UNIVERSITY OF OKLAHOMA

GRADUATE COLLEGE

THE RELATIONSHIP BETWEEN HOPE, MEANINGFULNESS, AND

FLOURISHING AMONG SURVIVORS OF DOMESTIC VIOLENCE

A THESIS

SUBMITTED TO THE GRADUATE FACULTY

in partial fulfillment of the requirements for the

Degree of

HUMAN RELATIONS

By

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Norman, Oklahoma
2017

THE RELATIONSHIP BETWEEN HOPE AND FLOURISHING AMONG
SURVIVORS OF DOMESTIC VIOLENCE

A THESIS APPROVED FOR THE
DEPARTMENT OF HUMAN RELATIONS

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ABSTRACT

The current study examines de-identified data from seven California Family Justice Centers. Domestic violence survivors were asked to take a pre-test at intake at any one of the seven Family Justice Centers. They were asked to take a post-test 45 to 60 days after the initial test. The tests were matched and de-identified. There were 125 matched surveys used to quantitatively assess hope and flourishing levels and qualitatively address goal statements authored by survivors in the post-test phase of the research. This study utilized Snyder's Adult Hope Scale (Snyder, 1991), an 8-item Flourishing Scale (Diener et al., 2010), and the Adverse Childhood Experiences Scale (Felitti et al., 1998) in a Convergent Parallel Mixed Methods Design. The goal statements were coded into categories so that they could be correlated with the individual hope, flourishing and ACE scores of each participant to see if participants with high or low scores on the three quantitative well-being scales correlate with any specific category that his or her goal statement(s) fell into. Data about the frequency of the different topics that the goal statements reflected was also collected.

Keywords: survivor defined success, hope, flourishing, goal statements, well-being, ace

Chapter 1

Introduction

Domestic violence is a sobering reality in many households. In fact, in the United States, 1 in 3 women have suffered from rape, physical violence and/or stalking (Black, 2011). The United States Department of Justice's definition of domestic violence expands the criterion and states that it is a pattern of abusive behavior and it can take the form of physical, emotional, sexual, psychological or economic actions and/or threats used by a partner to influence, control or maintain power over another (US Dept. of Justice, 2017).

Not only does domestic violence hurt the victim, but also, it negatively impacts the family as a whole and has severe long-term repercussions. Children that reside with or belong to domestically violent families are at an increased risk for physical child abuse when compared with children who are in homes that are devoid of domestic violence (Jouriles, et al., 2008). Children who were abused during childhood have higher risks of a number of mental disorders, substance abuse and unhealthy sexual behaviors (Gwinn & Felitti, 2015). Not only are these children at a higher risk of experiencing abuse themselves, but even just witnessing the violence can lead to many adverse consequences. For example, when children who have witnessed domestic violence grow up, almost 80% become victims of domestic violence themselves and about 76% become perpetrators of the violence as adults (Knight, et al., 2013).

Family Justice Centers

From the small glimpse of domestic violence research and repercussions outlined above, it is clearly apparent that the significance of this growing epidemic would be remiss to overlook. Some initiatives have been developed to help combat domestic violence and all of its short-term and long-term ramifications. Casey Gwinn, president of Alliance for Hope International and former elected city attorney of San Diego spearheaded one such initiative, the Family Justice Center movement. The movement establishes specialized centers, internationally, where victims of domestic violence and sexual assault can access safety, hope and healing. What this looks like is the nation's first collaborative model that brings together workers from 25 different agencies into one center to help families, both adults and children, whom are victims of domestic violence (Gwinn & Felitti, 2015).

The Family Justice Center initiative also led to the creation of Camp Hope America. The center's needed something extra to help support and give hope to the child victims of domestic violence. The camp aimed to raise hope levels of children with high ACE (Adverse Childhood Experiences Questionnaire) scores. The camp gained credibility through research based on scores from a hope questionnaire (Hellman & Gwinn, 2016).

Family Justice Centers help acknowledge the struggles that are required when a domestic abuse survivor seeks help. Many survivors have to go through multiple avenues to receive only minimal support. Family Justice Centers seek to help eliminate the need for excessive trips to get assistance by giving survivors access to

mental health, legal help, child welfare, health and law enforcement professionals, all under one roof. The Centers also provide a safe and caring environment with trusting staff that can act as a refuge for survivors, especially if they are in crisis. Developing relationships with staff members can lead to a more holistic recovery process.

Flourishing

The Flourishing scale (Diener et al., 2010) is a tested and reliable scale that was created to complement and align with many other well-being scales. Diener and colleagues created this measure to examine the concept of social-psychological prosperity and other human psychological needs. The Flourishing Scale also has roots in Self-determination Theory, a theory that delves into motivation and the different types of motivation. It drives development and wellness and investigates where that motivation derives from (Deci & Ryan, 2008). Ryan and Deci (2000) also researched ideas around universal human psychological needs; they proposed that there are three main focuses: competence, autonomy and relatedness. The Flourishing Scale touches on all three of the aforementioned focuses and assesses these concepts in participants who take the 8-item survey.

Snyder's Hope Theory

When Charles Richard Snyder was around 40 years old (mid-1980s), his journey with hope began. At the time, he was engaging in research about how people make excuses after they had either made a mistake or done poorly at something (Snyder, Higgins & Stucky, 1983). Talking with the "excuse" research participants, he noticed a common theme, that most of these individuals had a bigger motivation they

wanted to fulfill, or a goal they wanted to achieve. He linked this to hope and hopefulness and in 1989 he wrote his first published article exploring the concept (Snyder, 1989). Before investigating the components of hope theory, it is imperative to consider where this type of thinking evolved from: positive psychology.

Rewind back to the Second World War. The study of psychology was primarily concerned with fixing what was wrong with an individual with diseases and mental health issues, as opposed to nourishing and developing what makes people healthy and happy. Instead of healing people to a baseline or normal level of functioning, some psychologists began thinking about how to elevate individuals above a basic level of human performance. These psychologists started with Abraham Maslow, when he coined the term "Positive Psychology" in 1954, to Martin Seligman and Mihaly Csikszentmihalyi, among others, who have all contributed to the positive psychology movement.

When World War II ended, Veteran Affairs and the National Institute of Mental Health were founded. This made it possible for psychologists and academics to make money by researching and understanding ailments and mental illnesses following more of a 'disease model' or 'victimology'. While many cures, helpful practices and therapies were developed in response to this, it also encouraged the field to only focus on illness and moved the aim away from enhancing good health, strength and human virtues (Seligman & Csikszentmihalyi, 2000). From the emerging field of Positive Psychology, the school of thought was developed around the concept of Hope.

Snyder's first definition of hope was, "Hope is a positive motivational state that is based on an interactively derived sense of successful (a) agency (goal-directed energy) and (b) pathways (planning to meet goals) (Snyder, Irving & Anderson, 1991). There are three important concepts here, goals, agency and pathways. According to his theory, he defines goals as, "anything that an individual desires to experience, create, get, do, or become. As such, a goal may be a significant, lifelong pursuit (e.g., developing a comprehensive theory of human motivation) or it may be mundane and brief (e.g., getting a ride to school) (Snyder et al., 2003)." He explains two different types of goals: positive/approach goals and negative goals. Three examples of positive goals would be (1) wanting to achieve or gain something for the first time, (2) wanting to sustain or keep a present goal from diminishing and (3) wanting to extend or bolster a pre-existing achieved goal. Negative goals are when an individual strives to stop or delay something before it happens, for example, not wanting to get fired from work (Snyder, 2002).

Pathways, as Snyder defines them, are just that, a means to get somewhere, a map to achieving one's chosen goal. When pursuing a goal, a usable route to that goal needs to be chosen, and sometimes, modified. Snyder posits that individuals with high levels of hope are successful in producing effective routes to goal attainment and, in addition, plausible alternative routes to goal completion. On the other hand, individuals that possess low levels of hope are not usually successful at generating alternative pathways to goal attainment (Snyder, 2002).

When Snyder speaks about agency, he is referring to the motivational energy to utilize one's pathways to reach one or more desired outcome (goal). Agency

thinking pushes individuals to continue on a pathway while pursuing a goal; agency is imperative in successful goal attainment when a blockage or impediment is present in the process. Snyder tells about how agency thinking helps navigate the blockage and brings about the motivation to choose the best alternative pathway and get on that pathway quickly (Snyder, 2002).

Moving on to a visual representation of the Hope model, Snyder lays out the process in a comprehensive flow chart as seen below in figure 1. Starting with

SNYDER

HOPE THOUGHTS

pathways (developmental lessons of correlation/ causality)
+
agency (developmental lessons of self as author of causal chains of events)

EMOTION SET

Outcome Value

PATHWAYS THOUGHTS

AGENCY THOUGHTS

STRESSOR

EMOTIONS
EMOTIONS
EMOTIONS

GOAL attainment/ non-attainment

surprise event

Learning History   **Pre-Event**   **Event Sequence**
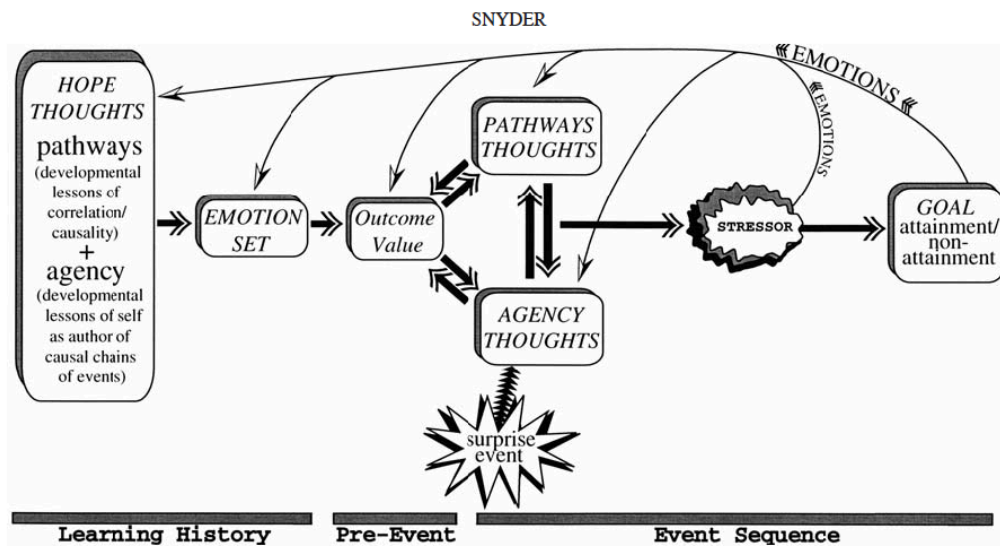
Figure 1: C. R. Snyder (2002) TARGET ARTICLE: Hope Theory: Rainbows in the Mind, Psychological Inquiry, 13:4, 249-275, DOI: 10.1207/S15327965PLI1304_01

pathways and agency thinking that is learned through childhood experiences. One's childhood, background and history all contribute to how one uses and employs pathways and agency thinking. These thought processes bring about emotional sets or moods. The tone of the emotions depends on previous goal attainment and/or non-attainment. Say an individual, usually with high levels of hope, has had successful experiences with goal fulfillment and pathway usage, their emotions, going into a new

goal or outcome, should be quite positive and riddled with favorable feelings. On the other hand, individuals with ineffective goal experiences may face this process with negative sentiments (Snyder, 2002).

The outcome value box, in Snyder's flow chart, refers to when a goal is developing or being deemed relevant enough to pursue. In other words, the value of the goal or outcome is appraised to determine whether or not the individual wants to begin the event sequence in pursuance of that goal or not. If the goal is deemed insignificant, cognitive and mental processes being consumed by thoughts about that goal can be stopped (Snyder, 2002).

When entering the goal sequence in the flow chart, agency and pathway thoughts mobilize. Once goal-directed thoughts are engaged the individual moves into the event sequence part of the flow chart. It is important to note that throughout the entire process emotions are playing a big role and can be activated at any point and can influence behaviors and cognitions of the goal-pursuer. Stressors or impediments are also something that can occur throughout this process. When a blockage or obstacle develops that may hinder or derail the goal efforts, people with high levels of hope see it as a challenge, while low-hope individuals may assume they will not attain their goal when presented with a stressor (Snyder, Harris, et al., 1991). The flowchart concludes with either goal attainment or non-attainment. Thoughts, emotions and perceptions encountered throughout the entire process can cycle back and inform those same processes during hopeful thinking in their future (Snyder, 2002).

So, how can one measure a person's level of hope? How can it be determined if one is a high-hope or low-hope individual? Snyder considered just that and, with help from colleagues, constructed and validated several hope scales. The three scales are as follows: (1) Adult Hope Scale, which contains 12 items, four pathways, four agency and four distractor items and contains an overarching hope factor (Snyder, et al., 1991). (2) State Hope Scale, which consists of three pathways and three agency items and is asked in terms of the "right now" (Snyder, Sympson, Ybasco, et al. 1996). (3) Children's Hope Scale includes three agency and three pathways items and can be administered to children ages 8-16 (Snyder, Hoza, et al., 1997).

Survivor Defined Success

Survivor Defined Success is a relatively new concept and therefore has not generated a lot of articles and resources yet. The current study is designed to add to this pool of literature. Survivor Defined Success seeks to challenge the idea that there are universal goals to gauge the level of success a client gains. For example, many think that a victim of domestic violence has successfully became a survivor or achieved success by exiting the abusive relationship or by obtaining safety.

While this way of thinking can help victims become safe in the short-term, it may be beneficial to look beyond imposing a specific goal on the victim. Instead, letting the survivor define the outcomes and goals that he or she would like to work toward can foster a deeper connection and motivation and therefore help the survivor have long-term success.

The current research seeks to support the survivor-defined goal movement and help establish what that could look like. If goals of intervention and success measures are needed for a specific group, it could be more beneficial if that same group defined those goals as opposed to service providers defining the goals. This speaks to a survivor-centered approach. The current study will explore actual survivor-defined goal statements qualitatively and then quantitatively analyze the common themes in relation with hope, ACE, and flourishing scores of the specific survivors.

By looking at specific goals written by actual survivors, the current research may uncover common themes underlying survivor goal making and could shed light on the discrepancies or differences between survivor defined goals and service provider assigned goals. Service providers may see a successful goal as becoming safe, but that goal may not even cross a victim's mind and therefore motivation for completing the program or becoming successful could be lost or diminished without a sense of ownership around the formulation of the program goals. Service providers may also measure success of a victim turning into a survivor by using measures like "completion of the program" or how much funding the program obtained as opposed to whether or not the domestic violence has actually ended or the victim has reached his or her goals. Therefore, survivor defined success has potential to become a new success measure.

Chapter II

Literature Review

Ever since C. R. Snyder proposed the idea of hope as a measurable construct, many researchers and psychologists have examined and written about the measure. Most articles address the variation in behavior or tendencies in participants with higher hope scores compared to participants with lower hope scores. Only a few articles look at interventions and how certain actions can be taken to improve hope scores. Stemming from this type of research, the approach of survivor defined goal setting was studied in the current research to examine whether the degree of hope, flourishing and number of Ace's affects the types of goals that survivors produce. This leads to information on a beneficial way to set visions and goals for specific survivors. Instead of service-providers imposing or assigning the goals that he or she deems appropriate for the survivor, a survivor-led approach could potentially be more constructive in general, or depending on the hope, flourishing and Ace scores of that specific person could be modified to produce a greater level of success.

Flourishing

Flourishing is a broad term with a positive connotation that tends to be associated with thriving and blossoming. A scale was formed around just that, and what motivations, psychological needs and social capitol it takes to raise flourishing, or well-being scores. The Self-determination theory is found at the base of the flourishing mindset. This theory examines extrinsic and intrinsic motivation and specifically looks at the relationship between extrinsic rewards on intrinsic motivation.

What the researchers found is that extrinsic rewards, like money or material things, can undermine intrinsic motivation, which is motivation that comes from within, an internal reward system, if you will (Deci & Ryan, 2008).

Flourishing also refers to social capital and resources a person might have or want to improve upon. This includes relationships and the interconnectedness of resources that a community uses to sustain and support itself effectively and efficiently (Helliwell, 2005). Along with this, the concept of Flourishing also addresses the notion that giving back to the community can promote greater happiness. There was a study done that examined what kind of impact spending money on others had on a person's happiness. The researchers found that when the participants spent more of their income on others, they had greater levels of happiness. They also found that when participants were given money to spend on others, those participants experienced greater happiness than the participants instructed to spend money on themselves (Dunn, Aknin, & Norton, 2008).

Mihaly Csikszentmihalyi (1990) laid great foundation for the concept of flourishing by expressing what it means to have "flow." This psychological concept is the state of immense concentration and happiness that engulfs a person when they are focusing on something that they are extremely passionate about or gain instrinsic motivation from. This concept of engagment and enjoyment is also believed to lead to a higher sense of flourishing and therefore is embedded in the measure.

All of the work surrounding the flourishing and well-being ideas stem from the main subject of positive psychology (Seligman & Csikszentmihalyi, 2000). It is

beneficial to study what makes individuals thrive and enjoy life as opposed to what is wrong with "damaged" individuals and how can they be "fixed." Positive Psychology challenges social scientists to be proactive and consistently broaden this constructive pool of research.

Adverse Childhood Experience (ACE) Study

Dr. Vincent Felitti and colleagues published a study termed the Ace study. They surveyed 17,421 people and followed those same participants for the next nineteen years of their lives. Fascinating outcomes were found from this research. The ACE questionnaire that was used has become a validated measure. The questionnaire consists of ten questions about trauma, stress and adversity that one may have faced in their childhood. The score that a participant receives reflects the number of categories of traumatic stress that they have been affected by during their childhood. The researchers found that, in a number of ways, the higher a participant's ACE score is, the greater his or her risk is for health problems. For example, a greater risk of depression, alcoholism, intimate partner violence, smoking and suicide attempts are all positively correlated with higher ACE scores (Felitti, et al, 1998; Gwinn & Felitti, 2015).

Hope Theory

Looking at the literature and research relative to Hope Theory, an interesting study (Snyder & Bailey, 2007), utilized the Adult Trait Hope Scale (Snyder, et al., 1991) to examine how hope levels relate to age and marital status. The researchers surveyed 215 participants on satisfaction with life (Diener, et al., 1985) and hope and

examined scores in relation to different characteristics of the participants. There were no significant differences in hope levels between males and females or between African Americans and Caucasians; however there were significant differences in hope scores across various ages. Three of the younger age groups wherein participant's ages ranged from 25-54 years reported higher hope scores than participants that were in the 55 to 64 year age group which suggests that older individuals have lower hope levels. It is interesting to note that there were no significant differences on the satisfaction with life scores across age groups. The three younger age groups did, however, have higher scores on a sub-scale that examined their abilities to identify pathways to goal attainment (Snyder & Bailey, 2007).

Snyder and Bailey, in the same study, also examined hope levels relative to marital status. The researchers hypothesized that married participants would have the highest hope scores. What they found was that married and unmarried/single participants reported higher hopefulness than participants who were separated, divorced or widowed. In support of the researchers' hypothesis, the married sample reported higher life satisfaction scores than the divorced, widowed or separated group. Correlations were also found that suggest people with higher satisfaction with life also tend to be more hopeful individuals (Snyder & Bailey, 2007).

Another study, of many, that examine aspects of Hope, looks specifically at differences among high and low hope individuals and their preference for either positive audiotaped messages or negative ones. The participants' scores on the dispositional Hope Scale determined whether they were considered high-hope or low-hope individuals. Researchers, C. R. Snyder, Anne LaPointe, J. Crowson, and

Shannon Early, hypothesized that (1) the high-hope participants, as opposed to low-hope participants, would prefer to listen to positive rather than negative statements and (2) that high-hope participants would also remember and generate the positive statements more as opposed to the negative statements (1998).

To study these hypotheses, the researchers used a 2 x 2 factorial design with hope and gender as independent variables and time spent listening and recalling positive self-referential statements against negative ones as the dependent variables. The high-hope participants chose the positive tapes more often than the low-hope participants and the high-hope participants recalled fewer negative statements than the low-hope group. Interestingly, the low-hope participants were able to recall positive statements about the same as the high-hope group, however the low-hope participants were better at recalling the negative statements than the high-hope individuals were (Snyder, LaPointe, et al., 1998).

Researchers have looked at, among other things, the relationship hope has with age, marital status, ethnicity, preference of positive versus negative recordings, and, as this next study examines, hope's relationship with career adaptability. Aysenur Buyukgoze-Kavas (2015) researched positive psychological characteristics that could potentially predict an individual's level of career adaptability. One of these traits he investigated was hope, using the dispositional Hope Scale (Snyder, et al., 1991). Career adaptability is defined as, "the readiness to deal with changes and transitions across the life span (Buyukgoze-Kavas, 2015)" and was measured using a career adaptability subscale (Rottinghaus, et al., 2005). The research found that Hope levels did in fact help predict career adaptability in participants. It was also found that

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students who reported high levels of hope were more likely to rate themselves higher on career adaptability (Buyukgoze-Kavas, 2015).

Another study examines how hope and optimism impact the correlation between rumination and suicidal ideation. (Tucker, et al., 2013) The researchers wanted to find out if a presence of hope and optimism could weaken the relationship between rumination and suicidal ideation. They hypothesized that if an individual does possess high levels of hope and optimism then it would successfully moderate the connection between the two. Their hypothesis was accepted after 298 participants completed measures of hope, optimism, rumination and depression. The researchers posit that if one has a ruminative thinking style, or are inclined to brood on past negative experiences, and low levels of hope and optimism, then there could be more harmful ramifications than if the same individual had higher levels of hope and optimism (Tucker, et al., 2013).

Researchers performed another study examining hope in terms of family members of patients with obsessive-compulsive disorder (Geffken, et al., 2006). One of their hypotheses was that hope levels would negatively correlate with depressive symptoms and denial disengagement coping strategies. This hypothesis was accepted along with another that predicted high hope levels to negatively correlate with social support coping strategies and active reframing. Hope is, therefore, an important and extremely advantageous trait to consider not only for patients but also for supporters and family members (Geffken, et al., 2006).

Two-hundred and eleven college students participated in a study to determine the impact that having higher hope scores versus lower ones would have on coping with stress and problem-solving ability (Chang, 1998) The researcher found that high hope students not only had greater problem-solving abilities, but also utilized less disengagement coping strategies when compared with low hope students. The researcher concluded that hope could help predict academic and personal satisfaction (Chang, 1998). This illustrates that; again, hope can play a monumental role in numerous types of lifestyles and situations.

Instead of just looking at high-hope and low-hope individuals in general with between person studies, another study examined how hope interacts with stress and negative emotions on a daily basis and noted within person and between person differences (Ong, et al., 2006). The researchers did this by studying 27 participants every day for 45 days. The participants reported on their trait hope levels and state hope levels as well as stress and occurrence of negative emotions within each day. They hypothesized that the presence of hope would better protect individuals from negative emotions and would also speed the recovery from negative emotions felt daily. Their hypotheses were both accepted. Different from other studies on hope, these researchers used daily journals as a means of recording the way hope adapts and changes each day within the same participant along with stress levels and negative emotions. At the between person level, the researchers found that hope was positively associated with better adapting to stress. What was also interesting was that the researchers found that at the within person level, having higher daily hope speeds the recovery and mediates the level of stress the next day for that person. (Ong, et al.,

2006). This study illustrates that hope can be advantageous and beneficial in reducing stress, daily negative emotions and resiliency.

The literature surrounding Snyder's Hope theory is abundant in articles focused on the different experiences and characteristics of high-hope individuals vs. low-hope individuals as opposed to researching how to change and lift hope scores and hope levels in individuals. The Camp Hope research (Gwinn & Hellman, 2016) that stemmed from Family Justice Center initiatives aim to raise Hope levels and therefore improve life satisfaction.

Chan Hellman and Casey Gwinn measured hope scores of children attending the program/intervention (Camp Hope America) before and after attending. This camp is the first one of its kind to focus solely on children who have been exposed to domestic violence. Hellman and Gwinn sought to find support for the benefits of Camp Hope America on the children attending. Their research questions asked, (1) if it is possible to elevate hope scores of children that have been exposed to domestic violence and (2) can hope predict adaptive outcomes for those same children. The researchers, therefore, hypothesized that children who attended Camp Hope will (1) show an increase in hope levels, (2) report an increase in positive character strengths (reported by camp counselors) and (3) will have scores from the post-test that positively correlate with the character strengths post-test (Hellman & Gwinn, 2016).

To test these hypotheses, they performed a study that used the Children's Hope Scale and a 20-item assessment of eight character strengths (zest, grit, optimism, self-control, gratitude, social intelligence and curiosity) as observed and recorded by

counselors at the camp. The researchers sampled 229 children and administered a pre-
and post-test of the Children's Hope Scale. They then had counselors assess the
children on hope levels and character strengths at the beginning and again at the end of
the weeklong camp program. While the research is just a preliminary study, it reported
very positive results and positive correlations across the board. The increase in hope
levels that were self-reported by children before and after camp were statistically
significant. All of the increases (from start to end of camp program) in character
strengths were also significantly significant. Higher reported scores in hope were
associated with higher scores in character strengths. And child reported hope levels
were positively correlated with counselor observed levels of hope within those
children (Hellman & Gwinn, 2016).

This research shows support for Family Justice Centers and the constructive, if
not essential, benefits they offer survivors of domestic violence and their families. By
bringing in over 25 agencies whose missions are to assist survivors, Family Justice
Centers streamline the process and while doing so, can raise hope levels of survivors.
Raising those hope levels can lead to many benefits. As shown above in the literature
review, there is an appreciable amount of articles that outline the effects of having
high hope levels as opposed to low hope levels.

In fact, one study looked at how hope reduces anxiety using a resting-state
fMRI (functional magnetic resonance imaging). The researchers wanted to dig deeper
into how hope actually benefits an individual, so they turned to neurobiology to see
how the brain uses hope. Two hundred and thirty-one high school students were
studied; the dispositional hope scale was utilized. The researchers found out that hope

does act as a mediator when it comes to anxiety at the neurological basis (Wang, et al., 2017). This is the first study of its type examining hope, and it opens up a promising new perspective on the advantages of endorsing interventions that raise hope levels.

Another study (Irving, et al, 1998) also highlights how beneficial it would be to be able to raise hope. They do this by investigating hope and its relationship with cancer. One hundred and fifteen college aged women were participants. The high hope participants proved to be more knowledgeable about cancer and to have more hope-related coping responses. They concluded that hope could be a means of having a "fighting spirit" while coping with this cancer. They saw that higher hope individuals, even when shared variances like academic achievement and positive and negative affectivity were removed, had better coping skills, more knowledge and a fighting spirit (Irving, et al, 1998). These findings also support the need for hope interventions.

If more research is done investigating the favorable advantages of hope, then individuals can have the option of bettering their hope muscle and gaining skills and strengths to cope with and combat negative experiences, thoughts and situations. When more interventions are available and proven to be reliable, more and more people can gain hope.

Survivor Defined Success

The current research takes these ideas surrounding hope and seeks to offer support to another approach that can, like hope initiatives, lead to the success of survivors, victims and their families. Hope theory is extremely focused on the process of goal attainment (agency and pathway thinking). It would be remiss not to look at

how the process of actually setting those goals looks. Before now, many victim/survivor support approaches and programs have imposed basic goals for their clients that reflect safety and security. For example, an appointed goal may be to exit the abusive relationship, obtain a restraining order, or move your family to a safer environment. While these goals are extremely vital to a victim, the victim may not be as invested in goals placed upon him or her. From this, a concept called Survivor-Defined Success emerged.

One of the main researchers studying this concept is Katya Fels Smyth through her work with founding The Full-Frame Initiative. She began with the idea that, in order to fully help someone, a service provider needs to take into account their complex needs and specific context. The Full Frame Approach is an initiative that took shape when researchers Katya Smyth, Lisa Goodman, and Catherine Glenn wrote an in depth article outlining the pitfalls of using exceedingly specialized services when it comes to providing assistance to marginalized groups. They explore the ways policymakers, funders and practitioners have a disconnect with the actual needs of marginalized victim/survivor groups to become successful in the long-term. They unearthed the consequences of having a highly targeted intervention for only one specific issue. This can lead to tunnel vision toward a victim and can marginalize her or him even more (Smyth, et al., 2006).

The researchers noticed that the typical practitioner imposes a rudimentary outcome or success measure on a victim (i.e. the victim will become a successful survivor when she or he ends the relationship with her or his abuser). This method depersonalizes and discredits the victim's authentic self and all of the individuality

and complexity that that person encompasses. It also separates survivors from their personal contexts (e.g. relational, material, situational and identity contexts) and extinguishing characteristics. The researchers then proposed an early version of the Full Frame Approach, which outlines 4 principles and 4 practices to help practitioners and service-providers counter-act the negative effects of specialization and become successful in seeing the victim as his or her whole person, not just one of his or her specific issues or battles (Smyth, et al., 2006).

After co-writing the article mentioned above, Smyth (2008) went on to produce a second version of her Full Frame Approach that she labeled; Full Frame Approach 2.0. It was developed to help organizations serve populations in need more appropriately. This came about two years after the first article and outlines 10 principles that organizations can utilize to support a more well-rounded and wholesome approach to assisting marginalized communities and to support programs in implementing a survivor/victim-centered approach rather than a more typical approach where the practitioner defines and assigns a set of goals and success measures on the victim (Smyth, 2008). The current research utilizes this version of Smyth's approach to inform the process, predictions, and hypotheses of this study.

This approach reflects the concept of survivor-defined success because it advises client-centered structures as opposed to service provider mandates. Another beneficial implementation is framing the service as a community within a community instead of forcing an alternative community of said group. Ownership over the community, the goals and the mission, can foster a productive and growth-oriented environment. An example of some of the principles include understanding that life is

messy, friends and family play a central role, and change is good and encouraged. The entire list of principles is included in the appendix (Smyth, 2008).

The formulation of the Full Frame Approach 2.0 led to a huge under-taking by The Full Frame Initiative organization headed by Smyth and colleagues Anna Melbin and Audrey Jordan. Thoroughly interested by the concept of survivor's defining their own success, and thirsty to explore this notion more, the researchers formulated a project wherein the mission was to, "listen to all the ways in which people think about survivor success, without limiting the focus to specific services or programs." (Melbin, Jordan, & Smyth, 2014, p.5). "Our aim was to document, with rigor and curiosity, the broad range of strategies, relationships, and supports that are most important in survivors' ability to achieve and sustain self-defined success and wellbeing." (Melbin, et al., 2014, p.12).

The project had two phases, in the first phase; researchers interacted with 150 domestic abuse survivors and over 185 social service practitioners in workshop settings. The workshop included asking survivors multiple in depth questions about moments of success in their lives, what helped lead them to the success, and how they coped with the aftermath. The practitioners were asked to talk about a moment where they had witnessed a survivor that they worked with find success. Phase two included the practitioners participating in a reflection workshop where the phase one findings were discussed. Collectively, they generated their reactions to the findings, recommendations for bettering the current systems' acknowledgement and actions towards survivor-centered practices and determined opportunities to begin changing the field (Melbin, et al., 2014).

The researchers at Full Frame Initiative used a content analysis strategy to code the stories and responses to questions that were heard at the workshops. They found that survivor's experiences with success were different from what practitioners labeled as a survivor feeling successful. The content analysis showed that 39% of practitioners talked about survivor success being the moment the survivor ends his or her relationship with the abuser. Only 7% of survivors attributed success to separating from their abuser. The researchers (Melbin, et al., 2014) reflected about the analysis by stating:

> Improving a relationship with a child, winning a disability court case, or graduating from a medical degree program are just a few examples [of the survivor success stories]. In many of these moments, the person perpetrating the abuse was present or referred to directly, but he was not simply the abusive partner— he often was playing a different role in the survivor's life, often neutral or even valuable. (p. 20)

This revelation is in direct contrast with what most service providers seem to think; that the core and cause of all of the survivor's issues must stem from the abusive relationship and the only way to become successful in any measure is to cut out the abuser completely. But this idea is also contrary to their other findings; 93% of the survivors' success anecdotes and moments were about connections with others, accomplishments outside the abusive relationship, and/or the normalcy of daily life. All of the survivor statements were coded into two encompassing categories of meaning: (1) Connections (55% were about 'Social Connectedness' and 19% were about 'Belonging to Something Bigger than Me') and (2) Accomplishment and

Opportunity/Agency (35% were about Having and Creating Value and 28% were about Opportunity) (Melbin, et al., 2014). The researchers also noted that, "For survivors, separation from the abusive relationship was almost never mentioned in moments of success, and [practitioner driven/social] services were rarely mentioned as part of getting to moments of success." (Melbin, et al., 2014, p. 19).

The current research seeks to expound upon the findings and reflections garnered from the Full Frame Initiative's and Smyth's work and offer support for their findings. The domestic violence field seems to have the need for an overhaul quickly approaching; for too many years, helping victims of domestic violence has had an elemental basis in solely defining or identifying the victim by his or her abuse problem alone as opposed to seeing the victim, first and foremost, as a human being with his or her own identity, relationships, experiences, hopes, and dreams.

The research hypotheses for the current study are presented below:

Hypothesis 1: Survivor Defined Goal Statements will reflect goals that are more complex, contextual and interwoven as opposed to just safety and security focused. This is expected to be reflected in the survivor goal statements based upon a principle from the Full Frame Approach 2.0 (Smyth, 2008). The first principle in this approach speaks to how complicated and messy life is and how poly-victimization, the instance of multiple types of trauma in one person's life, can lead to more intricate measures of success than just being in a safe environment. The mental, personal, contextual and physical demands can lead to messy interplay and more complicated paths to success.

In the Full Frame Initiative's study, Melbin and colleagues performed a

literature review of all the discourse and research they could find on how social

service organizations define success and how they measure it. Twenty-seven published

articles have mentioned survivor success, but most did not discuss the concept at

length or provide a clear definition of measurable success. A tentative conclusion was

that the strong underlying basis of the current dissonance surrounding the social

service arena when they stated, "In the [reviewed] sources that *did* include a

conceptualization or definition of success, the emphasis was almost always on

survivor or perpetrator *status,* such as physical separation, physical safety, or

reduction or cessation of violence," (Melbin, et al., 2014, p. 11). A review of the

literature suggested that many practitioners do indeed believe that just a victim's

change of status (like the act of leaving an abuser) is enough to call the service a

success. The hypothesis that the goals of survivors will reflect much more in depth and

different goals as opposed to goals about being safe or changing status is based on the

anticipation that observed statements from survivors would add support to this

considerable discrepancy between beliefs of practitioners and the goals survivors

actually report.

Hypothesis 2: Survivor Defined Goal Statements will reflect ideas that suggest

the importance of family and relationships. This hypothesis also stems from a

principle in the Full Frame Approach 2.0. The second principle in the comprehensive

list is about how important friends and family are to any human. The principle

explains that relationships can have the power to transform and support bonds, it also

recommends that service providers, "not require or expect participants to abandon

relationships with others in exchange for participation in [your] program" (Smyth,

2008). This is powerful because many times, third parties assume that anyone can just leave an unhealthy or abusive relationship. But that is much easier said than done and needs to be respected. Therefore, it is anticipated that many of the goal statements will be relationship focused.

Hypothesis 3: Survivor Defined Goal Statements will show more goals around new possibilities and the future rather that "just surviving." The third principle outlined in the Full Frame Approach 2.0 is about the motivation behind envisioning a bright and productive future. It urges service providers to remember that their participants are not weak or helpless but may just need a re-framing of their motivations into new possibilities. The authors of Full Frame Approach 2.0 suggest that organizations are responsible for supporting or initiating a hope that the future will be brighter, but service providers have to remember that that hope should be supported without assigning what they are actually hopeful for or working towards (Smyth, 2008).

Hypothesis 4: Higher Hope Scores will be associated with goals that reflect something bigger (i.e. community, "giving back" to others). Principles 4 and 5 from the Full Frame Approach 2.0 offer support for the reasoning of this hypothesis. Principle 4 addresses the human need for something bigger than just one person. It supports the need for community and how healing and beneficial giving back to your community can be. Principle 5 expands on that by introducing the need for the actual culture and place that participants hail from. This principle challenges service providers to encourage building said community, not escaping it (Smyth, 2008). These

thoughts reasonably suggest that the goals of participants with high hope scores will reference hope for their community, with intentions of giving back to the community.

Hypothesis 5: Higher Hope Scores will be associated with goals that reflect survivors' career adaptability. This hypothesis was formulated with support from a study done about the interaction with hope levels and career adaptability (Buyukgoze-Kavas, 2015). Those researchers found that higher hope levels predicted higher career adaptability scores and the higher hope participants rated themselves more successful in career adaptability (Buyukgoze-Kavas, 2015). These findings suggest that high hope levels will produce career-oriented goal statements.

Hypothesis 6: Higher Flourishing Scores will be associated with goal statements that focus on successful relationships and friendships. This hypothesis reflects the second hypothesis about the importance of relationships. Principle 2 of the Full Frame Approach 2.0 lends itself completely to the significance of building and nourishing relationships (Smyth, 2008). Since Flourishing focuses on resources and adaptability, the researchers predicted that participants with higher flourishing scores would state goals that reflect their skills in resources they draw upon i.e. relationships (Diener, et al., 2010).

Hypothesis 7: Higher ACE Scores will be associated with goal statements that focus more on safety and security. A victim with many instances of trauma early in his or her life may focus goal statements more on being safe and secure as soon as possible. Therefore, participants with higher ACE scores are predicted to have more goals focused on safety and security.

<center>**Chapter III**</center>

<center>**Methods**</center>

As part of a broader study, a nonrandom purposive sampling was used to distribute surveys to seven Family Justice Centers residing in California. This study was done through the Blue Shield project by the Alliance for Hope. The Family Justice Centers that distributed the surveys were Alameda County, Contra Costa County, Riverside County, Sacramento County, San Diego, Stanislaus County and Los Angeles (Strength United). The primary data being used for the current study is from a pre-test/post-test survey given to the previously named Family Justice centers. The pre-test asked questions to determine the participants' Hope level, ACE score, Flourishing score, Satisfaction with Life score, and Emotional Well-being score. The first three of these measures will be utilized in the current study and correlated against qualitatively surveyed survivor defined goal themes which were categorized and coded using the written answers in the post-test that responded to a question about 5 goals that the specific survivor composed.

Data Collection

Each Family Justice Center, out of the seven that were surveyed in California, was given an instruction packet and training on how to administer the surveys and collect the results. The data used in this study was taken from 125 matched pre-test/post-test assessments out of three hundred and eighteen surveys given. The pre-test was given to survivors at intake at each of the centers. The pre-test did not have questions about Survivor Defined Goals. The post-test was given out to the same

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survivors at least 45-60 days after the pre-test was given. Surveys were matched by the individual Family Justice Centers, de-identified and then sent to be analyzed by the primary researcher. The current study specifically and more in depth, examines responses on Hope levels, ACE scores and Flourishing scores in relevance to the 0-5 written self-defined goal statements that survivors were asked to provide on the post-tests. The survivor defined goal statements were put into categories and sub-categories and agreed upon by three trained coders through content analysis.

Demographics

Overall, there were 318 participants who responded to the pre-test at intake, and 130 participants who responded to the post-test 45-60 days later. Overall, the data that was analyzed came from 125 (39.5%) matched surveys from participants who completed both the pre and post-tests. The sample was 90.1% female and had an average age of 36.4 years (SD = 11.29), the youngest of them being 15 years old while the oldest was 79 years old. Of the participants, 48.5% identified as Hispanic, 28.9% Caucasian, 10.8% African-American, 2.9% Asian, and 1.0% Native American. There were 39.8% of participants who indicated that they were single, 31.3 % married, 13.4% divorced and 11.9% separated. The sample included 26.4% of participants that had received less than a 12 grade education, 23.9% had his or her GED or High School diploma, 23.9% attended some college, and 21.9% had a college degree. Housing demographics showed that a majority of the participants (53.4%) were living in a home or apartment of their own, 31.9% lived in someone else's home, 1.5% were in an emergency shelter and 1.0% were homeless. The demographics for this sample are presented in Table 1 under "All Participants."

There were 105 participants who wrote goal statements on their post-tests. Out of those specific participants, the majority (92.3%) identified as female. The average age was 36.5 (SD = 11.09) with the highest age being 15 years and the oldest 75 years. Participants who indicated a Hispanic background represented 51.9% of the participants; 26% Caucasian; 9.1% African-American; 3.9% Asian and 0% Native American. Of the sample, 41.3% were single; 26.7% were married; 13.3% were divorced and 14.7% were separated. The education levels of the participants were as follows: less than 12th grade (28.9%); completed GED (15.8%); Some college (28.9%); College graduate (22.4%). The housing situations of the participants were: living in home or apartment of his or her own (58.4%); living with someone else (29.9%); currently in an emergency shelter (1.3%). The demographics of the 105 participants that provided goal statements are provided in the 3rd column in Table 1.

Table 1. Demographics of Participants

Characteristic	All Participants	Participants with Goal Statements
Gender		
Male	9.9%	7.7%
Female	90.1%	92.3%
Age		
Mean Age	36.4 years	36.5 years
Oldest	79 years	75 years
Youngest	15 years	15 years
Race		
Hispanic	48.5%	51.9%
Caucasian	28.8%	26.0%
African-American	10.8%	9.1%
Asian	2.9%	3.9%
Native American	1.0%	0%

Marital Status

Single	39.8%	41.3%
Married	31.3%	26.7%
Divorced	13.4%	13.3%
Separated	11.9%	14.7%

Education

Less than 12th Grade	26.4%	28.9%
GED	23.9%	15.8%
Some College	23.9%	28.9%
College Graduate	21.9%	22.4%

Housing

In own House or Apartment	53.4%	58.4%
Living with Someone Else	31.9%	29.9%
Emergency Shelter	1.5%	1.3%
Homeless	1.0%	0%

Measures

Hope Scale On both pre and post-tests, the Adult Hope Scale (Snyder et al., 1991) was utilized to gauge the level of Hope of each survivor. The scale consists of a 12-item survey with an 8-point Likert scale beginning with Definitely False (1) to Definitely True (8). There are 4 items that address one part of Snyder's Hope Theory; *agency*, which refers to the energy that a person exerts on the efforts made to succeed in attaining a goal. There are also 4 items on the scale that address the second part of his theory, which is called *pathway* thinking, Snyder describes pathway thinking as the actual planning and blueprinting of ways that a person would go about meeting one's goals. The last 4 items on the Adult Hope scale are distracter items. The score that is established from this scale can be from 8, which would indicate a low level of hope, to 64, which would indicate a high level (Snyder et al., 1991).

Flourishing Scale The Flourishing Scale (Diener et al., 2010) was also utilized in both the pre-test and post-tests. The Flourishing Scale has 8 items, all positively phrased, and uses a 7-point Likert scale that goes from strong disagreement (1) to strong agreement (7). The score can range from 8 (low) to 56 (high). The higher the score is, the higher the participant's psychological resources, functioning and strengths are.

Adverse Childhood Experiences Scale (ACE) The ACE scale (Felitti et al., 1998) evaluates how many adverse experiences a person has had during their childhood. There are 10 items that ask about the different trauma, stress or adversities faced in a yes or no questionnaire. Therefore, the highest score one can have is 10 while the lowest is 0. Higher scores have been positively correlated with a higher risk for health problems (Gwinn & Felitti, 2015).

Survivor Defined Goals Survivor defined goals were asked about only in the post-test, which was given to survivors who had returned to the Family Justice Center at least 45 to 60 days since intake. The question asked for 5 handwritten goals that the respondent had set for himself or herself while attending the Family Justice Center. The survey question did not ask the participant to prioritize goals.

Data Analytic Procedure

Because of the nature of the data and the research questions, this study utilizes a mixed methods research design. Mixed method designs are beneficial in providing a thorough framework for analyzing data that, in this case, utilizes both quantitative and qualitative research strategies. The mixed methods design that was chosen for this

research is the convergent parallel design. This design occurs when the researcher

collects both qualitative and quantitative data independently, but at the same time

during the first phase or step of the process. The next step includes independently

analyzing both sets of data, but again, this is simultaneously done. In the third phase of

the convergent design is where both types of data are merged together and compared

or correlated. Lastly, step 4, is the interpretation and discussion of the results. Below,

in figure 2, is a flowchart of the process.
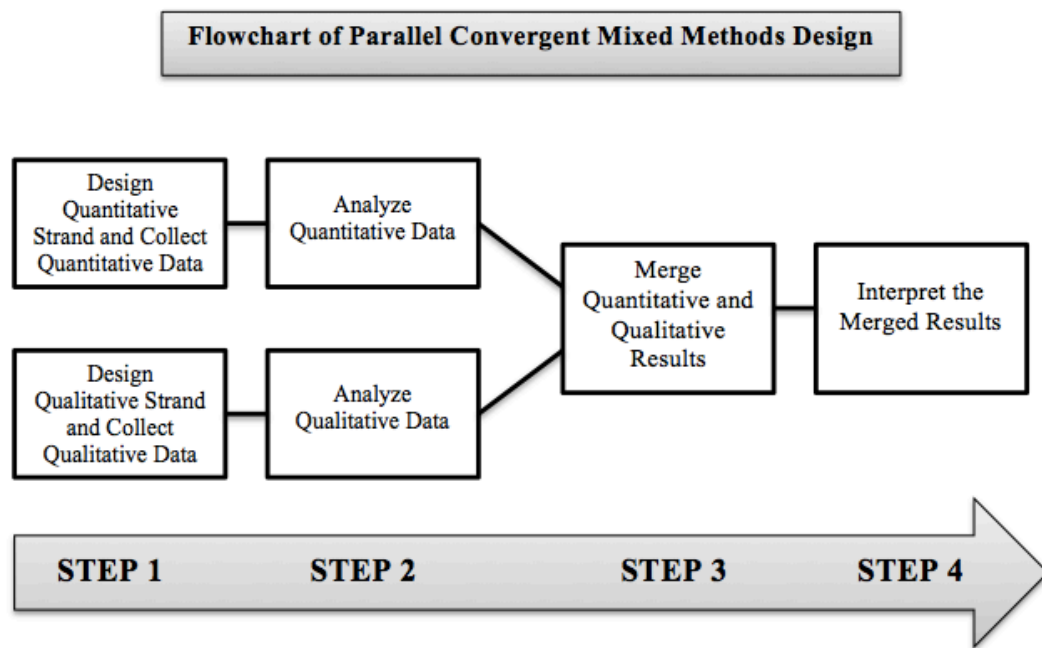
Figure 2: Adapted from Creswell, J. W., & Plano Clark, V. L. (2011). Choosing a Mixed Methods Design. In *Designing and conducting mixed methods research* (pp. 53-106). Thousand Oaks, CA: SAGE Publications.

The Convergent Parallel Design was specifically chosen for this study because

both the qualitative and quantitative data carry a significant importance to the

interpretation. Once merged and interpreted together, it will be interesting to see how

each type of data complements and correlates with one another. Among other reasons to choose this design, the convergent design is also notably and efficiently straightforward for a mixed methods design. Because the two types of data are dealt with, collected and analyzed independently and then merged and interpreted together, it makes for an intuitive and clear organizational format throughout the process. A strength of this design is that the researcher can use two completely different strategies and angles to get a more complete view and illustration of the research question or problem that he or she is investigating. The quantitative strand has its own strengths, for example, large sample sizes and generalizability, while qualitative data offers more in depth views and detailed illustrations of the phenomenon. When merged together, readers can get a better understanding and a broader view of the concept being examined.

Qualitative Content Analysis

Qualitative data were collected, coded, and categorized. This process started with identifying which participants had responded to the post-test survey question that prompted the participant to hand write, at most, five specific goals that they had set for themselves while utilizing the services at the Family Justice Center. After all of the goal statements were collected, three coders, students at the University of Oklahoma, independently reviewed the statements and were instructed to identify categories and or themes and sort the goal statements into those groups depending on the content of the statement. After completing the coding process on their own, the three coders met to discuss any discrepancies among their respective coding choices. The discrepancies were all determined to be a matter of semantics and such that easily resolved. After the

collaborative meeting, the coders agreed on the categories and sub-categories, goal

statements, and statement placements. The categories and sub-categories for the goal

statements are presented in Table 2.

Table 2. Categories/Sub-Categories & Respective Codes/Sub-Codes

Code	Category	Sub-Code	Sub-Category
1	Education		
2	Career		
3	General Well-Being		
		3.1	Self-Image/Confidence
		3.2	Independence
		3.3	Self-Control
		3.4	Positivity/Optimism
4	Financial		
		4.1	Housing
		4.2	Material
		4.3	Safety/Security
5	Relationships		
		5.1	Family
		5.2	Community
		5.3	Marital
6	Health		
		6.1	Physical
		6.2	Psychological
7	Legal		
		7.1	Custody

The categories and sub-categories that were agreed upon by the coders were assigned numerical values (codes and sub-codes) to identify them in a quantitative analysis. Examples of goal statements that fit each category are presented in Table 3 and examples of goal statements that fit in each sub-category are presented in Table 4. After both sets of data (Quantitative and Qualitative) were analyzed separately, the data were merged by assigning numerical values to the categories and sub-categories to permit quantitative correlational analyses.

Table 3. Categories & Examples of Goal Statements

Category Name	Example Goal Statement
Education	"Go to school for RN degree"
Career	"Find full time employment"
General Well-Being	"Loving myself--self care"
	"Pursue happiness and peacefulness"
Financial	"Aim to be debt free"
	"Pay my rent before the 1st of every month"
Relationships	"Improving my family relationships and situations"
Health	"Exercise, lose weight"
Legal	"Sole custody of my son"
	"Obtain a permanent restraining order"

Table 4. Sub-Categories & Example Goal Statements

Sub-Category Name	Example Goal Statement
Self-Image/Confidence	"To keep my head up high."
Independence	"Show me not to depend on nobody.**"**
Self-Control	"Learn to say NO"
Positivity/Optimism	"Think positively always."
Housing	"Have my own place to live."
Material	"Get a car."
Safety/Security	"Be safe/In a safe environment"
Family	"To provide my family with their needs."
Community	"Be able to be a yoga teacher for DV victims."
Marital	"Separate from partner."
Physical	"Take better care of my needs (i.e. rest, diet, exercise)."
Psychological	"Working on obtaining counseling for myself."
Custody	"Sole custody of my son."

Grounded Theory vs. Content Analysis

Content Analysis of the qualitative data was performed rather than Grounded Theory. The two approaches have many similarities; such as they both involve organizing and interpreting qualitative responses in a systematic way by using themes, patterns and/or commonalities to classify the data. Grounded Theory differs from

Content Analysis because instead of just analyzing qualitative data, Grounded Theory

suggests that there is another layer to the approach in formulating theory from the data

analyzed. Content Analysis on the other hand does not aid in generating a theory but

extracting meaning from the qualitative data that is being analyzed. Content Analysis

was chosen for the current study because the purpose of the study is not to derive a

theory from the investigation, rather, they are seeking to gain insight and

understanding about survivor defined success and its relationship with well-being

scales.

Quantitative Correlational Analysis

An eta correlation coefficient (η) was calculated as the measure of association

between the qualitative goal statement categories with hope levels, ACE scores and

flourishing scores of the participants who wrote the goal statements. An eta coefficient

is the appropriate statistic for measuring the association between nominal or

categorical data (goal statements) and continuous variables (scale scores on Hope,

ACE, and Flourishing).

Chapter IV

Results

Based on the data from the entire project which looked at pre-test well-being scores and compared those scores with scores from the post-test which was given 40-60 days later, the domestic violence survivors who participated in this study had an average adverse childhood experience (ACE) score of 3.30 (SD = 2.62). And, 45.3 % of the participants had a score of 4 or higher, which is significantly higher than the national rate. The most prevalent reported ACEs were parental divorce, verbal abuse and substance use/abuse. There was a significant increase in level of survivor flourishing from the time pre-test was given and the post-test. The average score at intake was 45.75 while the post-test score was 47.33. The average hope scores of the participants significantly rose between intake and post-test. These results were also statistically significant with the pre-test core average at 50.23 and the post-test average at 52.39. This data suggests that interactions at Family Justice Centers are valuable to raising well-being indicators.

Each participant, in the post-test, was asked to write 0 to 5 goals. A total of 372 goal statements from 105 individual survivors were coded into categories and sub-categories. Table 5 presents the frequency and percentage of the number of goal statements that fall into each respective category and or sub-category. For example, there were 70 statements that reflected goals oriented specifically toward familial relationships, which represented 18.8% of the 372 goals. Presented in table 6 are the same goal data, but the sub-codes are combined into their general category. For

example, any type of relationship goal (family-oriented, community-driven and/or marital) can all be found under the 'relationship' category.

Table 5. Frequency of Goal statements in Category/Sub-Category

Category/Sub-Category	Code/Sub-code	Frequency	Percent
Education	1	39	10.5%
Career	2	23	6.2%
General Well-Being	3	61	16.4%
Self-Image/Confidence	3.1	16	4.3%
Independence	3.2	10	2.7%
Self-Control	3.3	8	2.2%
Positivity/Optimism	3.4	8	2.2%
Financial	4	19	5.1%
Housing	4.1	16	4.3%
Material	4.2	3	0.1%
Safety/Security	4.3	18	4.8%
Relationships	5	1	0.03%
Family	5.1	70	18.8%
Community	5.2	20	5.4%
Marital	5.3	5	1.3%
Health	6	0	0%
Physical	6.1	12	3.2%
Psychological	6.2	23	6.2%
Legal	7	14	3.8%
Custody	7.1	6	1.6%

Table 6. Frequency of Goal Statements in Category

Category	Code(s)	Frequency	Percent
Education	1	39	10.5%
Career	2	23	6.2%
Well-Being	3, 3.1, 3.2, 3.3, 3.4	103	28%
Financial	4, 4.1, 4.2, 4.3	56	15.1%
Relationships	5, 5.1, 5.2, 5.3	96	25.8%
Health	6, 6.1, 6.2	35	9.4%
Legal	7, 7.1	20	5.3%

Note: Frequency counts reflect the number of goal statements, not the number of survivors who stated a goal in the category. Some survivors stated multiple goals in the same category (For example, two distinct career goals). In those cases, the survivor was included only once in the group comparison analyses.

Survivor defined goal statements were analyzed in association with key study variables: Hope (m = 51.60, SD = 8.49), ACE (m = 3.30 , SD = 2.62), flourishing (m = 47.48, SD = 6.16) The strength of the relationships were moderate for hope (eta = .50 to .77), low to moderate for ACE scores (eta = .40 to 62), and low to moderate for flourishing (eta = .43 to .62). Table 7 presents the associations (eta) between survivor defined goals and key study variables (hope, ACE, and flourishing). The goals in table 7 refer to the first, second, third, fourth and fifth lines on the post-test written goal prompt. The strength of the associations of all three well-being measures with goal 5 may be stronger than the other goals because if a participant wrote a goal for every (5) blank line, then they may be more hopeful or optimistic and therefore have higher associations with well being.

Table 7. Associations (eta) Between Survivor-Defined Goals & Variables

	Goal 1	Goal 2	Goal 3	Goal 4	Goal 5
Hope	.50	.53	.73	.71	.77
Ace	.40	.49	.51	.51	.62
Flourishing	.43	.58	.53	.62	.59

Looking at just the survivors who reported qualitative goal statements; a two-independent samples t-test indicates that there was not a significant difference in mean ACE scores among survivors who stated career-related goals on the post-test compared survivors who did not state career goals [$t_{(12)} = -0.722$; NS]. The same test was performed for the mean Hope scores and mean Flourishing scores between survivors with career focused goals and survivors who did not report career goals; both showed significant differences [$t_{Hope(22)} = -2.162$; $p < .05$; $t_{Flourishing(20)} = -3.585$; $p < .05$].

A two-independent samples t-test was performed to compare the means of Flourishing scores between survivors who reported relationship focused goals and the survivors who did not [$t_{(52)} = 0.327$; NS]. Another two-independent samples t-test was done to identify if survivors whom reported safety and security-focused goals have a difference in mean ACE scores compared with those who did not report safety goals [$t_{(6)} = 0.622$; NS]. In addition, a two-samples t-test was performed to assess the mean

Hope scores between survivors with community-driven goals versus those who lacked community goals [$t_{(14)}$ = -0.315; NS]. Table 8 presents the results of the two-independent samples t-tests.

Table 8. Two Independent-Sample T-Test Results

	Overall			Career Goals			Relationship Goals			Safety Goals			Community Goals		
	N	M	SD	N	M	SD	N	M	SD	N	M	SD	N	M	SD
Ace	181	3.30	2.62	13	2.69	2.98				7	4.14	3.63			
Hope	129	51.60	8.49	23	47.78*	8.45							15	51	7.26
Flourishing	130	47.48	6.16	21	43.90*	4.57	53	47.76	6.32						

* p < .05

Chapter V

Discussion

Hypothesis 1: Survivor Defined Goal Statements will reflect goals that are more complex, contextual and interwoven as opposed to just safety and security focused. This hypothesis was supported by the data in the percentage tables. Of the goals, only 4.8% of the statements were focused on security and/or safety. This supports the authors of the Full Frame Approach 2.0's first principle about how intricate and messy life can be. There were 354 goals about many different topics and focuses like education, careers, family, and health; while there were only 18 about safety and/or security. This result also aligns with the Full Frame Initiative's project that found only 7% of their participants had self-defined success that dealt with safety (Melbin, Jordan, & Smyth, 2014). Life is complicated, and one person can have many likes, dislikes, motivations and passions. Labeling survivors solely by their specific trauma seems nearsighted.

Hypothesis 2: Survivor Defined Goal Statements will reflect ideas that suggest the importance of family and relationships. The data also supported this hypothesis. Out of all of the goals, 25.8% of the statements had a focus on relationships. This was the second highest frequency of goal statements in a specific category, following right behind general well-being goals. This data supports the second principle in the Full Frame Approach 2.0 about how important and meaningful relationships are (Smyth, 2008). This result also reflected the findings from the Full Frame Initiative's study; 55% of the self-defined successes were about 'Social Connectedness' and 19% were about 'Belonging to Something Bigger than Me (i.e. community relationships/giving

back)' (Melbin, et al., 2014). These findings are a testimony to how essential relationship building, and nurturing proves itself to be. Individualistic thinking that seems so prominent in modern American culture could be detrimental to the building and establishing of highly interconnected and rewarding communities that can produce a necessary and healing feeling of unity and belonging.

Hypothesis 3: Survivor Defined Goal Statements will show more goals around new possibilities and the future rather than "just surviving." There was only 4.8% of goal statements that included the need to be safe or secure; this hypothesis was supported by the data because the rest of the goals reflected focuses in many areas like education, career-building, well-being, confidence, independence, self-control, positivity, optimism, relationships (family, martial and community), and legal help. Those categories reflect much more than a participant "just surviving," but rather that participants also want to thrive and be successful and productive. This also mirrors the researchers at Full Frame Initiative's results because 93% of their statements were about connections with others, accomplishments outside the abusive relationship, and/or the normalcy of daily life; while only 7% had statements regarding safety or surviving (Melbin, et al., 2014).

Hypothesis 4: Higher Hope Scores will be associated with goals that reflect something bigger (i.e. community, "giving back" to others). This hypothesis is not supported by the data, there was not a significant change in means between participants with higher hope scores that had community related goals and participants with lower hope scores that had community related goals. This could be because in the Full Frame Approach 2.0, principle 4 states that there is simply, a human need to

belong to something bigger, like a group or community (Smyth, 2008). Therefore, people with any range of hope levels may feel a need to be involved with his or her community and enjoy giving back. This also makes sense because the data from Melbin and colleagues' research, again, showed 55% of their statements from survivors were about 'Social Connectedness' and 19% were about 'Belonging to Something Bigger than Me' (Melbin, et al., 2014). That is a considerable percentage of participants seeking community related values, therefore perhaps this desire for inter-relatedness and community involvement transcends survivors' individual Hope levels.

Hypothesis 5: Higher Hope Scores will be associated with goals that reflect survivors' career adaptability. This hypothesis was not supported by the data, however, there was a significant difference in the means between participants with higher hope scores and career related goals and participants with lower hope scores and career related goals; participants with lower hope scores produced more goals focused around career advances. This may be because individuals with higher hope scores may already have a successful career and therefore may focus current goals on other areas that need development. Alternatively, participants who have lower hope levels may not be in a favorable career situation and therefore goals might focus more on advancing in the workforce. It is interesting to note that lower flourishing scores also predicted more goals about career advancement. It is interesting to consider why lower Hope levels and lower Flourishing levels significantly predicted more career goals, because Hope and Flourishing are both closely related well-being measures; therefore, low job satisfaction or unemployment may be an indicator or cause of

diminishing well-being levels like Hope and Flourishing. Future research in this area would be valuable and thought provoking.

Hypothesis 6: Higher Flourishing Scores will be associated with goal statements that focus on successful relationships and friendships. This hypothesis was not supported by the data. The means did not significantly differ between participants with higher flourishing scores who reported relationship goals and the participants with lower flourishing scores who stated relationship goals. This could be attested by principle 2 in the Full Frame Approach 2.0 that speaks about the necessity for every one to have meaningful relationships; the need for interconnectedness also seems to transcend levels of Flourishing like it did with levels of Hope in hypothesis four.

Hypothesis 7: Higher Adverse Childhood Experience (ACE) Scores will be associated with goal statements that focus more on safety and security. This hypothesis was not supported. There was not a significant difference between participants with a higher ACE score who wrote safety-focused goals and participants with a lower ACE score who wrote safety focused goals. This could be because principle 1 in the Full Frame Approach 2.0 suggests that survivor's want much more than safety and security; rather he or she may have much more complicated goals because life is complicated and survivors do not have to be solely defined by a goal of leaving their abuser (Smyth, 2008). It is important to note, though, that the sample size for this hypothesis's data was very low (n=7).

Recommendations

The current research brought to light and supported some already acknowledged discrepancies concerning the dissonance amidst social service providers and marginalized individuals or groups seeking assistance, specifically domestic violence victims. The data has supported the idea that survivor defined success definitely does not fall into the two simple categories of: (1) being abused = victim or (2) not being abused anymore = successful survivor. Instead, people who happen to be victims or survivors of domestic violence are, before anything else, human and therefore have complex identities, varied passions, complicated relationships and, most importantly, a need for *respect* for his or her hopes, dreams, and desired goals. Instead of assigning rudimentary goals upon him or her, service providers and peers alike should empower victims, survivors, and each other to define their own goals and successes with support from service providers instead of a requirement to meet. So what can be done to bridge the gap between practitioners and survivors?

One way to combat the adverse climate of a constantly revolving door and excessive numbers of specialized help services would be to start funding and establishing more multi-agency and multi-disciplinary models and organizations so that someone in need, especially if poly-victimization is present in his or her life, he or she, as well as any of their family members, can be served in one place and still have access to multiple, comprehensive services. This also encourages maintaining and growing relationships with staff, service providers, peers, and community members who frequent there because this type of model is easily capable of becoming a central

location for many and frequently visited. Bonds that are formed there would not only be beneficial, but also very productive.

Another way to promote positive advancements in this line of work would be to generate survivor-conscious/victim-centered operationalized definitions for program goals and new measures for assessing successfulness. Excessive funding or resources are not necessarily needed to incite some of these necessary changes. Training service providers in a new manner that focuses on the personal agency, individual identities, complex personalities and empowerment of the victims of domestic violence seeking support would be beneficial to both parties. One can surmise that service providers would benefit from fewer negative affects from constantly being exposed to crises and being regularly absorbed in cognition involving trying to abet abuse, violence, and injustice. Survivors would benefit considerably from a change in practice because the empowerment that comes along with dictating your own success and pathways to that success lifts intrinsic motivation in an of itself; the service provider now need only to be a support system and friend instead of struggling with a power dynamic that is not needed.

Melbin and colleagues that led the Full Frame Initiative study about survivor defined success suggest specific actions that they believe would be beneficial. Findings from the current study support these claims. They state:

> In an age where programs are constantly being asked to "do more with less," those working in and supporting those programs must shift the focus from formal services aimed at reducing harm to broad, community-driven strategies that lift up what goes well in people's lives. For example, this means allocating

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resources to intentionally enhance people's connections with family, friends, and peers instead of continuing to pay only for traditional services such as support groups and counseling sessions. (Melbin, et al., 2014, p. 36)

Limitations

Limitations, while performing a mixed methods research report, are hard to avoid. Qualitative research, by its nature, is subjective; therefore, the researchers and coders can never be 100% free of personal bias and nuances. But, also, because of its nature, qualitative research adds new levels of understanding to the phenomenon of interest by using participants' words and experiences instead of numbers and scales alone. This makes mixed methods research very beneficial to the research community.

The line of inquiry in this study is relatively new. Therefore, there is a paucity of background knowledge or previous research to inform the current investigation. Consequently, little information was available to help formulate the study hypotheses or anticipate obstacles, suggestions, or implications.

Future Research

Since this specific line of inquiry around survivor defined success is so new, there is an ample amount of opportunities for furthering, expanding and investigating within this concept. It would be beneficial to study participant outcomes at a facility, in the future, that has rolled out this new model using Smyth's Full Frame Approach 2.0 against a control facility that uses the traditional service-providing model and goal setting method.

Because defining simple safety goals and assigning them to victims seems/seemed to be commonplace in the social service practitioner guidebook, it would be interesting to see what effects this has on the service providers' well-being levels. Consistently and exclusively working with and being surrounded by crises, preventing crises, abuse and violence, and being constantly thinking about harm reduction or prevention must take a toll on the service providers' well-being, mood, home-life, social-life, mental and psychological states. It would be beneficial to investigate what tolls this could have on a person and what remedies or interventions could be utilized to combat it.

Conclusion

For survivors, domestic violence does not define their identity; it is one of a multitude of experiences that make up his or her life and the abuse is seldom the most salient. Rather, a survivor's identity can be formed through positive moments, social connections and moments of success and accomplishments throughout their lives. Survivors are so much more than just survivors.

Human beings are messy and emotional creatures. Human beings who are going through difficulties are still human beings and still deserve respect and autonomy. Eliminating and disregarding power dynamics, focusing solely on the troubled person's personality, likes, dislikes, hopes and goals in addition to disregarding the pre-prescribed script of service expectations; service providers and people alike can begin to work together for universal betterment. As opposed to the ugly, all too common convention of comfortably and quickly labeling and judging

people just because it may be an easier heuristic to deal with labels and categories than

complexities and hardships.

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The Full Frame Approach 2.0 Fall 2008

Principle 1: life is messy: People's vulnerabilities and strengths-both personal and contextual-interact in complex and unexpected ways, such that the interplay among issues and context needs to be addressed in concert with the issues themselves.

Principle 2: Friends and family matter: Relationships and role definitions are central for all of us and therefore need to be honored and respected, whether they are causing difficulties, providing support, or some of each.

Principle 3: Through thick and thin and difference: Supporting individuals and communities in envisioning, attempting and realizing new possibilities requires starting with and respecting what matters to people, and then relentlessly sticking with them.

Principle 4: Be a community within the community, not an alternative to the larger community. The human need to feel part of something where one can have impact and legacy is universal and is a necessary element in personal and community growth and sustained change. Full Frame Programs are a community in addition to others in people's lives, rather than requiring people leave their community to participate.

Principle 5: Place matters: Organizational history is informed by and intertwined with that of an organization's community, and its ability to impact individuals and families requires it be a force for good in the larger community, bridging to and building resources that benefit those who may never participate in the organization.

Principle 6: Some of the best work happens in the gray areas: Hold complexity without being paralyzed by it.

Principle 7: Change is good: Continually learn and evolve in concert with changes and opportunities in the community, in every relationship with participants, and in how participants and the organization and the community interact.

Principle 8: It only works with the right people working: Carefully select and support staff because this work is not for everyone and not everyone can or should do this work. Even the right people need tremendous support to do this work.

Principle 9: Be accountable: Pay attention to a wide range of indicators to ensure that the work being done is generating real, sustained results.

Principle 10: Leadership matters: Continuously foster and exert leadership, within the organization and the community.

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The UNIVERSITY of OKLAHOMA

Human Research Determination Review Outcome

Date: August 26, 2016

**Principal
Investigator:**   Chan M Hellman, PHD

Study Title: A Program Evaluation On The Impact of Family Justice Center Services on Client Hope.

Review Date: 08/26/2016

I have reviewed your submission of the Human Research Determination worksheet for the above-referenced study. I have determined this research does not meet the criteria for human subject's research. The OU Principal Investigator will not intervene or interact with living individuals or collect individually identifiable, private information. Moreover, the primary data collection that will produce de-identified data will be collected for non-HSR purposes. Therefore, IRB approval is not necessary so you may proceed with your project.

If you have questions about this notification or using iRIS, contact the HRPP office at (405) 325-8110 or irb@ou.edu. Thank you.

Cordially,

Fred Beard, Ph.D.
Vice Chair, Institutional Review Board