

# Psychometric Properties of the Domestic Violence Survivor Assessment

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Domestic Violence Survivor Assessment (DVSA) assesses the process of change using the Transtheoretical Model of Change for 12 issues conceptualized as relating to the relationship or the individual. This article presents the psychometric properties of the revised DVSA with a new item, Control of Money. The factor analysis was done for 119 survivors resulting in a three-factor solution explaining 65.06% of the variance with a Chronbach's alpha of .89 and Mental Health as a separate, third factor. The DVSA's use for counseling and implications of the differences in responses by women and their counselors is discussed.

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**P**SYCHOEDUCATIONAL AND PSYCHOTHERAPEUTIC counseling are two components of a comprehensive approach to assisting victims who have experienced intimate partner violence (IPV). Increasingly, IPV counseling programs are being asked to demonstrate positive outcomes, with funding linked to effectiveness of the services performed. Yet when searching for best practices for family violence programs (that include IPV counseling), the State of Kansas found that most programs had not been formally evaluated because the field was relatively young and emphasis was on developing programs, not evaluating them (Edmunds, Peterson, & Underwood, 2002). Program evaluation requires instruments with known psychometric properties. This article reports on the psychometric testing of the revised Domestic Violence Survivor Assessment (DVSA), which was first developed by the first author and Jacquelyn Campbell with counselors and survivors at three domestic violence counseling agencies (Dienemann, Campbell, Curry, & Landenburger, 2002) to measure intentional change from an IPV relationship to a life without abuse.

Several studies have addressed the process of psychological change that a woman experiences when ending the abuse in a relationship (Anderson &

Saunders, 2003). The DVSA includes five stages of change, based on those in the Transtheoretical Model of Change (TM) first developed by Prochaska (1979; Prochaska, DiClemente, & Norcross, 1992). The purpose of the TM model is to help people through a process of intentionally changing their behavior. It recognizes that (a) change is a process that occurs over time and must be maintained rather than a single event and (b) the process is often a spiral with relapses and regressions as well as progression. The five stages of change are precontemplation, contemplation, preparation, action, and maintenance of change. For the DVSA, the stages are named to reflect that the victim may not initially realize the

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abuse is a continuing part of the relationship, a victim lacks control of the perpetrator, and that abuse may be curtailed by leaving or a change in power in the relationship. Leaving often does not end abuse but usually curtails it. The development of the DVSA is more fully described in a previous publication by Dienemman et al. (2002). The five TM stages of change for IPV are named the following: (a) committed to continuing (the relationship) where change is not contemplated; (b) committed, but questioning where a woman contemplates change; (c) considers change: abuse and options where a woman explores and tries options to abuse and personal change; (d) breaks away or partner curtails abuse where coercion ends when the power shifts and some women leave; and (e) establishes a new life: apart or together where a woman maintains the changes made.

The TM has been supported by research in diverse areas such as smoking cessation, substance abuse, HIV prevention, physical activity and exercise, physician patient teaching, pain management, and financial management (Jensen, Nielson, Romano, Hill, & Turner, 2000; Marshall & Biddle, 2001; Park et al., 2003; Prochaska, Redding, Harlow, Rossi, & Velicer, 1994; Xiao et al., 2001). It is increasingly used in studies of IPV (Brown, 1997; Burke et al., 2004; Burke, Gielen, McDonnell, O'Campo, & Maman, 2002; Cluss et al., 2006; Frasier, Slatt, Kowlowitz, & Glowa, 2001; Haggerty & Goodman, 2002; Zink, Elder, Jacogson, & Klostermann, 2004).

The TM model resonates with the IPV subtle process of change in a woman's thinking and actions regarding her abuse and focuses on individual strengths rather than weaknesses. It also proposes a nonlinear path of change, allowing for complexity in the process and not dictating particular behaviors. The model is goal oriented without specifying a certain theory, technique, or philosophical approach by the therapist or counselor.

#### IPV ISSUES ADDRESSED BY THE DVSA

The TM model addresses how a change occurs; the issues addressed in the DVSA refer to aspects of the process of change as women survivors change their views of their IPV relationship and act to end abuse. Twelve issues comprise the final version; six issues relating to changes in the IPV relationship were named relationship issues, and six issues relating to changes in the woman herself were

named individual issues. These two sets of issues are based on research by Smith, Hall, and Earp (1995), Smith, Earp, and DeVellis (1995), and Ferraro and Johnson (1983) and on multiple studies of the process of change in women ending abuse (Dienemann et al., 2002). We recognize that both men and women may be in IPV relationships, but this instrument is built on research on women survivors.

During the process of change in ending abuse, not only will the woman victim change as a person but also the dynamics and meaning of her relationship with her IPV partner. Key relationship issues chosen were (a) triggers of abusive incidents (recognition and interpretation); (b) actions to manage partner abuse (direct and indirect); (c) actions related to legal sanctions (awareness and seeking or not); (d) attachment to the relationship (partner, social value, reflection on her); (e) views of the relationship and options (awareness is an IPV relationship and own safety); and (f) managing loyalty to norms and own beliefs (social stigma and values regarding staying and leaving). Key personal individual issues chosen were (a) accessing help (belief family, friends and organizations may help, seeking, evaluating response); (b) self-identity (separateness from couple identity); (c) self-efficacy to be on her own (degree confidence); (d) feelings and emotional responses to abuse (degree aware and feels control over emotions); (e) mental health, stress, depression, and post traumatic stress disorder (PTSD) (degree experience); and (f) control of money (degree shared). Control of Money was substituted for seeking professional care for injuries and stress after the tool was primarily used for counseling where clients by definition are receiving services.

The DVSA has two versions that mirror each other in addressing these relationship and personal individual issues—a version for clinicians and a version for women. The clinician form (DVSA-CF) was developed for use in program evaluation to compare early assessment and state of change at termination. The DVSA-CF is designed as a grid for ease of use with the relationship and personal individual issues (12 issues total) in rows, with each having the five stages of change for each issue briefly described in phrases (see Figure 1). The women's form (DVSA-WF) was developed to gain survivor's perceptions of their stage of change. The DVSA-WF is designed as a self-report questionnaire to be completed by survivors with 12 questions

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