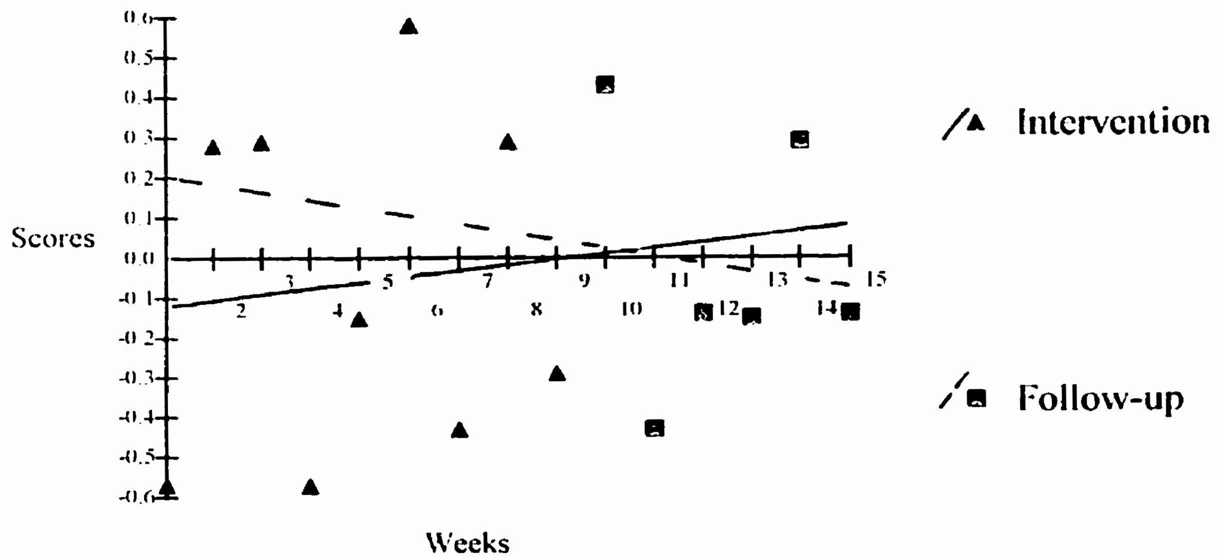


Figure 1.3a: Betty - friends support



Figrue 1.3b: Betty - friends support



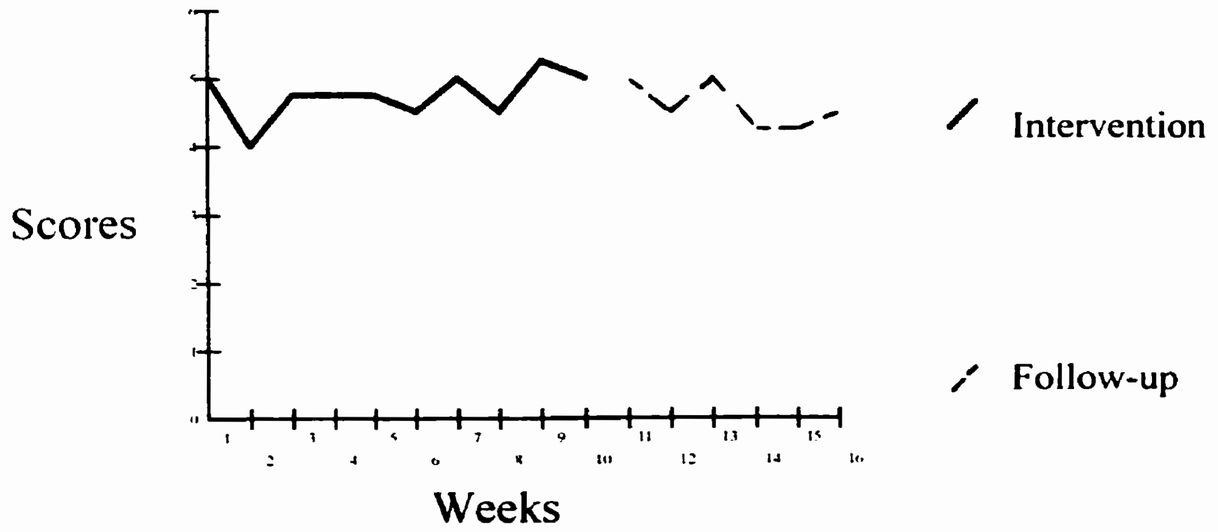


Figure 1.4a: Betty - significant other support
Scores
Weeks
Intervention
Follow-up

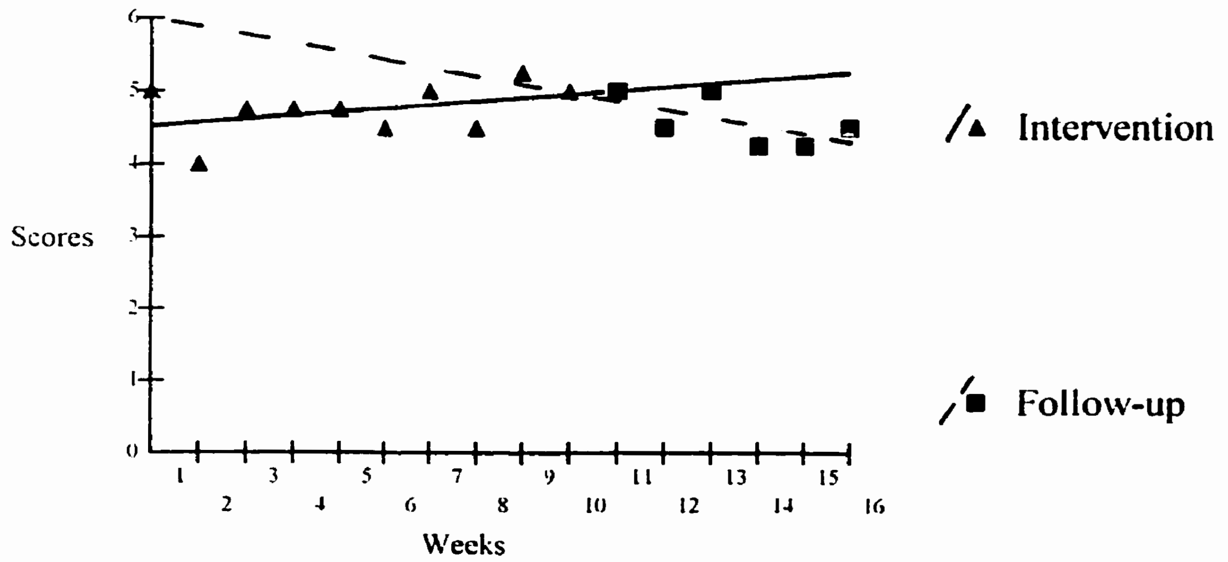


Figure 1.4b: Betty - significant other support
Scores
0
1
2
3
4
5
6
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
Weeks
Intervention
Follow-up

Figure 2.1a: Eve - total support

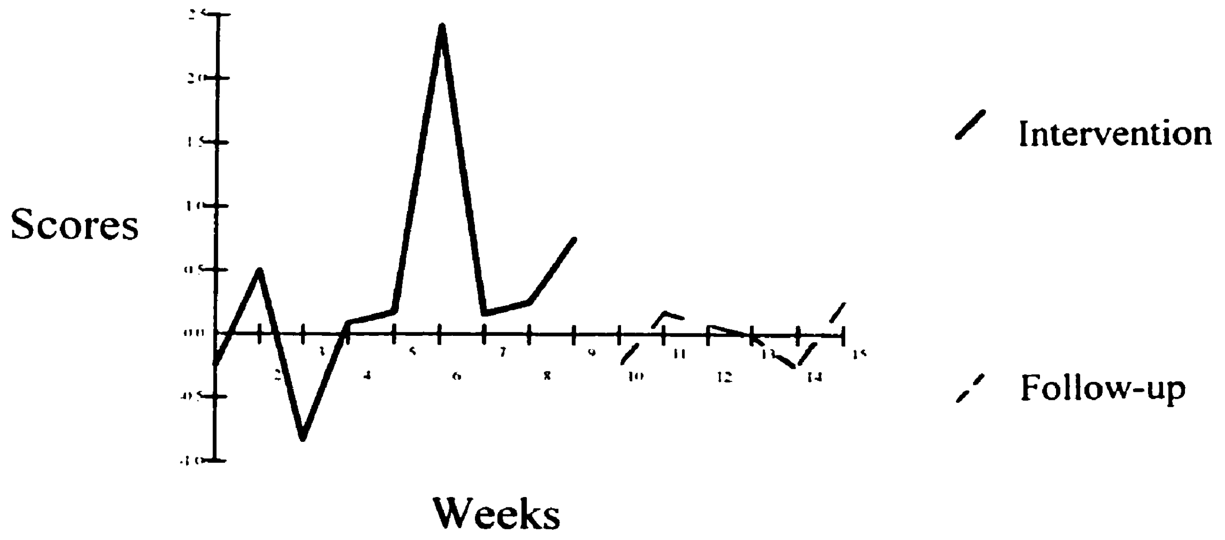


Figure 2.1b: Eve - total support

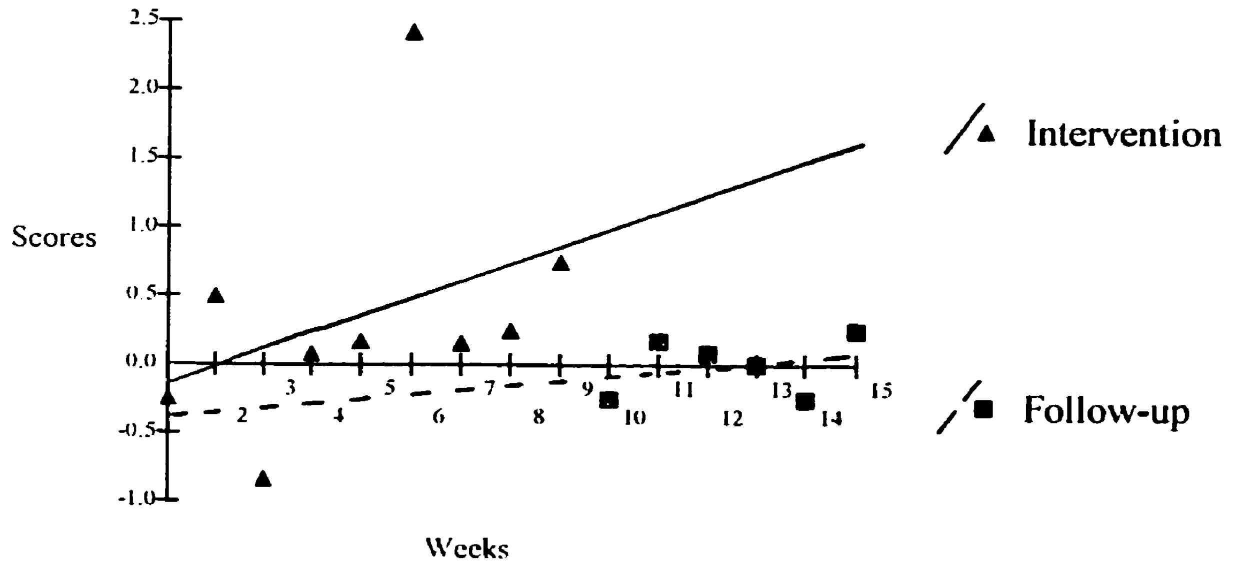


Figure 2.2a: Eve - family support

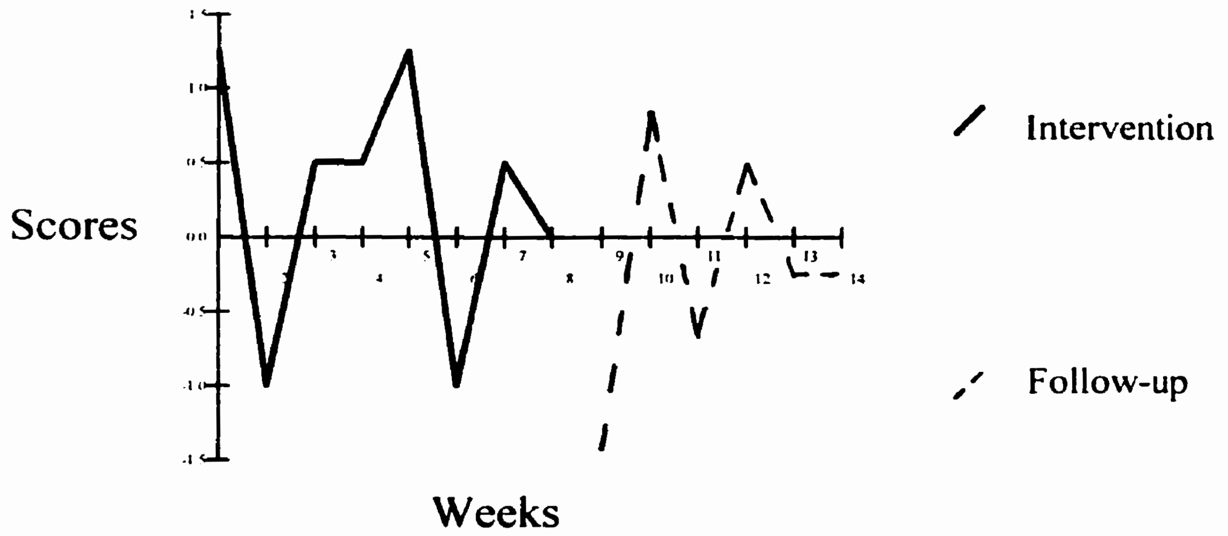


Figure 2.2b: Eve - family support

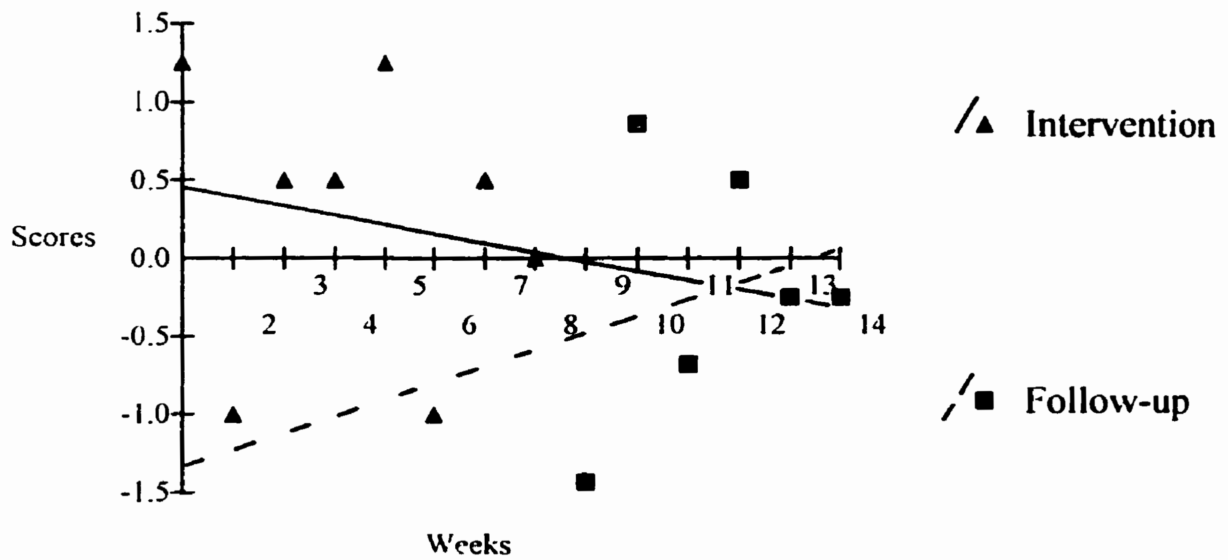


Figure 2.3a: Eve - friends support

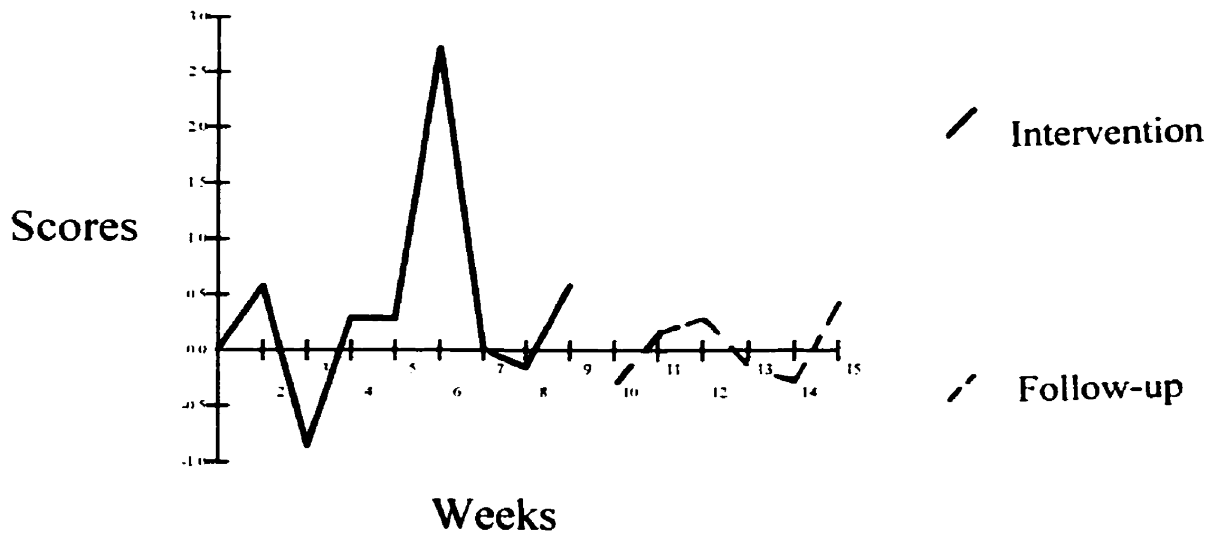


Figure 2.3b: Eve - friends support

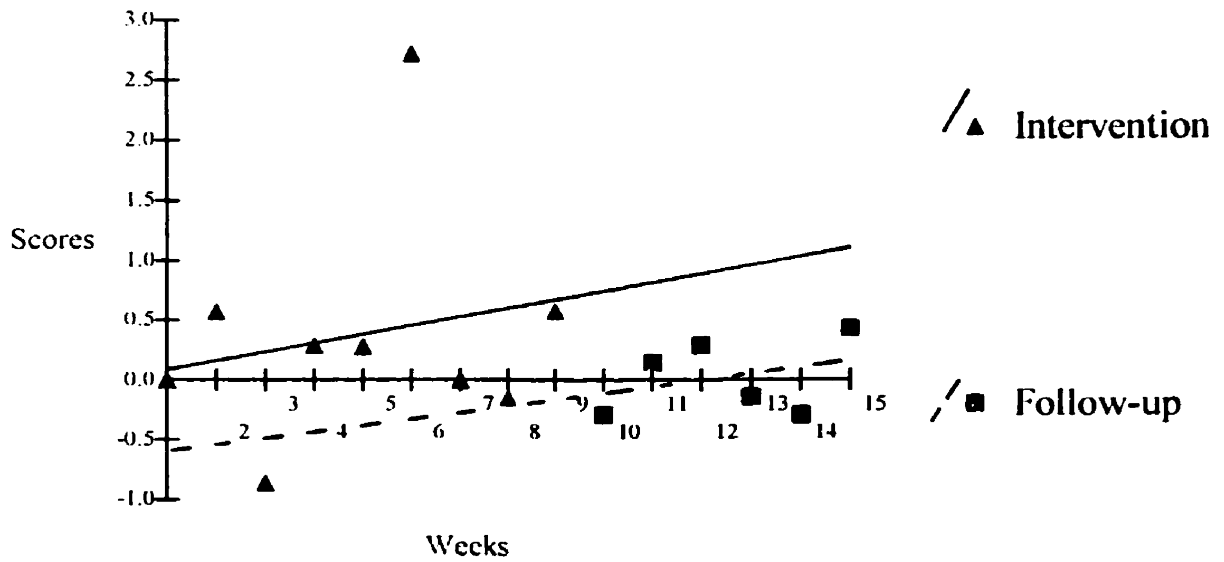


Figure 2.4a: Eve - significant other support

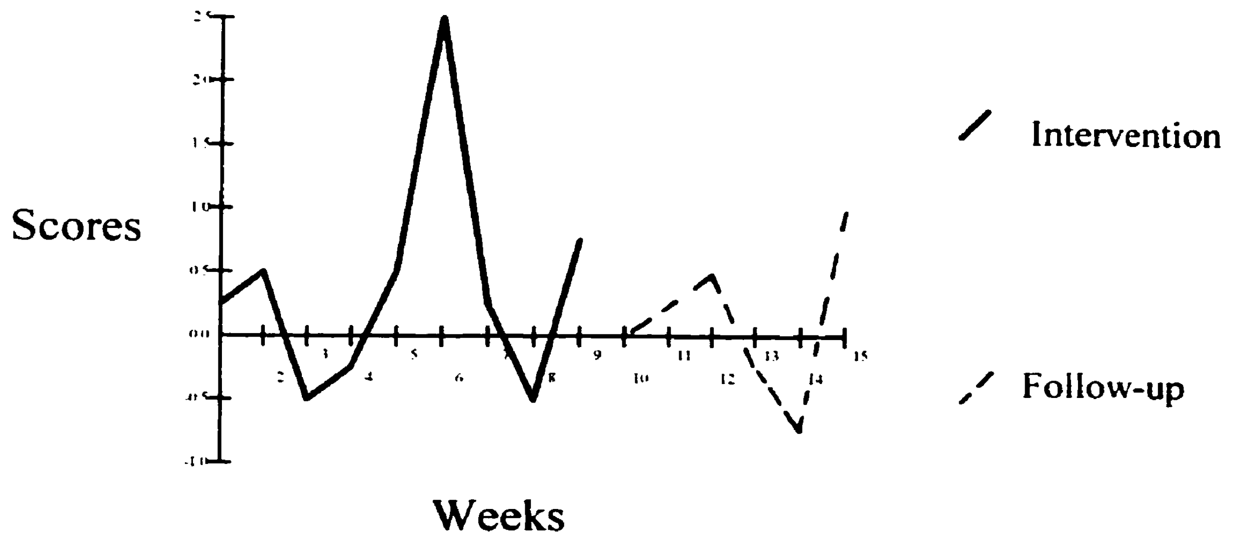


Figure 2.4b: Eve - significant other support

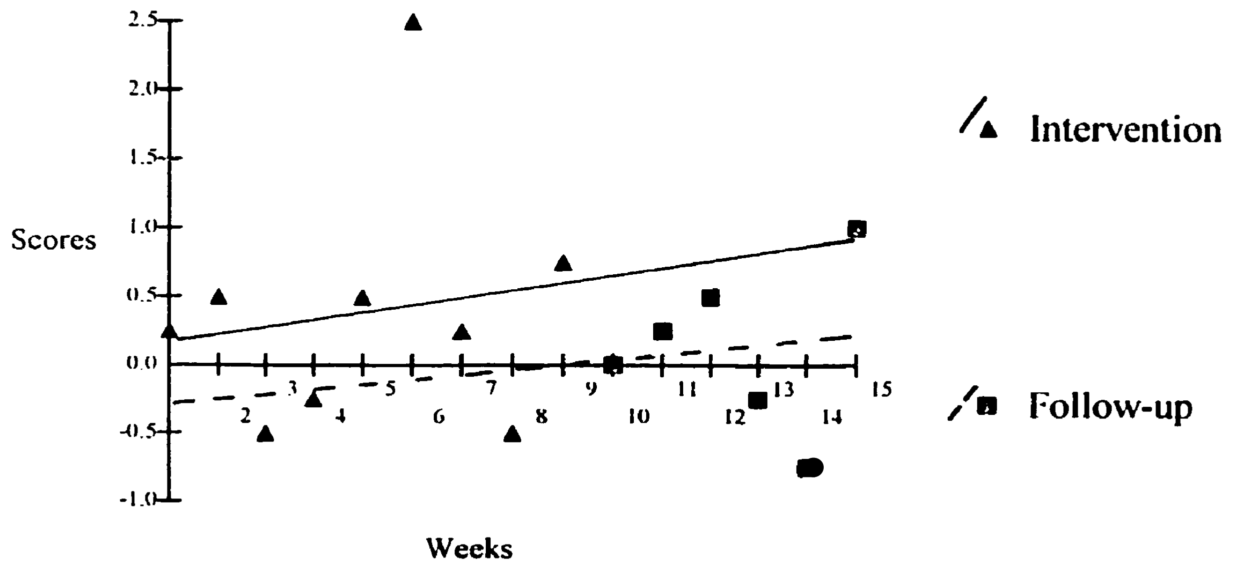


Figure 2.5a: Eve - non-physical abuse

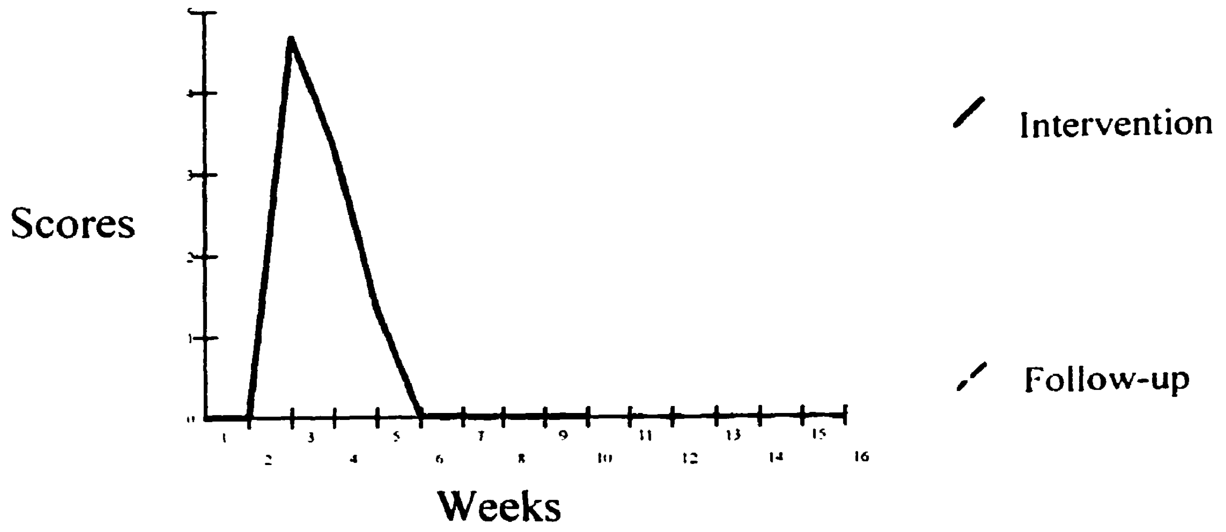


Figure 2.5b: Eve - non-physical abuse

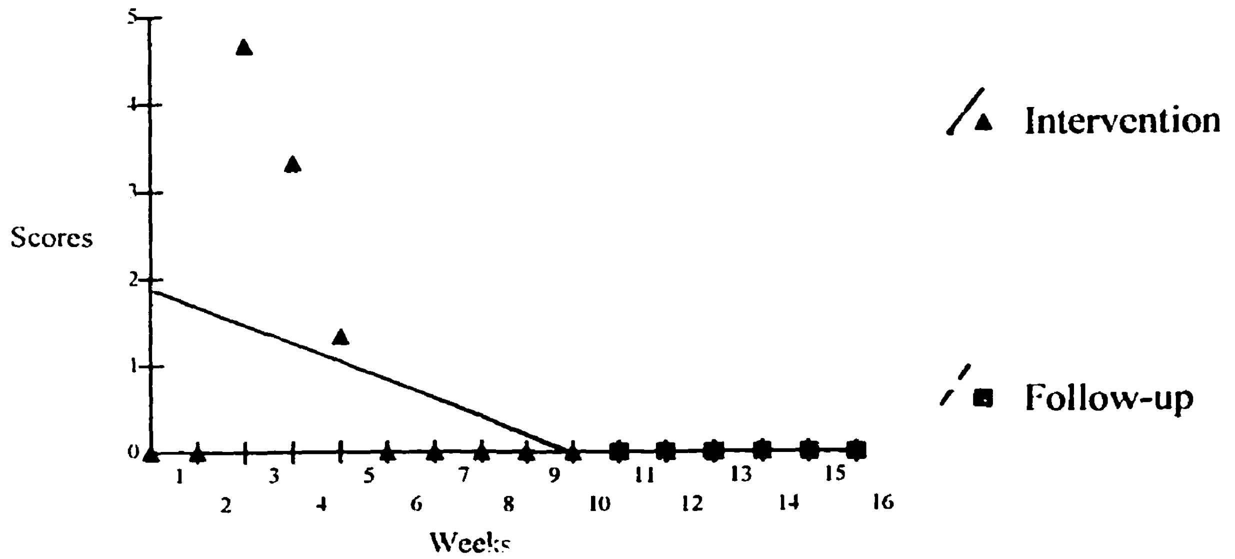


Figure 3.1a: Mabel - total support

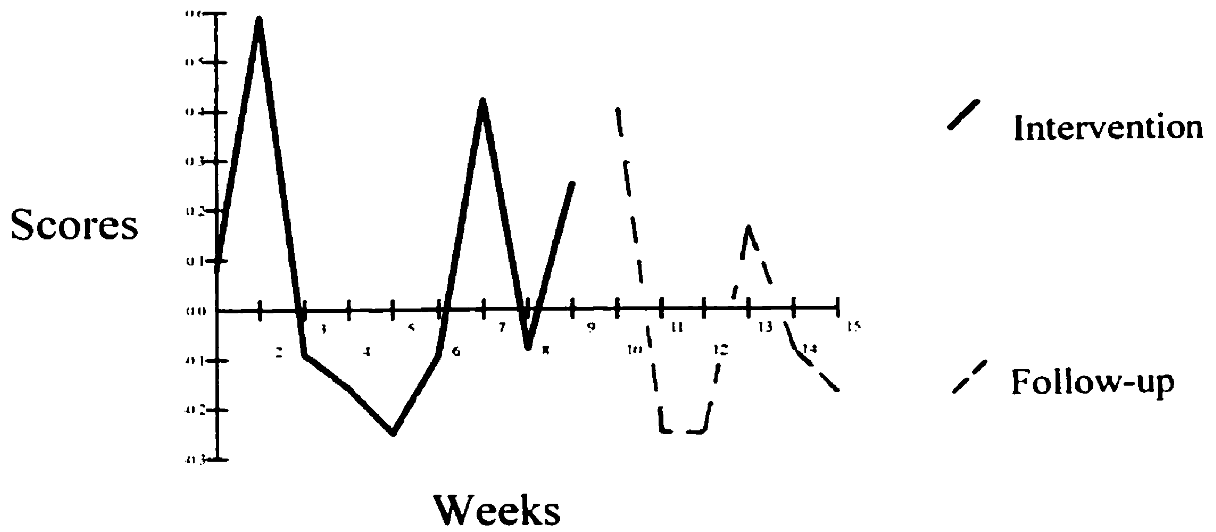


Figure 3.1b: Mabel - total support

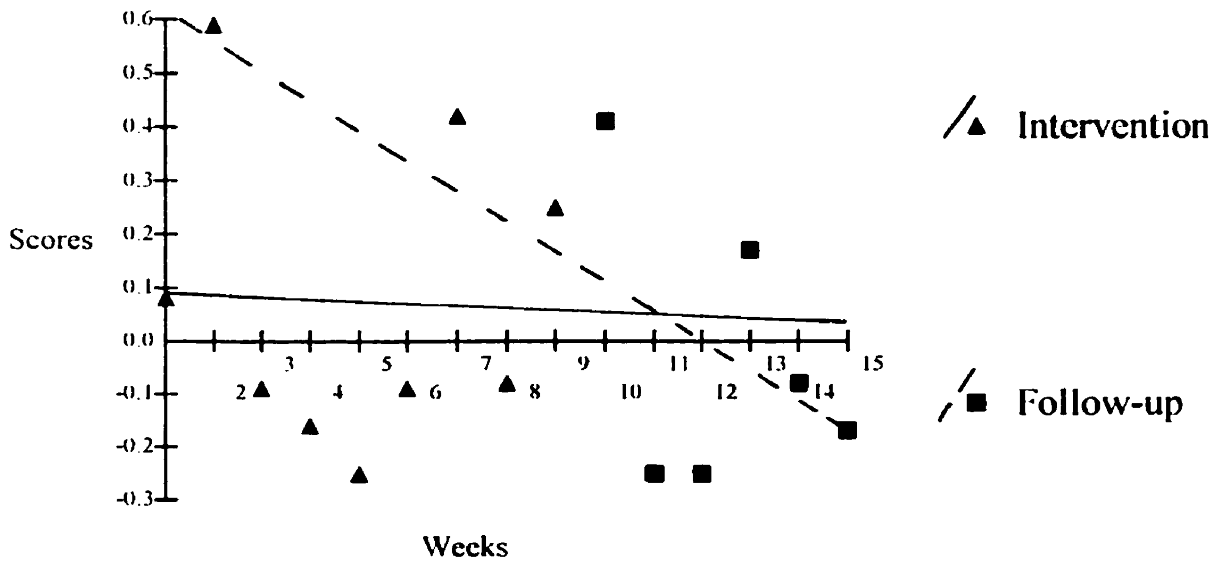


Figure 3.2a: Mabel - family support

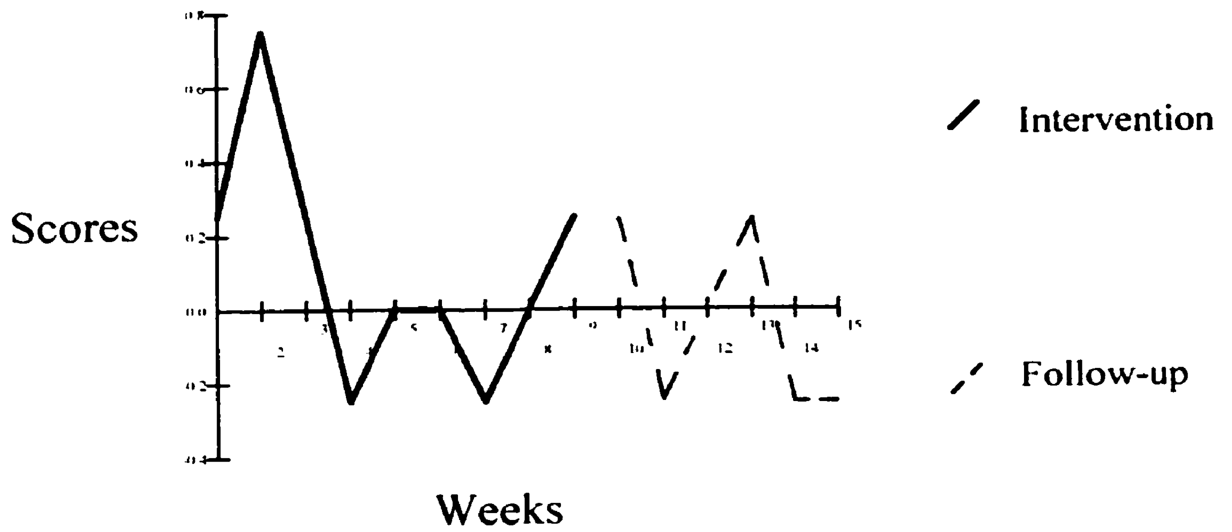


Figure 3.2b: Mabel - family support

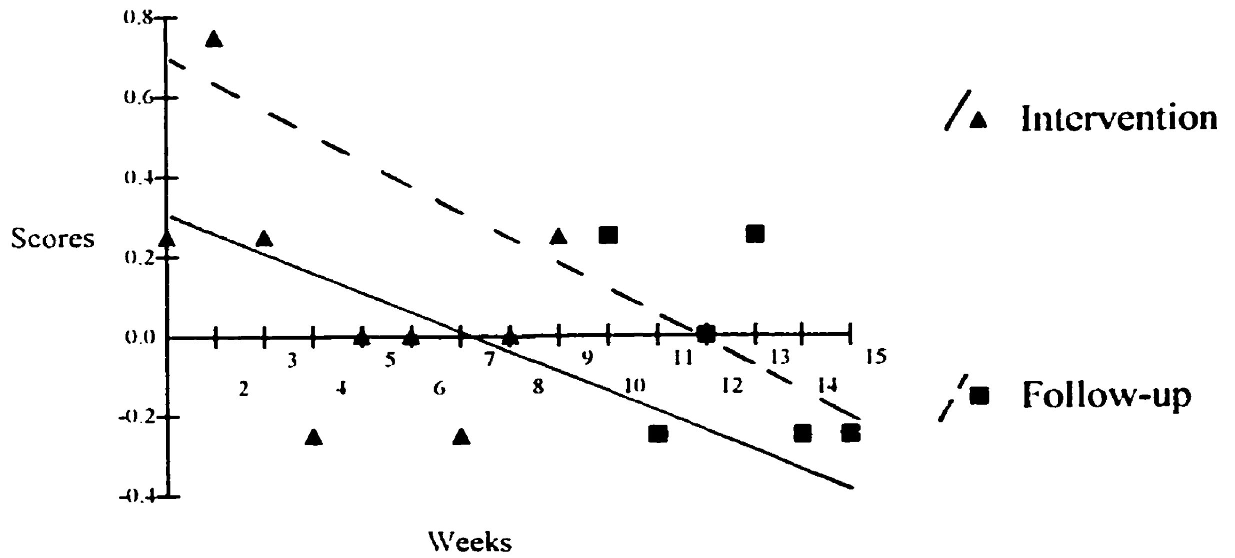


Figure 3.3a: Mabel - friends support

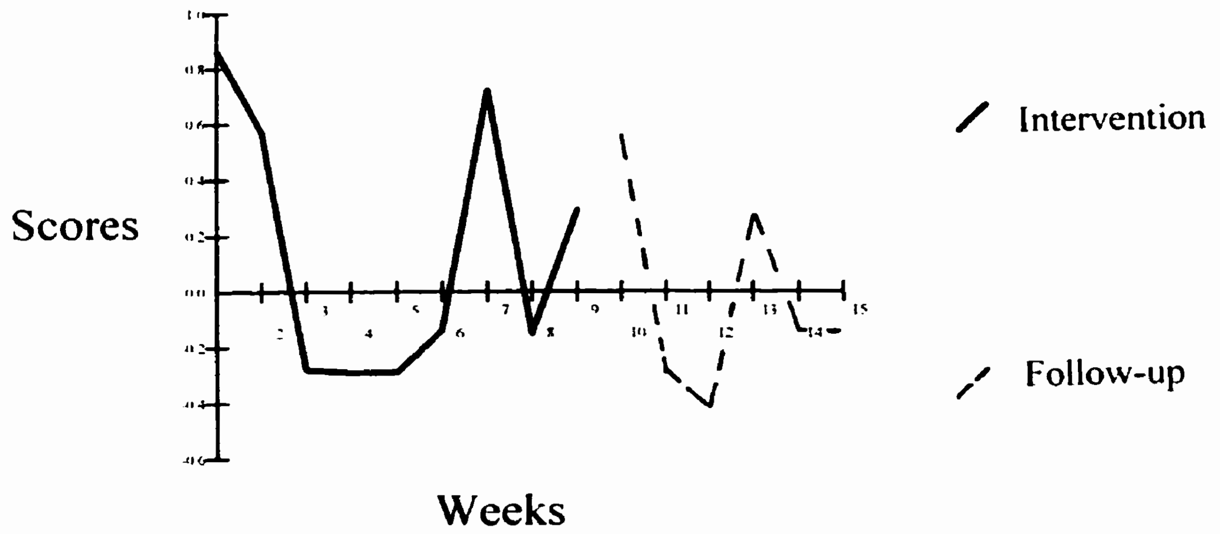


Figure 3.3b: Mabel - friends support

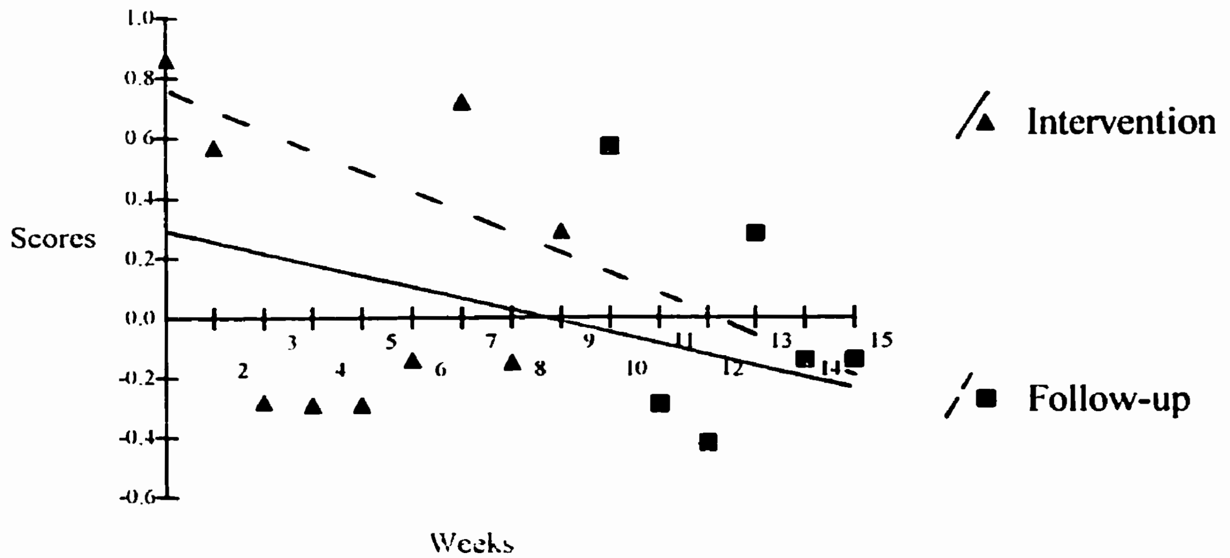


Figure 3.4a: Mabel - significant other support

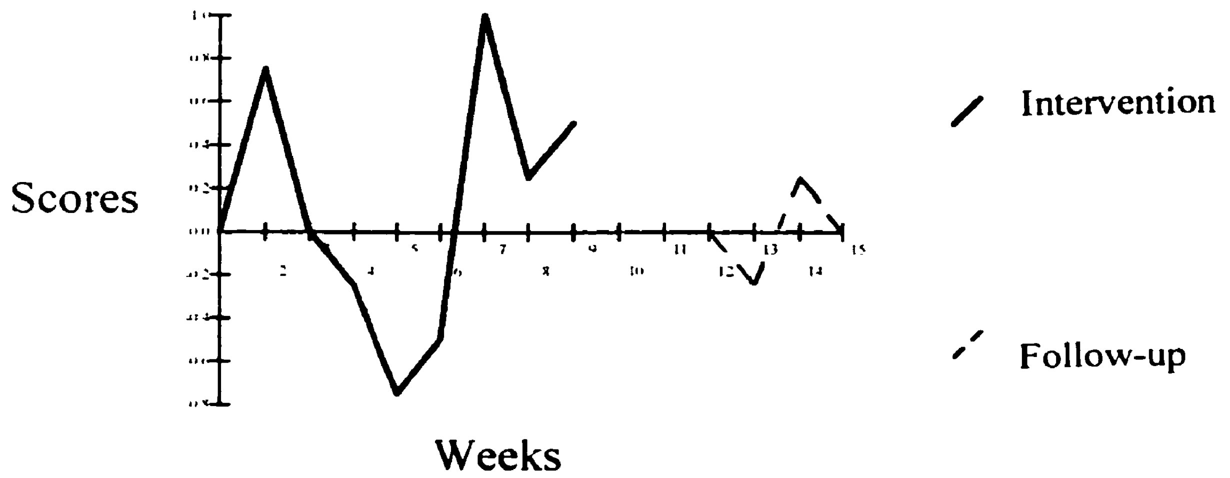


Figure 3.4b: Mabel - significant other support

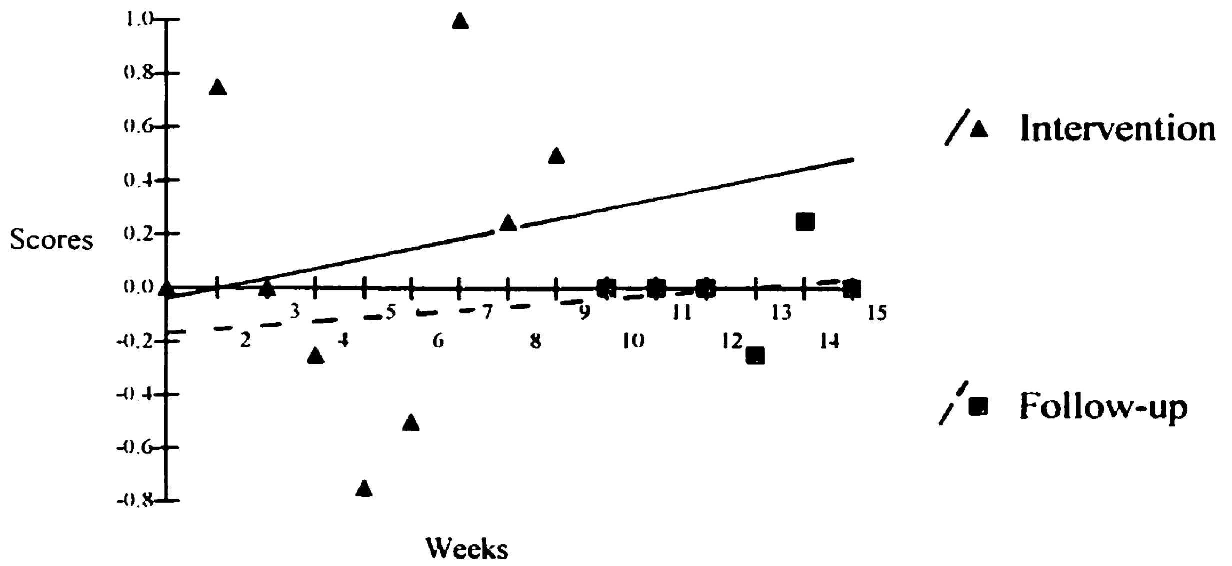


Figure 3.5a: Mabel - non-physical abuse

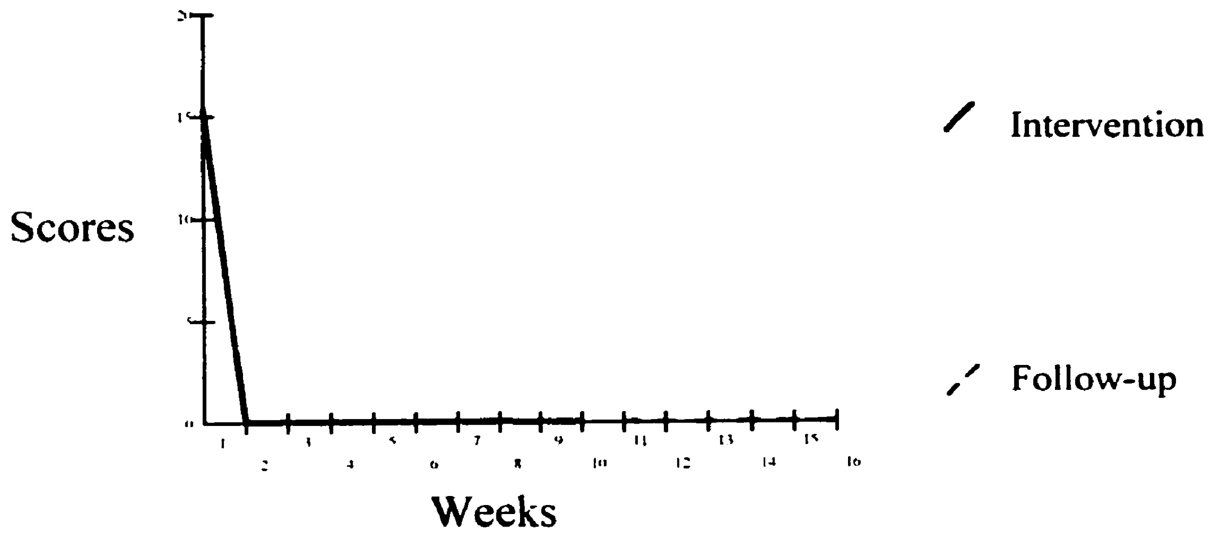


Figure 3.5b: Mabel - non-physical abuse

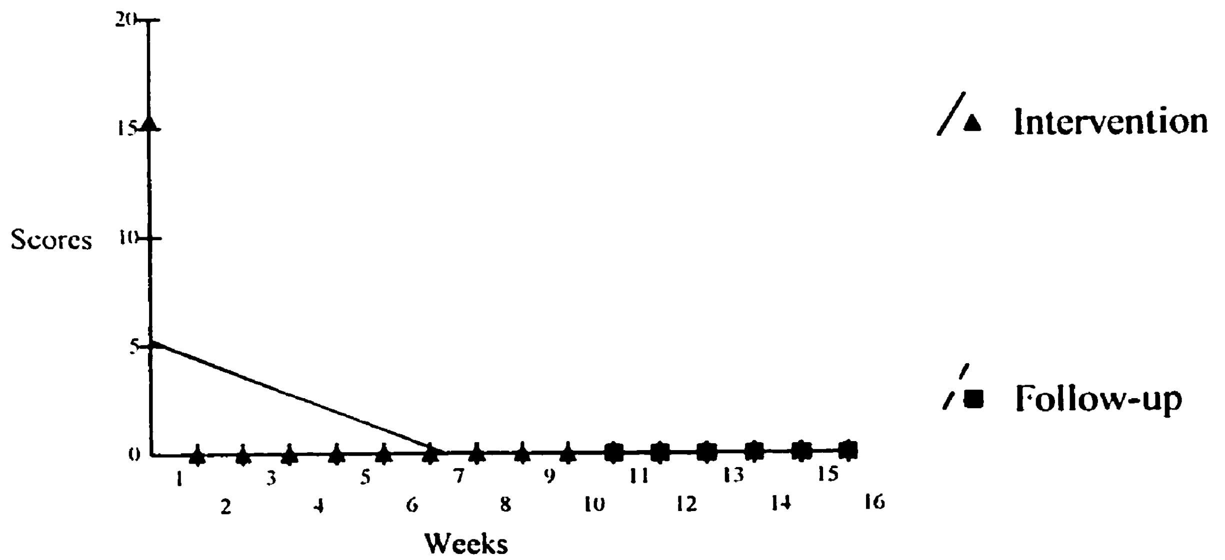


Figure 3.6a: Mabel - physical

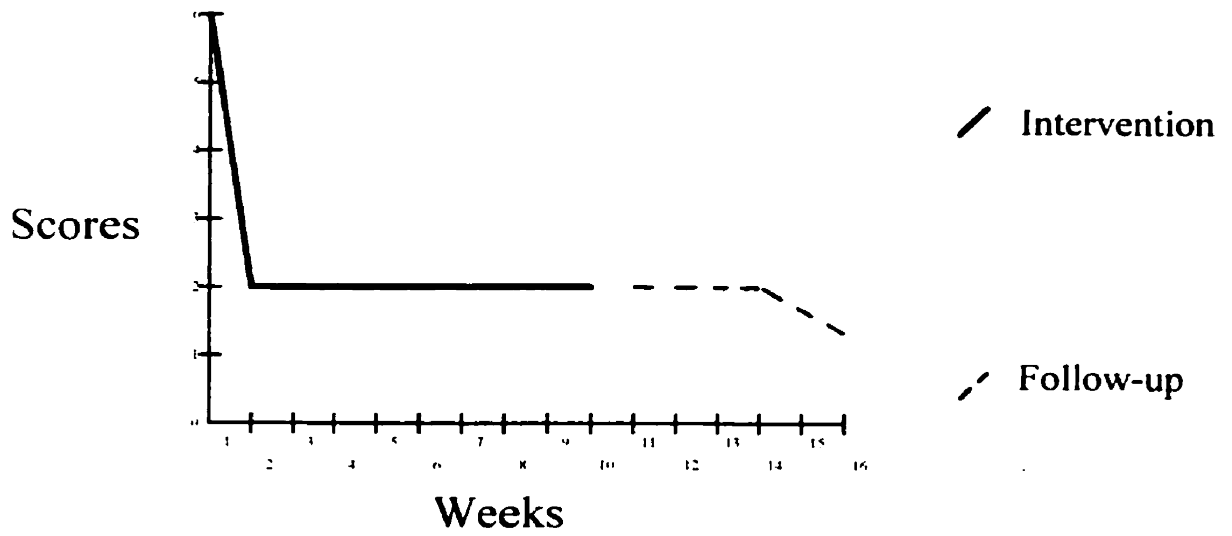


Figure 3.6b: Mabel - physical abuse

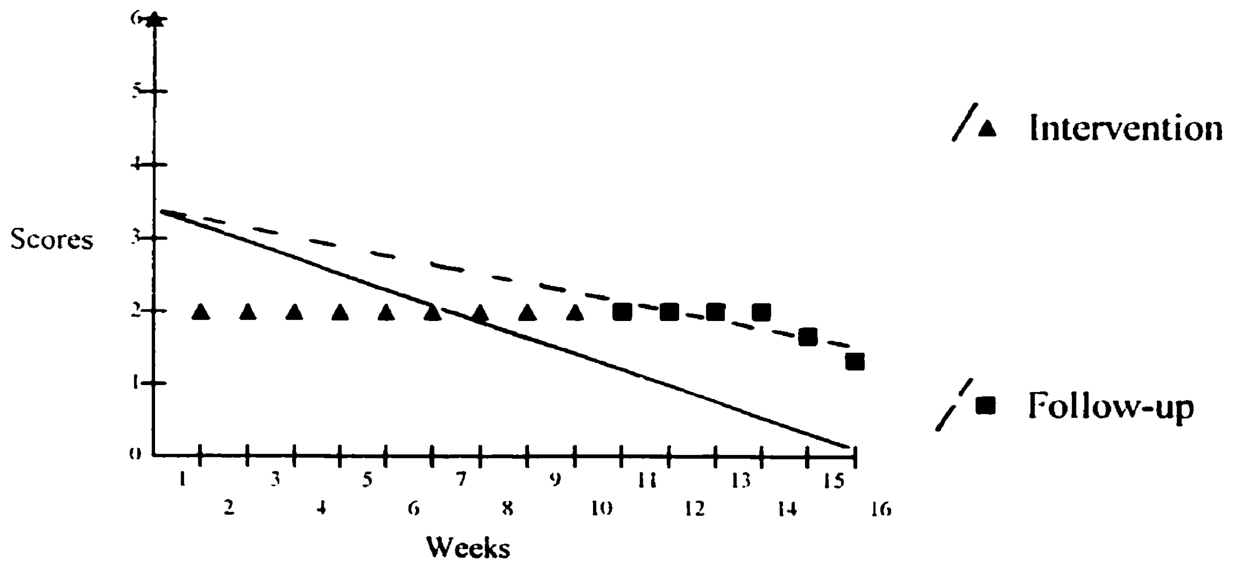


Figure 4.1a: Nancy - total support

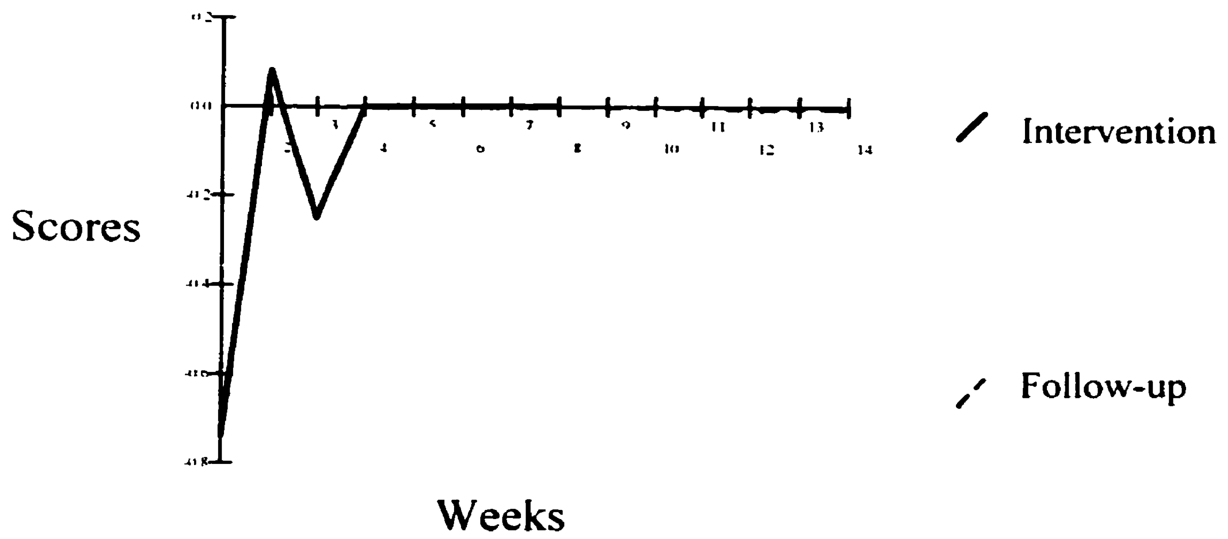


Figure 4.1b: Nancy - total support

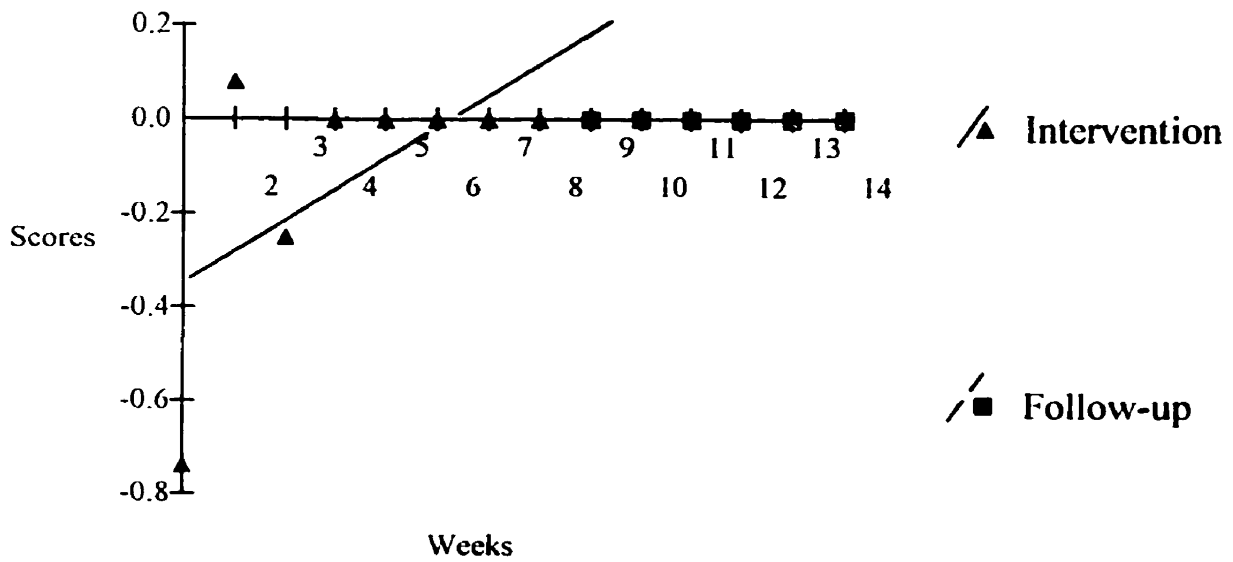


Figure 4.2a: Nancy - family support

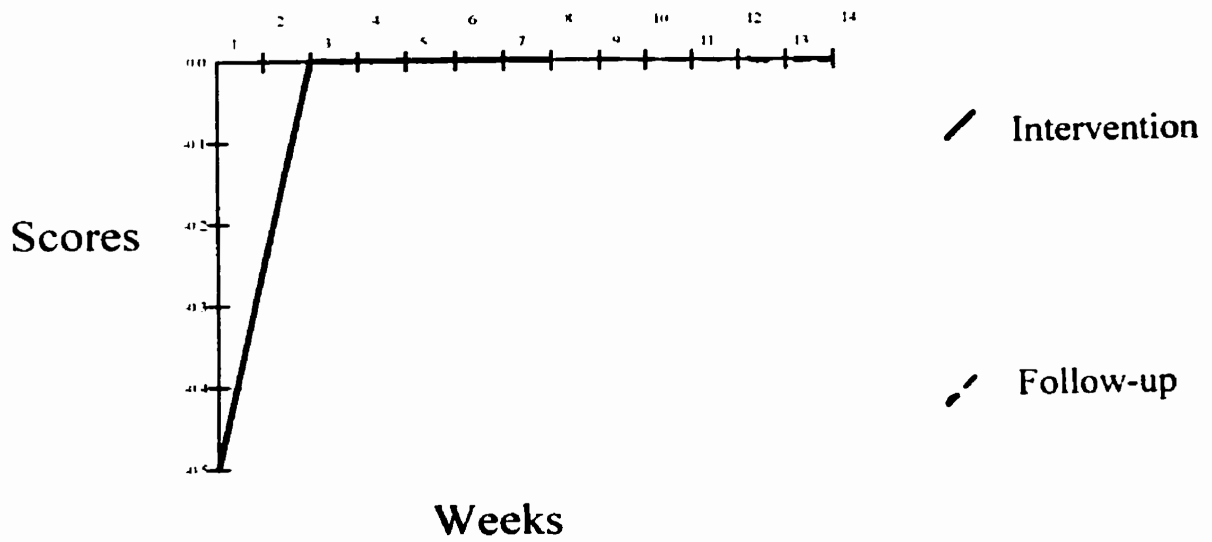


Figure 4.2b: Nancy - family support

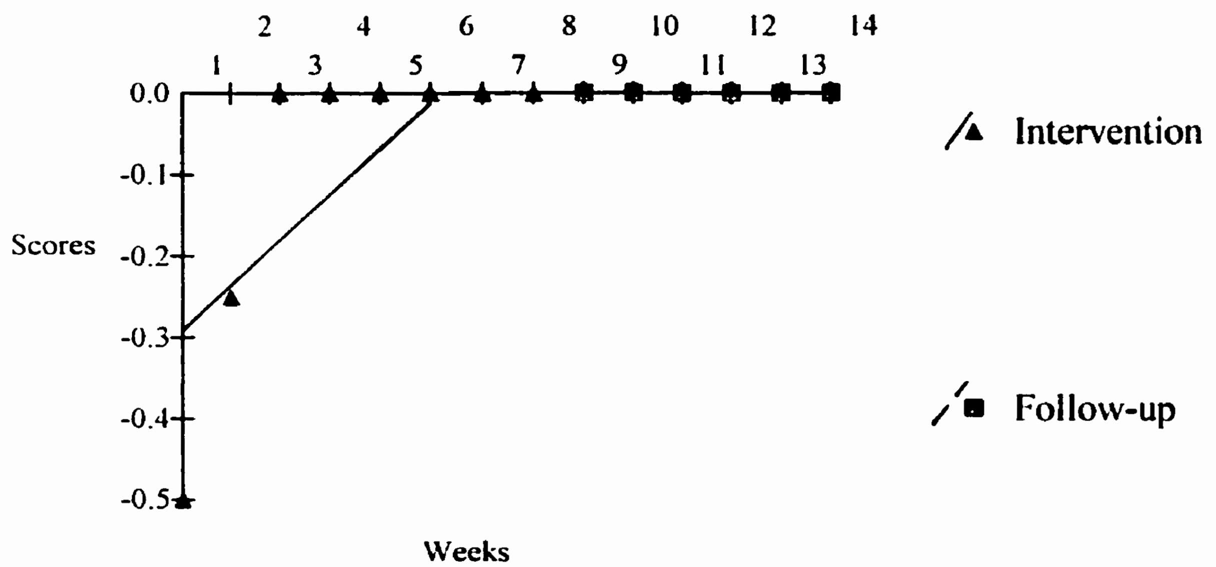


Figure 4.3a: Nancy - friends support

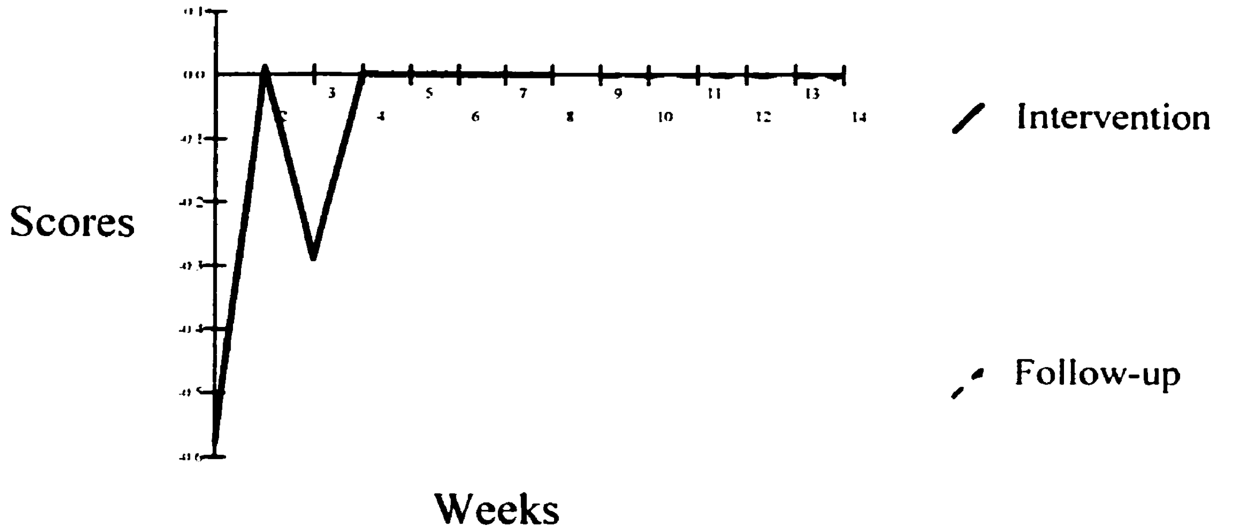


Figure 4.3b: Nancy - friends support

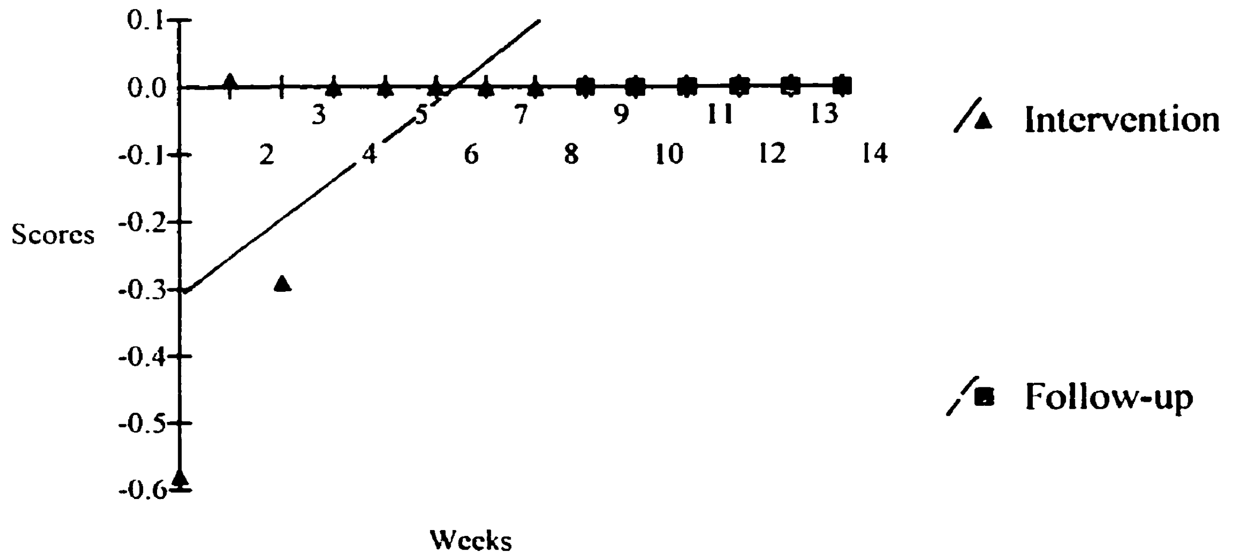


Figure 4.4a: Nancy - significant other support

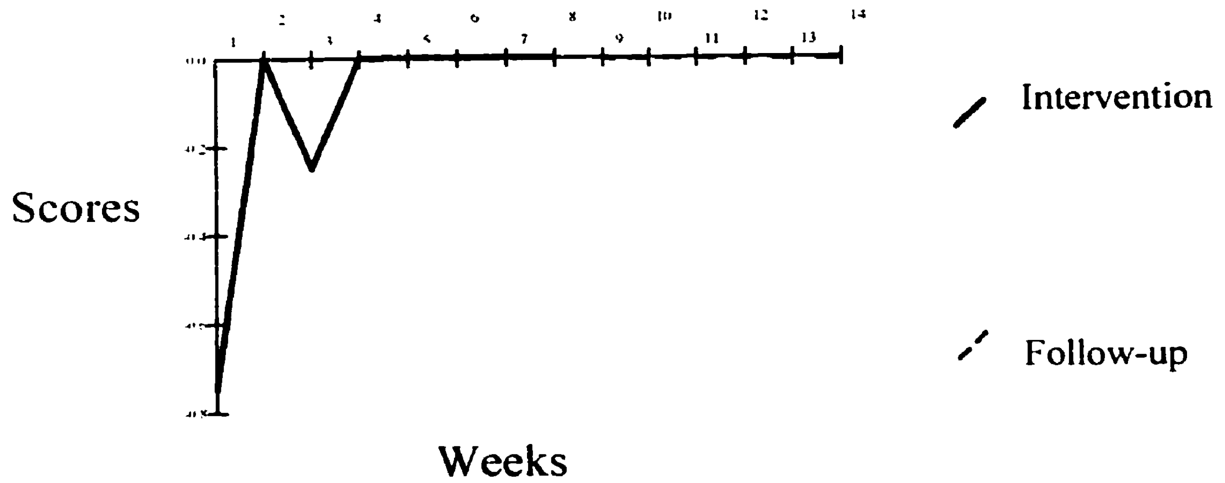


Figure 4.4b: Nancy Significant other support

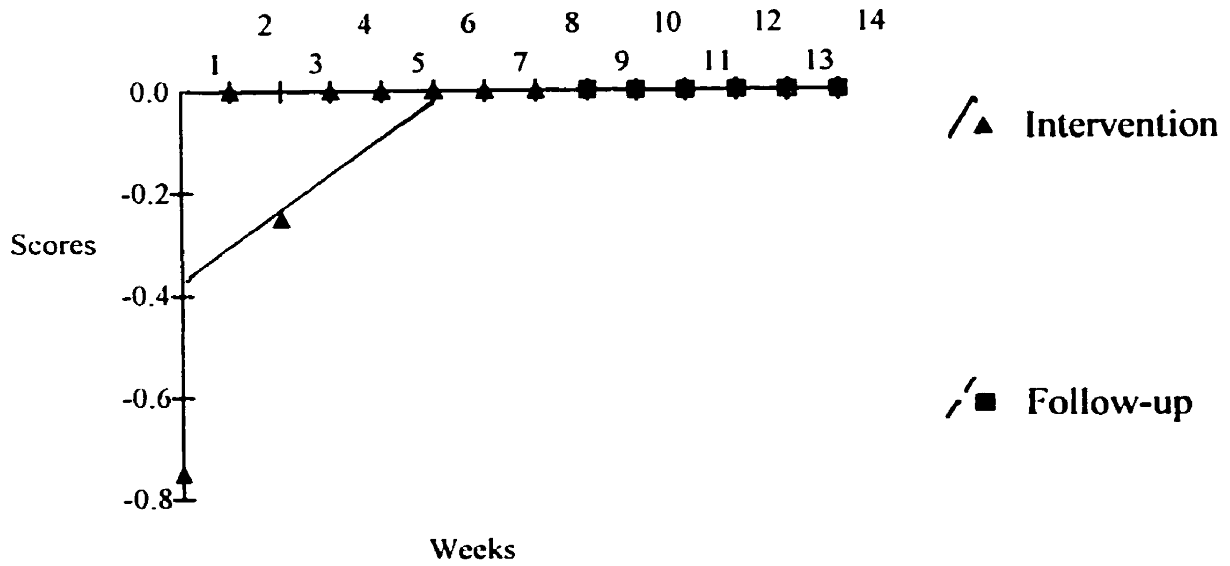


Figure 5.1a: Rose - total support

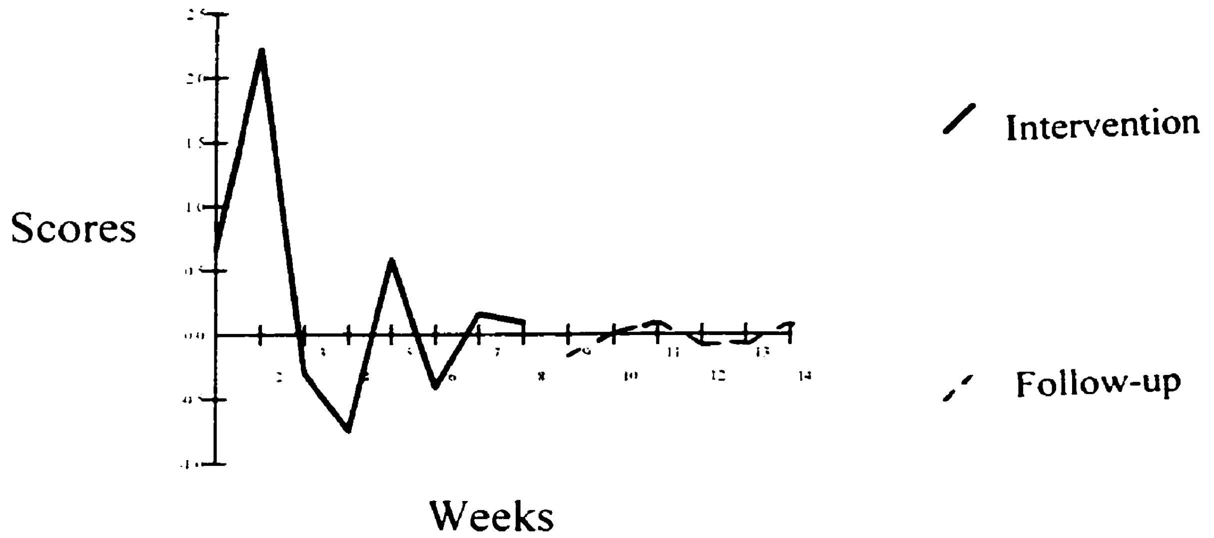


Figure 5.1b: Rose - total support

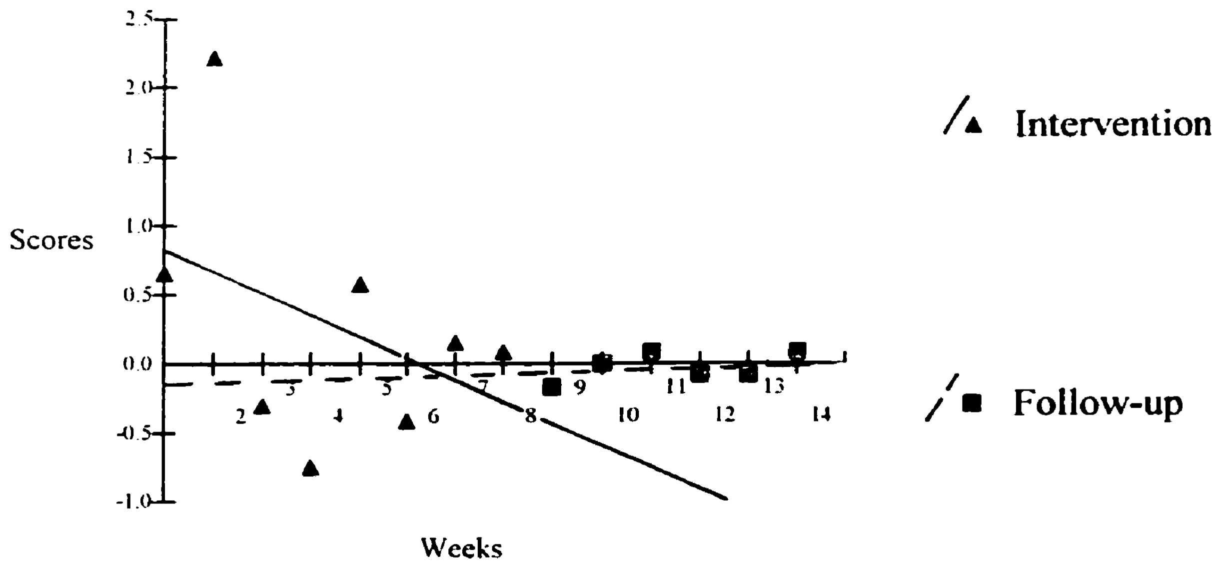


Figure 5.2a: Rose - family support

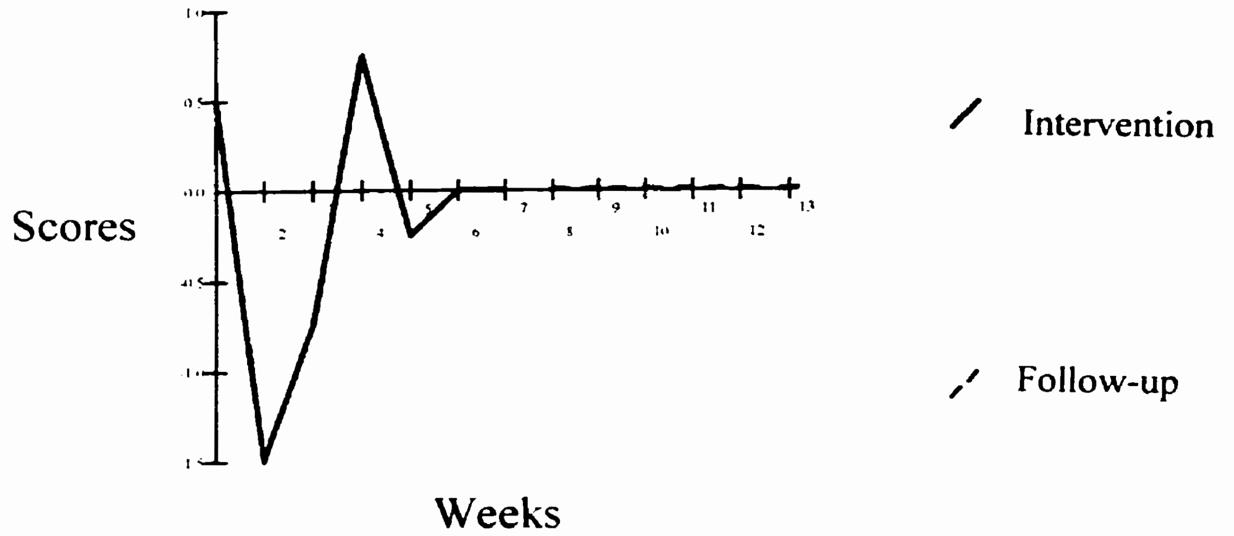


Figure 5.2b: Rose - family support

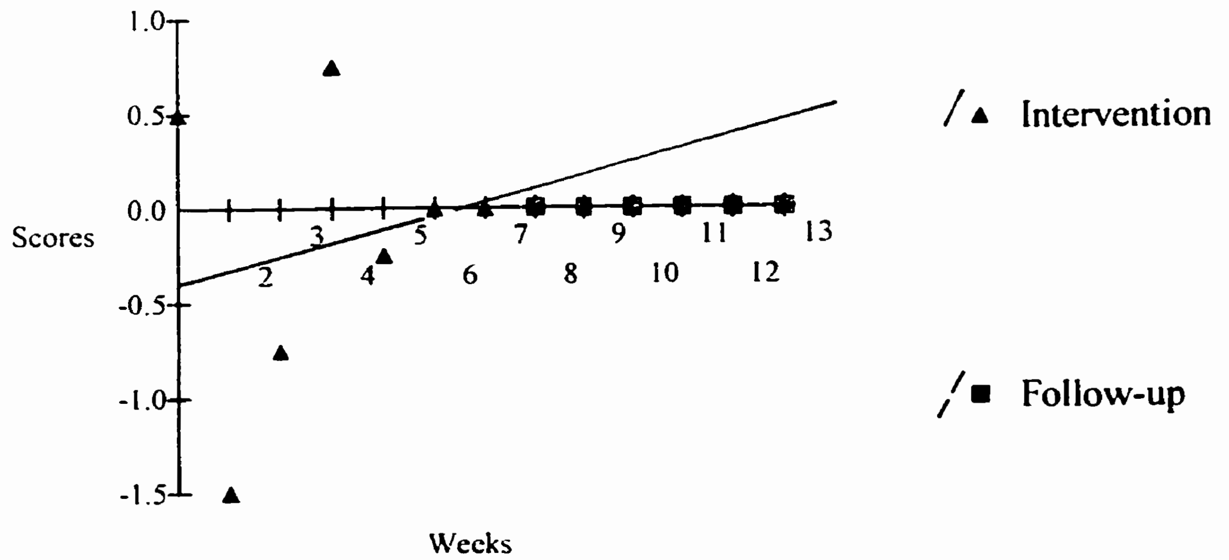


Figure 5.3a: Rose - friends support

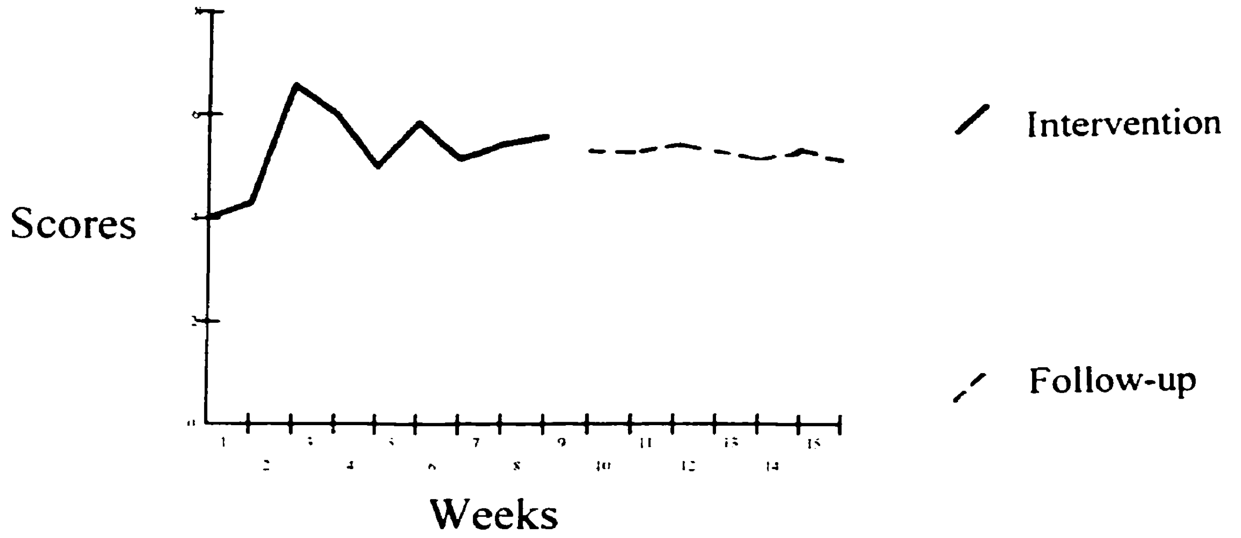


Figure 5.3b: Rose - friends soppon

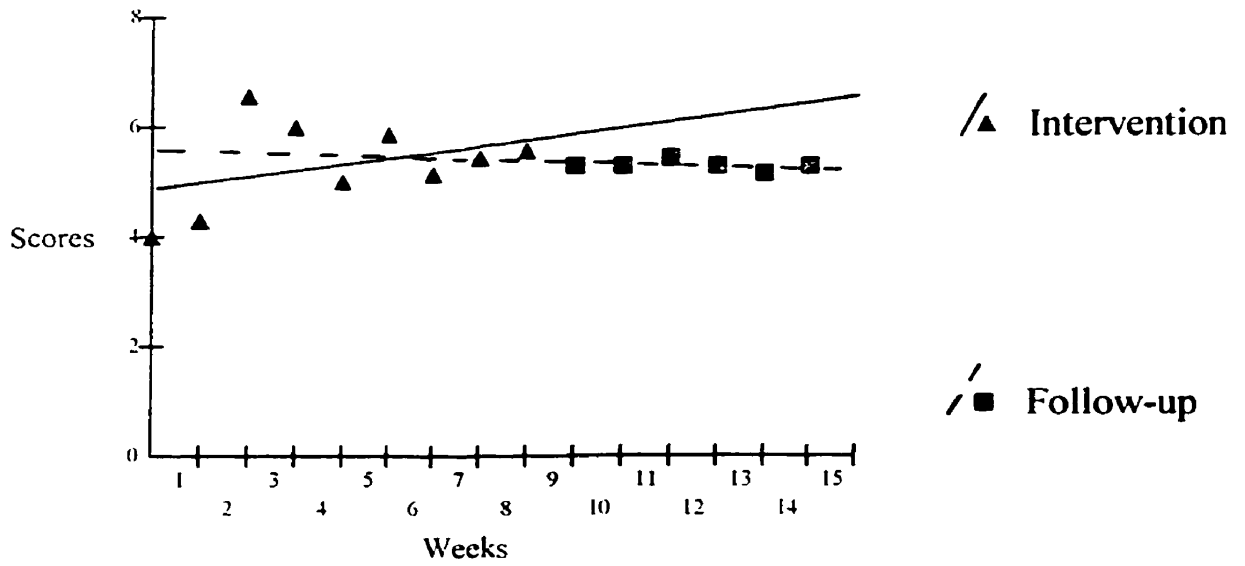


Figure 5.4a: Rose - significant other support

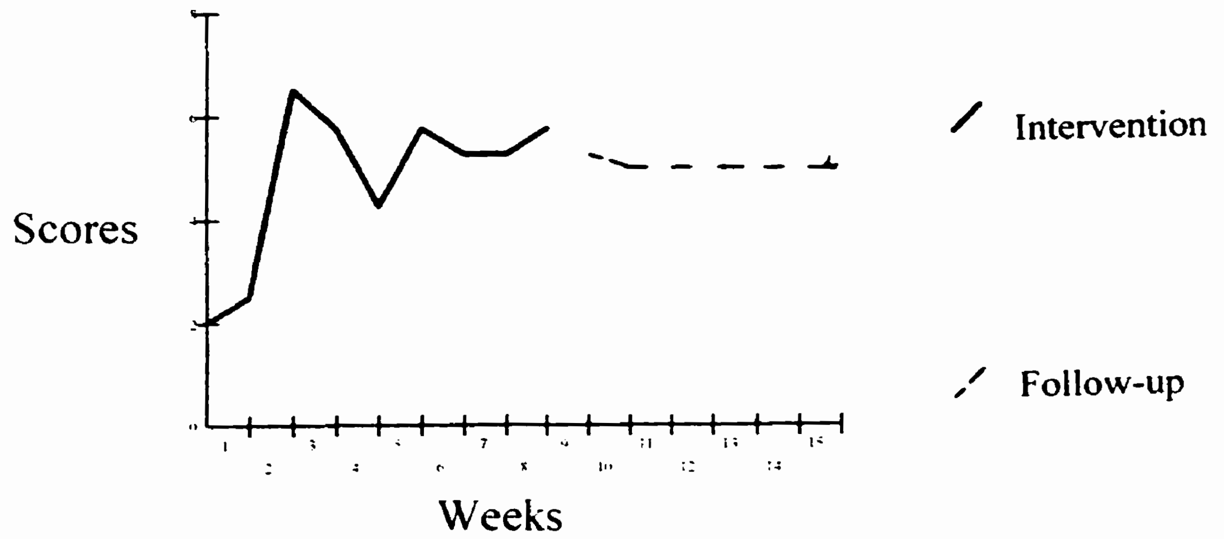


Figure 5.4b: Rose - significant other support

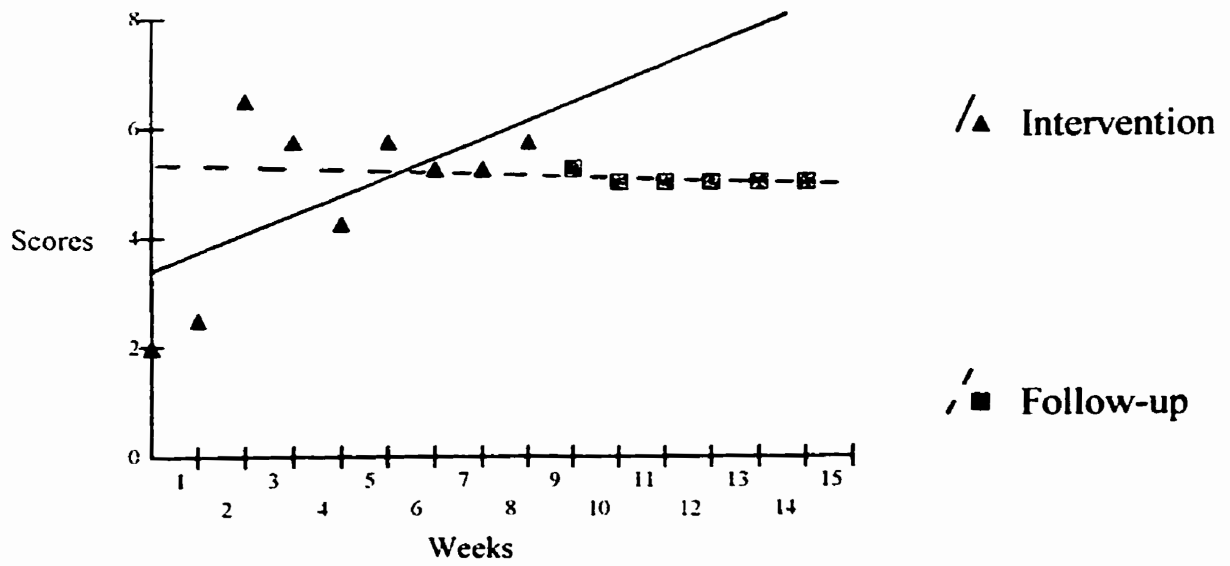


Figure 5.5a: Rose - non-physical abuse

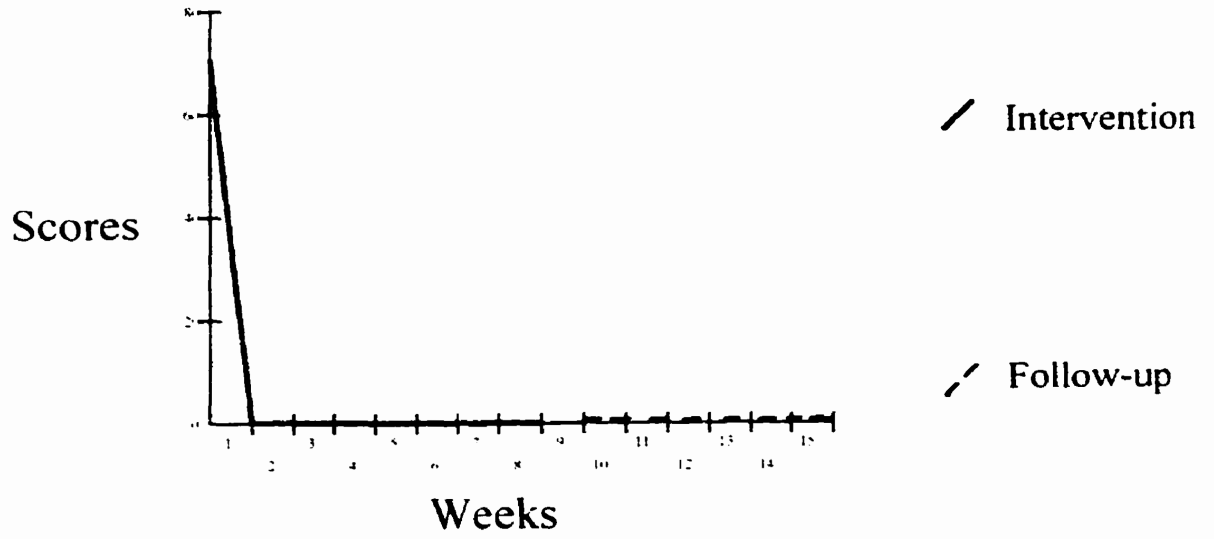


Figure 5.5b: Rose - non-physical abuse

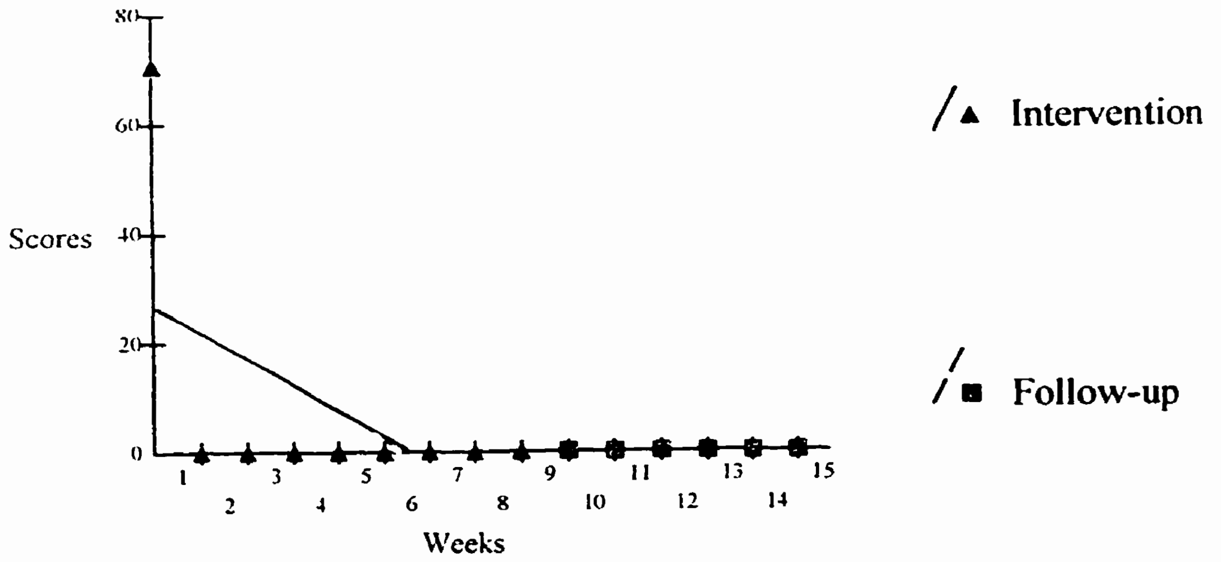


Figure 5.6a: Rose - physical abuse

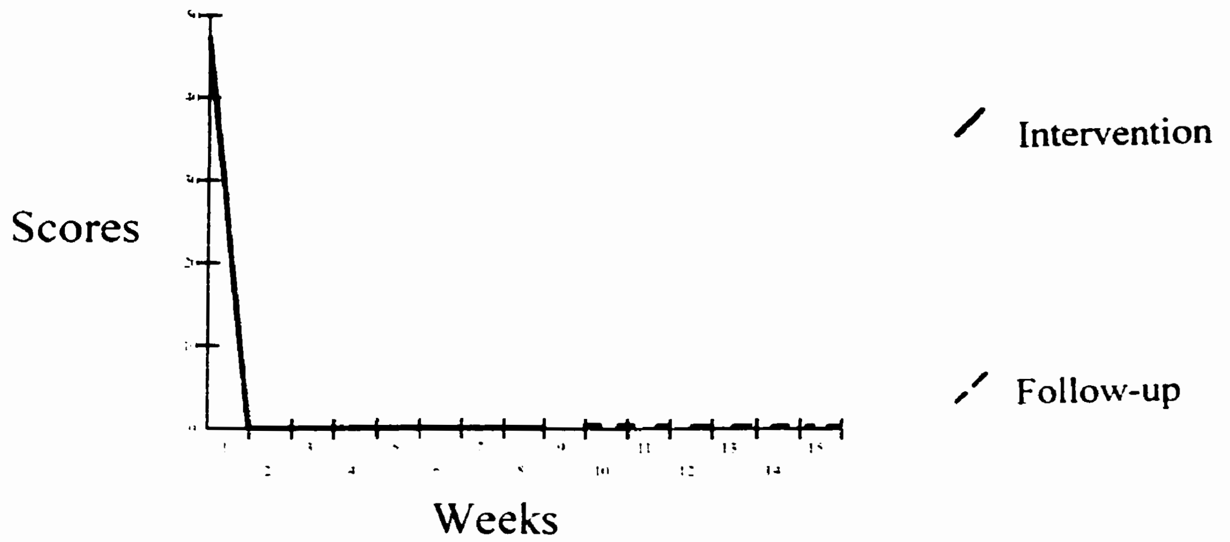


Figure 5.6b: Rose - physical abuse

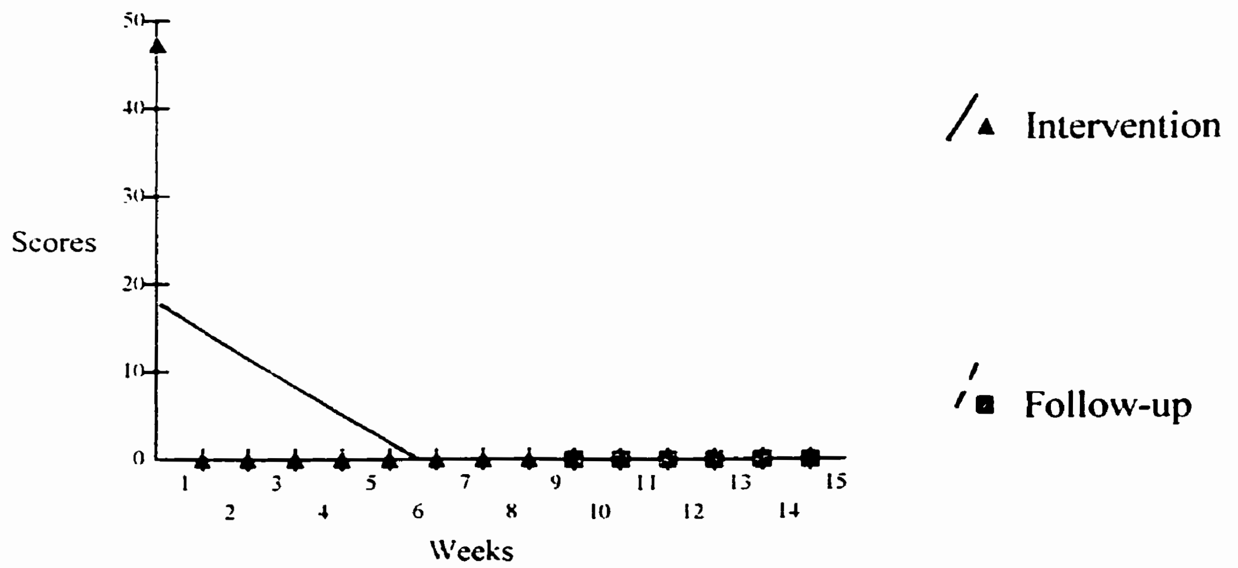


Figure 6.1a: Sandy - total support

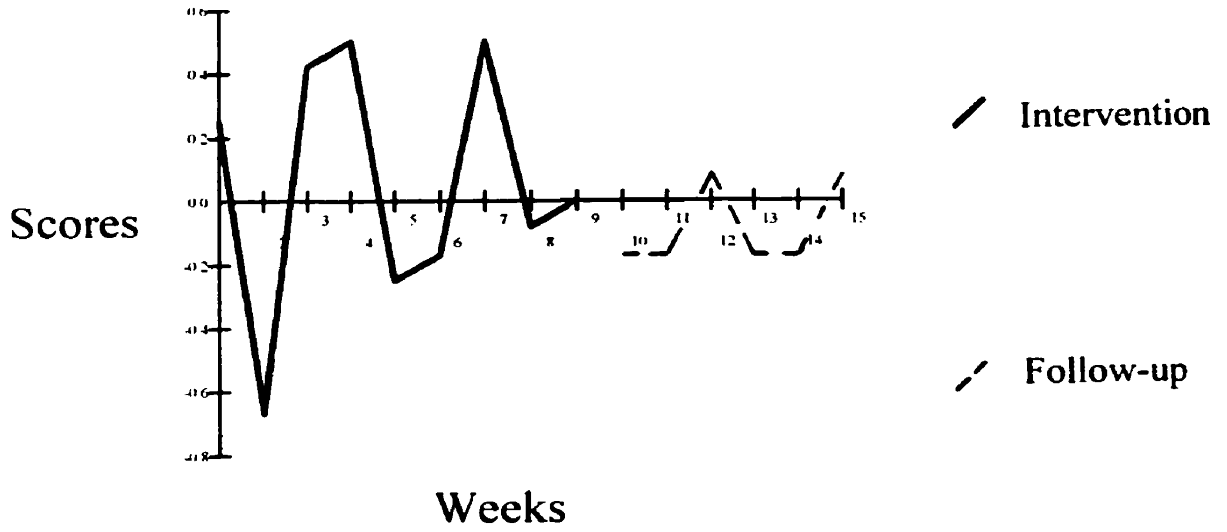


Figure 6.1b: Sandy - total support

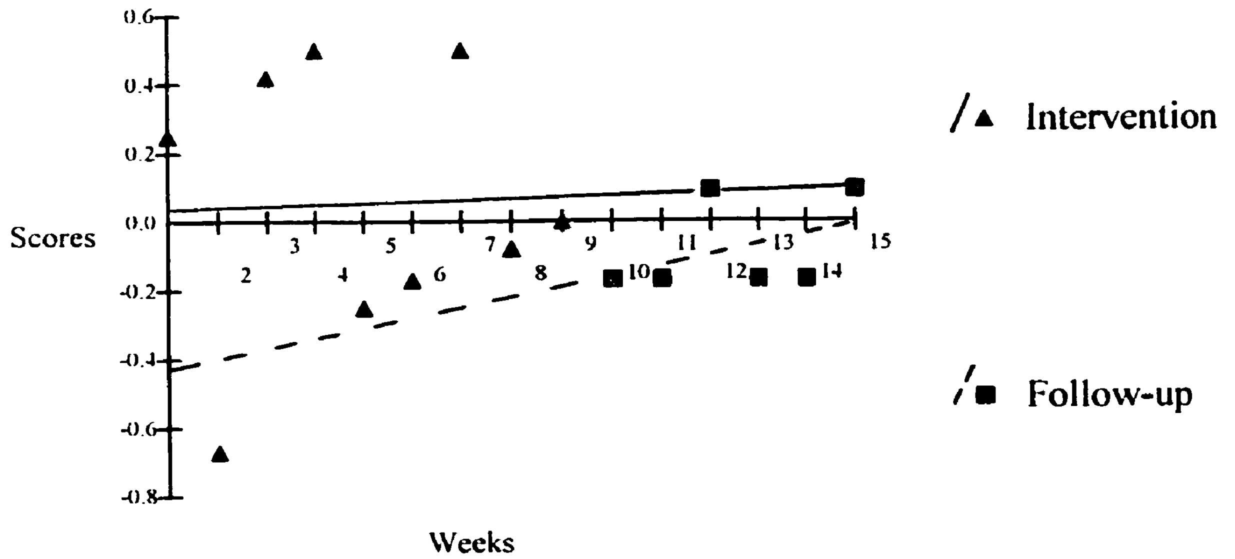


Figure 6.2a: Sandy - family support

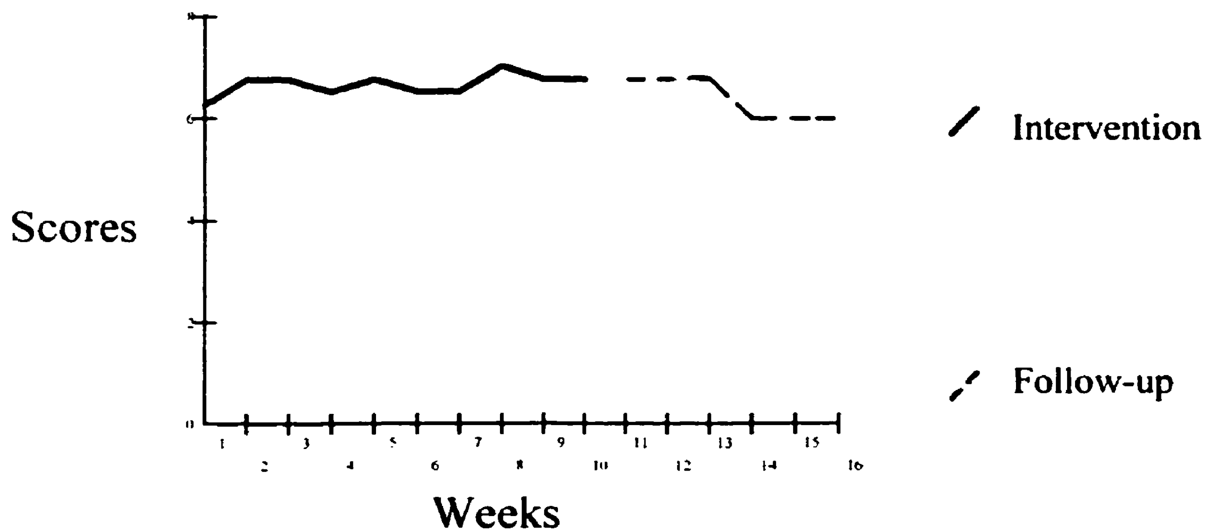


Figure 6.2b: Sandy - family support

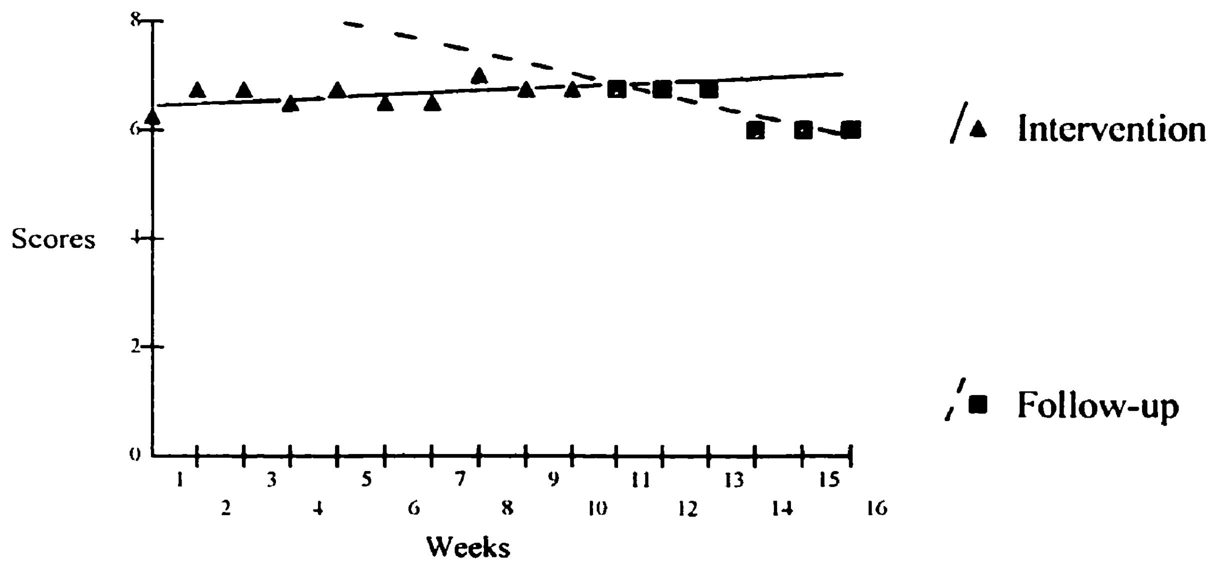


Figure 6.3a: Sandy - friends support

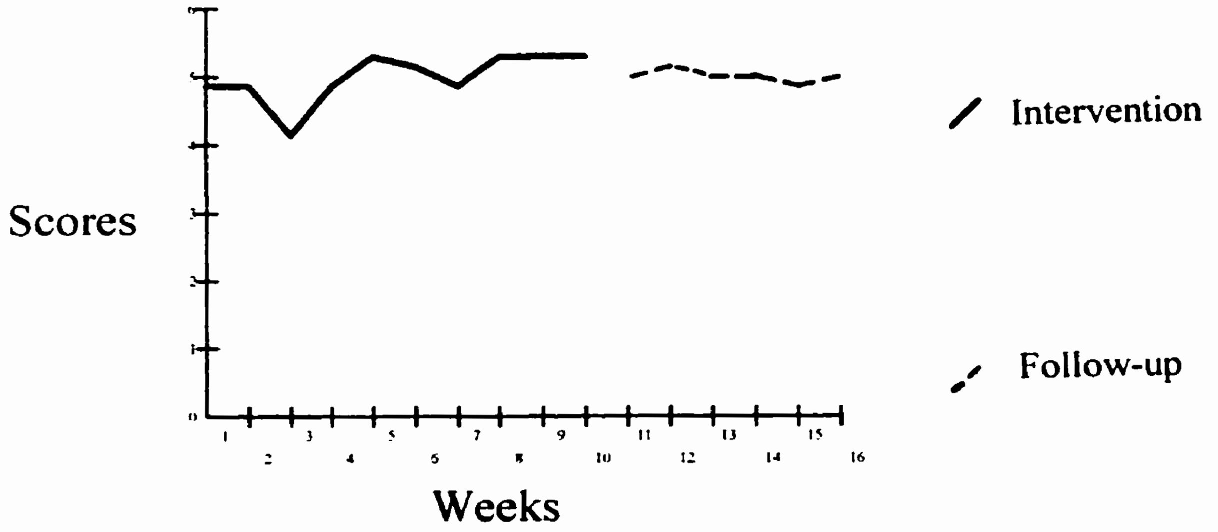


Figure 6.3b: Sandy - friends support

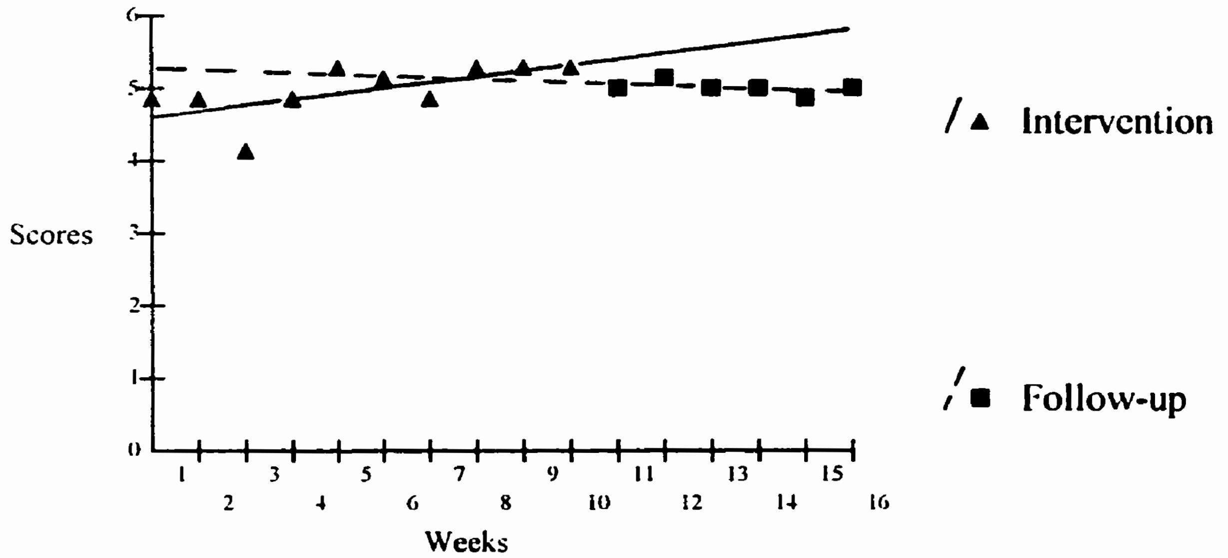


Figure 6.4a: Sandy - significant other support

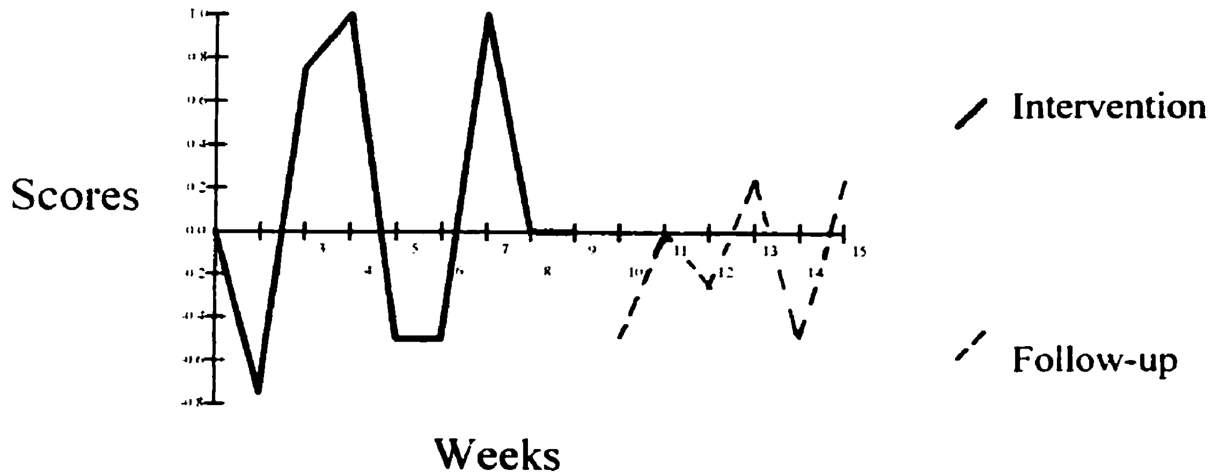
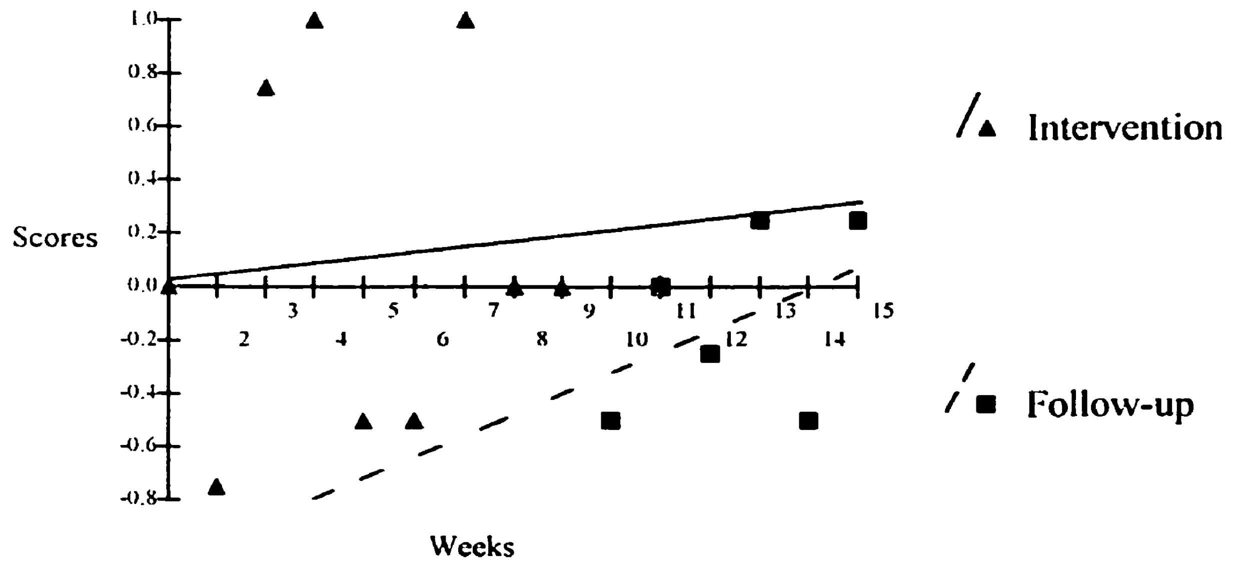


Figure 6.4b: Sandy - significant other support



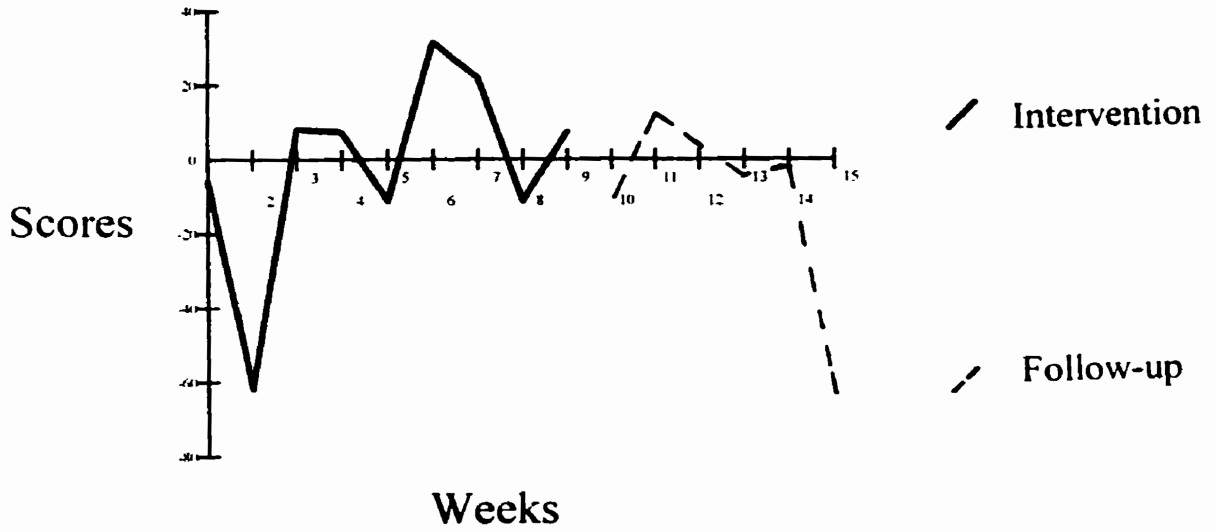


Figure 6.5a: Sandy - non-physical abuse
Scores
Weeks
Intervention
Follow-up

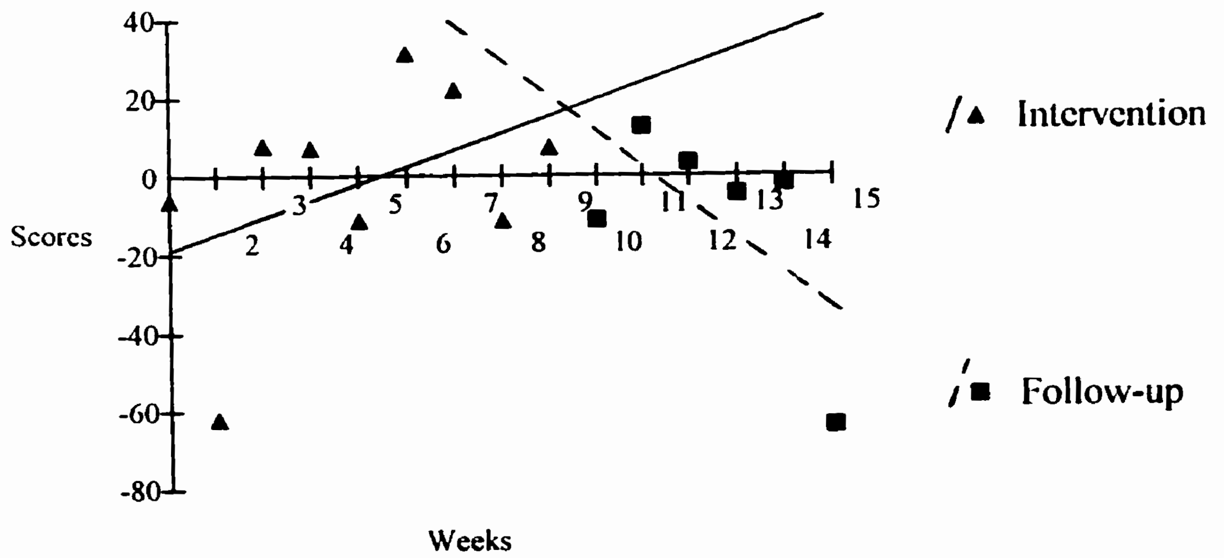


Figure 6.5b: Sandy - non-physical abuse
40
20
0
-20
-40
-60
-80
Scores
2
3
4
5
6
7
8
9
10
11
12
13
14
15
Weeks
Intervention
Follow-up

Figure 6.6a: Sandy - physical abuse

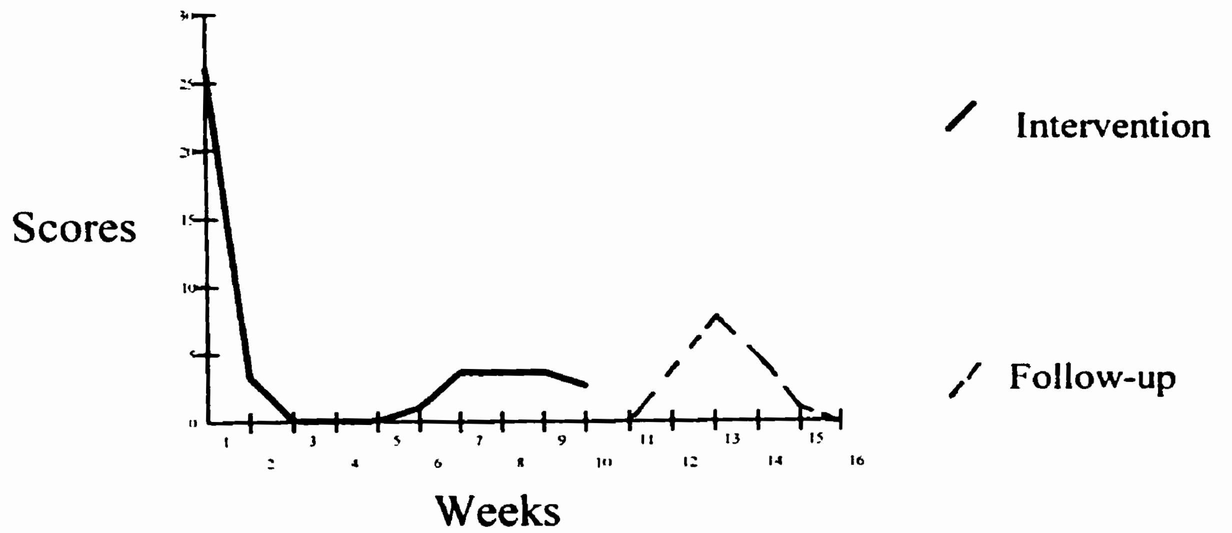


Figure 6.6b: Sandy - physical abuse